



# 2018-2019 Registration Form

Registration will be complete when we receive:

- \* Completed Registration Form
- \* Current Immunization Certificate (Due first month of school)
- \* Registration Fee - **\$25 if returned before March 30th, 2018**  
Or \$50 if received after March 30th, 2018

Mail or Return To: Kristin Tarry, 2255 Eastland Parkway Lexington, KY 40505

Email: preschool@orlutheran.com

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

Preferred Name: \_\_\_\_\_

Birth Date: \_\_\_\_\_

Sex: \_\_\_\_\_

Address: \_\_\_\_\_

Zip Code: \_\_\_\_\_

Date of Baptism (if applicable): \_\_\_\_\_

Has your child received any formal assessments (i.e. occupational, speech, etc.)? \_\_\_\_\_

If so, please explain any current services they are receiving, and any recommended accommodations we can make for them in our program: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Parent/Guardian 1: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email: \_\_\_\_\_

Employer and Work Number (if applicable): \_\_\_\_\_

Address (if different than child's): \_\_\_\_\_

Parent/Guardian 2: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email: \_\_\_\_\_

Employer and Work Number (if applicable): \_\_\_\_\_

Address (if different than child's): \_\_\_\_\_

## PROGRAM CHOICES

Place a check by your choice/choices

Student will be **1 or 2** by  
August 1, 2017

**Parent's Day Out**

Tuesdays

8:45-12:45

\$75/month

Student will be **3 or 4** by  
October 1, 2017

**3-Day Preschool**

Monday, Wednesday,

and Friday

8:45-11:45

\$160/month

**Preschool Lunch Bunch**

Wednesdays

11:45-12:45

\$16/month

Student will be **4 or 5** by  
August 1, 2017

**3-Day Pre-Kindergarten**

Monday, Wednesday,  
and Friday

8:45-11:45

\$160/month

**Pre-K Lunch Bunch**

Wednesdays

11:45-12:45

\$16/month

### Emergency Contact Information

In case of emergency, the parents/guardians listed on your child's registration form will be notified first. In the event that you cannot be reached, we will contact the alternative contacts you have listed below.

Alternate Contact 1: \_\_\_\_\_ Alternate Contact 2: \_\_\_\_\_  
Relationship to Student: \_\_\_\_\_ Relationship to Student: \_\_\_\_\_  
Primary Phone Number: \_\_\_\_\_ Primary Phone Number: \_\_\_\_\_  
Secondary Phone Number: \_\_\_\_\_ Secondary Phone Number: \_\_\_\_\_

### Authorized Pick-Up Information

It is my understanding that Our Redeemer Lutheran Preschool will not allow anyone other than said persons to pick up my child. In addition, the person whom ORLP releases my child must present a picture I.D. I also understand that ORLP requires written permission if someone other than authorized persons is to pick up my child.

Name: \_\_\_\_\_ Name: \_\_\_\_\_ Name: \_\_\_\_\_  
Relationship: \_\_\_\_\_ Relationship: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Phone Number: \_\_\_\_\_ Phone Number: \_\_\_\_\_ Phone Number: \_\_\_\_\_

### Medical Information

Hospital Preference and Phone Number: \_\_\_\_\_  
Pediatrician and Phone Number: \_\_\_\_\_  
Insurance Company and Policy Number: \_\_\_\_\_  
Allergies/Special Health Concerns: \_\_\_\_\_

I authorize all medical and surgical treatment, X-ray, laboratory, anesthesia, and other medical and/or hospital procedures as may be performed or prescribed by the attending physician and/or paramedics for my child and waive my right to informed consent of treatment. This waiver applies only in the event that neither parent/guardian can be reached in the case of an emergency.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### Photograph/Media Publishing Permission

Our Redeemer Lutheran Preschool will take pictures throughout the year to add to your child's personal portfolio. We would also like to use some of those pictures for marketing purposes in brochures, ads, our webpage, and Facebook page. For the safety and privacy of all students, individuals will NOT be identified. Please select from an option below.

\_\_\_\_\_ Yes, my child's photo with **no identification** may be used in brochures, ads, the Our Redeemer Lutheran Preschool webpage, and Facebook page.

\_\_\_\_\_ No, my child's photo may **not be** used in brochures, ads, the Our Redeemer Lutheran Preschool webpage, and Facebook page.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### Additional Information

Church Affiliation: \_\_\_\_\_

If you are not a member of a Lutheran church, would you like to receive more information about our doctrine and teachings? Yes / No

How did you hear about us? \_\_\_\_\_