

Scandia Preschool - Registration Form

Child's Name/Nickname: _____ Birthdate: _____
Home Address: _____
City: _____ State: _____ Zip Code: _____

Parent Information: Mother Father

Name: _____
Home Address: _____
Home Phone: _____
Employment: _____
Work Phone: _____
Cell Phone: _____
Email: _____

Names & Ages of Siblings:

1. Name: _____ Age: _____ 2. Name: _____ Age: _____
3. Name: _____ Age: _____ 4. Name: _____ Age: _____

Physician's Name: _____ Phone: _____
Address: _____
Dentist's Name: _____ Phone: _____
Address: _____

Two responsible friends/relatives who may be called and are allowed to pick up child, if parents cannot be reached.

1. Name: _____ Phone: _____
Address: _____
2. Name: _____ Phone: _____
Address: _____

Please list all persons authorized to take your child from the program.

1. Name: _____ Phone: _____
2. Name: _____ Phone: _____
3. Name: _____ Phone: _____

Please list all persons NOT authorized to take your child from program.

Are there any "special conditions" that might result in an emergency: _____

Special needs of the child (allergies, special diet, etc.): _____

What do you expect from your child in preschool: _____

Special interests or favorite activities of your child: _____

Is there any additional information you wish to share with our staff in order that we might meet your child's needs more effectively? _____

Do you have any special talent you would like to share with the children? _____

Parent's Signature: _____

**Please submit completed registration form to Elim Lutheran Church 20971 Olinda Trail Scandia, MN 55073 with non-refundable \$50 deposit made payable to Scandia Preschool*