

**Ascension Lutheran's Extended Day Preschool  
Registration Check List**

**Child's Name:** \_\_\_\_\_

**Parent's Name:** \_\_\_\_\_

**Class Assignment:** \_\_\_\_\_

**School Year:** \_\_\_\_\_

**Items checked below will need to be turned into the office by:** \_\_\_\_\_

\_\_\_\_\_ **Registration Fee**

\_\_\_\_\_ **Supply Fee**

\_\_\_\_\_ **Registration Form**

\_\_\_\_\_ **Personal History**

\_\_\_\_\_ **Medical Emergency Authorization**

\_\_\_\_\_ **Health Record (from your doctor's office)**

\_\_\_\_\_ **Immunization Record (from your doctor's office)**

\_\_\_\_\_ **Pick-up Authorization**

\_\_\_\_\_ **Waiver Form**

\_\_\_\_\_ **Health Plan (if needed)**

**PRESCHOOL** REGISTRATION FORM

1701 W. Caley Ave.

Littleton, CO 80120 303-730-2514

This form must be completed and turned into the office to secure your child's enrollment. Registration fee and materials fee are due at the time you bring in your application and are non-refundable. **Make all checks payable to Ascension Lutheran Church - with the name of your child and class assignment noted in the memo.** You may choose **2, 3, 4 or 5** days a week for child to attend. Please identify below the days for your child to attend.

I wish my child to be enrolled: Monday\_\_\_ Tuesday\_\_\_ Wednesday\_\_\_ Thursday\_\_\_ Friday\_\_\_

<b>2024-2025 Fees and Tuition</b> (per child):	2 Day: \$300.00/mo.	3 Day: \$420.00/mo.
	4 Day: \$545.00/mo.	5 Day: \$660.00/mo.
	Registration Fees: \$50.00	Materials Fee \$50.00

**CHILD'S INFORMATION (must be 3 by Oct. 1)**

Child's full name: \_\_\_\_\_ Sex: M\_\_\_ F\_\_\_  
 Nickname: \_\_\_\_\_ Date of Birth \_\_\_/\_\_\_/\_\_\_  
 Address: \_\_\_\_\_ City: \_\_\_\_\_  
 State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Home Phone: \_\_\_\_\_

**\*PARENT OR LEGAL GUARDIAN INFORMATION**

Mother: _____	Father: _____
Occupation: _____	Occupation: _____
Employer: _____	Employer: _____
Address of Employer: _____	Address of Employer: _____
Work Phone: _____ cell: _____	Work Phone: _____ cell: _____
E-Mail: _____	E-Mail: _____
Home Address (if different than the child's): _____	Home Address (if different than the child's): _____

\*You are required to notify EDP of any changes in legal custody and provide, as required, a copy of any court orders.

**Please Initial the Following:**

- ◆ \_\_\_\_\_ I have read the Extended Day Preschool Handbook and agree to its contents and to follow its policies.
- ◆ \_\_\_\_\_ I give my child permission to attend the bi-monthly chapel service located upstairs in the church sanctuary.
- ◆ \_\_\_\_\_ I will apply sunscreen lotion to my child before he/she attends Extended Day Preschool.

Signature of Parent or Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Church Affiliation

Are you a member of Ascension Lutheran Church? Yes\_\_\_ No \_\_\_  
 Do you attend another church? If so, name of church: \_\_\_\_\_  
 If you are not a member of Ascension Lutheran, are you interested in receiving information regarding the church: Yes\_\_\_ No \_\_\_

**For Office Use, Only**

Registration Fee Paid \_\_\_ Materials Fee \_\_\_ Check # \_\_\_ Date Received: \_\_\_  
 Waiting List \_\_\_ Class Assignment \_\_\_ Time Received \_\_\_

## Personal and Family Information

Child's Name \_\_\_\_\_

Is your child right-handed or left-handed? \_\_\_\_\_

Has your child had any previous group interaction or preschool experience?  
Yes \_\_\_ No \_\_\_ If so, where, and when? \_\_\_\_\_

Does your child have any allergies? \_\_\_\_\_

Are there any medical problems of which we should be aware?  
\_\_\_\_\_

What words does your child use for toileting? \_\_\_\_\_

Does your child have any bowel or bladder irregularities? \_\_\_\_\_

List special food or eating instructions: \_\_\_\_\_

List special napping/resting instructions: \_\_\_\_\_

Does your child have any special fears of which you are aware? \_\_\_\_\_  
\_\_\_\_\_

Describe your child with 3 words:  
\_\_\_\_\_

Add additional information related to discipline, child's communication,  
comforting, and personal habits?  
\_\_\_\_\_

Siblings: (Please indicate ages and if he or she lives in the same home as the  
child).

<u>Name</u>	<u>Age</u>	<u>In home?</u>
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\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## Medical Emergency Authorization

Child's Name \_\_\_\_\_ Birth date \_\_\_\_\_  
Address \_\_\_\_\_  
City/State/Zip \_\_\_\_\_

Mother's Name \_\_\_\_\_ Emergency Phone \_\_\_\_\_

Father's Name \_\_\_\_\_ Emergency Phone \_\_\_\_\_

Your child must have two emergency contacts listed that are not a Parent. Parents are always contacted first. The people you list will be the first and second person we will contact if we CANNOT reach the parent(s). Please make sure that this is someone that will be accessible to pick up your child or have the communication to reach someone who can immediately, as well as make emergency decisions for your child.

First Emergency Contact \_\_\_\_\_ Relationship to Child \_\_\_\_\_  
Phone Number \_\_\_\_\_ Address \_\_\_\_\_

Second Emergency Contact \_\_\_\_\_ Relationship to Child \_\_\_\_\_  
Phone Number \_\_\_\_\_ Address \_\_\_\_\_

Child's Physician \_\_\_\_\_ Phone \_\_\_\_\_  
Address \_\_\_\_\_

Child's Dentist \_\_\_\_\_ Phone \_\_\_\_\_  
Address \_\_\_\_\_

**Medical Release:** I authorize Ascension Lutheran Extended Day Preschool, to seek emergency medical treatment for my child. I give permission to the emergency physician to secure proper emergency treatment and to order injection, anesthesia, or other emergency treatment if I (we) cannot be contacted. It is understood that a conscientious effort will be made to locate any emergency contacts before action is taken. But if it is not possible to locate an emergency contact I (we) accept all expenses. In the event of a life-threatening emergency, I understand that "911" will be called to take my child to my preferred hospital \_\_\_\_\_ if possible, or to the closest available facility.

\_\_\_\_\_  
Parent/guardian signature

\_\_\_\_\_  
Date

## Pick-up Authorization

CHILD'S NAME \_\_\_\_\_

### PICK UP AUTHORIZATION

NAME \_\_\_\_\_

PHONE \_\_\_\_\_

ADDRESS \_\_\_\_\_  
\_\_\_\_\_

NAME \_\_\_\_\_

PHONE \_\_\_\_\_

ADDRESS \_\_\_\_\_  
\_\_\_\_\_

NAME \_\_\_\_\_

PHONE \_\_\_\_\_

ADDRESS \_\_\_\_\_  
\_\_\_\_\_

UNDER NO CIRCUMSTANCE WILL CHILDREN BE RELEASED TO ANYONE NOT LISTED  
ABOVE WITHOUT THE WRITTEN AUTHORIZATION OF A PARENT!

## Rest Mat Waiver

\_\_\_\_\_ I understand that my child will have a quiet time every day, where they are required by state regulations to lay on a rest mat and read books, puzzles, color or take a nap.

\_\_\_\_\_ I release Ascension Lutheran Extended Day Preschool and the Ascension Lutheran Church from all responsibility for the condition or loss of my child's rest mat. I understand that it will be stored as safely as possible, and MUST be labeled with my child's name.

## Field trip and movie authorization

\_\_\_\_\_ I authorize Ascension Lutheran Extended Day Preschool to allow \_\_\_\_\_ to participate in any walking field trips.

\_\_\_\_\_ I authorize Ascension Lutheran Extended Day Preschool to allow \_\_\_\_\_ to view

## Sunscreen

\_\_\_\_\_ I understand that my child will be going outside for 30 minutes in the late morning. I will apply sunscreen at home prior to drop-off at school. I hereby release Ascension Lutheran's EDP/other staff and administration from any liability for any skin damage or sunburn due to sun exposure while at school.

## Photo Release

\_\_\_\_\_ I give Ascension Lutheran's Extended Day Preschool permission to post my child \_\_\_\_\_'s photo within the school and on the school's website.

## Email List

\_\_\_\_\_ I give Ascension Lutheran's Extended Day Preschool the authorization to send needed information to the email(s) listed below with the understanding that I will receive no outside ads or spam. **Please print clearly.**

Name \_\_\_\_\_ Email \_\_\_\_\_

Name \_\_\_\_\_ Email \_\_\_\_\_

I have read and agree with the above statements.

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date

Welcome to Ascension Lutheran Extended Day Preschool!