

Has your child had previous preschool experience? _____ Where: _____

ALLERGIES (medication, food, insects, etc.) _____

HEALTH CONCERNS: _____

What are your expectations of our program? _____

We will be assembling a class directory including children's name, address, phone and parent's names to distribute to class families. **These lists are not to be used for solicitation.**

___ Yes you may include our address/phone ___ No do not include us.

How did you hear about Our Saviour's Preschool? (Friend, Newspaper, Church bulletin, Sign on County Rd. 22, etc.) _____

Would you like more information about Our Saviour's Lutheran Church? ___ Yes ___ No

The following section must be completed. You must include two names. These people will be called in an emergency if we cannot reach the parents. All addresses listed below must be complete.

1. Name _____ Phone (Home) _____ (Cell) _____

Address _____ Relationship _____
Street City Zip

2. Name _____ Phone (Home) _____ (Cell) _____

Address _____ Relationship _____
Street City Zip

Child's Doctor _____ Phone _____

Address _____
Street City Zip

Child's Dentist _____ Phone _____

Address _____
Street City Zip

Date Completed _____

Signed _____

*** Please update this form if any changes should occur during the school year. Thank you!**