

Registration Pay Date _____ School Reg. \$75.00 _____ C.C. Reg. \$25.00 _____
JRA-E1

BLS: EARLY LEARNING CENTER SCHOOL AND CHILDCARE REGISTRATION FORM

Please Print. One form per child must be filled out in full for State and School purposes or it will be returned to you to complete.

Child's Legal Name: _____ Entering Grade: _____
(Last) (First) (Middle)

Social Security Number: _____ (Used only for identification when sending in school information to State Department of Education and Cultural Affairs.)

Mailing Address: _____ Phone: _____

Physical Address: _____

_____ County of Residence: _____
(City) (State) (Zip Code)

Child's Gender (circle one): Male Female Ethnic Group: (Optional) _____

We are enrolling (monthly) for: _____ Day School \$310 _____ Preschool \$225
_____ Preschool Plus \$550 _____ After School Child Care \$110
_____ Friday Child Care \$110 _____ Occasional Drop-In \$4.00/per hour

Date of Birth: ____/____/____ Place of Birth: _____
Month/Day/Year (City) (State)

Date of Baptism: ____/____/____ Church of Baptism: _____ Denomination: _____
Month/Day/Year (Name) (City) (State)

Person(s) having custodial rights: _____ Do not release child to: _____

Date of Enrollment (if enrolling for first time): _____ Transfer from: _____
Month/Day/Year (School Name) (City) (State)

Reason for Transfer: _____

Father's Information

Mother's Information

Name: _____

Name: _____

Home Address: _____

Home Address: _____
(If different)

Phone: _____ Cell Phone: _____

Phone (If different): _____ Cell Phone: _____

Occupation: _____

Occupation: _____

Employer: _____

Employer: _____

Marital Status: _____

Marital Status: _____

Home Church: _____

Home Church: _____

E-Mail Address: _____

E-Mail Address: _____

Brothers and Sisters of Student (include birthdates):

In signing, I note that I have reviewed the Bethesda Lutheran School Handbook (on website) and agree to comply with all policies and conditions stated within.

Parent/Guardian Signature: _____ Date: _____

Parent Permission Form: Student Photos on School's Website, in the local newspaper, Bethesda's Brochures and Social Media. (Names will not be printed)

We give permission for publishing our child's image in a photograph of an activity on the schools website, in the local newspaper and or school brochure or Social Media.

Parent/Guardian Signature: _____ Date: _____

Emergency Medical Authorization

I hereby give permission for emergency medical treatment for (name of child) _____
if requested by: Bethesda Lutheran School & Early Learning Center, who is our Child Care Provider.

Please note that my child is allergic to the following medications:

It is also important to note that my child has the following special medical conditions:

Physician's Name and Number: _____

Alternative Emergency Contact: _____

Parent Name _____ Signature _____ Date _____ Phone _____

Parent Name _____ Signature _____ Date _____ Phone _____

~~~~~

**After School Routine: (List names of all individuals authorized to pick up your child)**

Name and Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Name and Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Name and Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Name and Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Will your Child Ride the Bus: (schedule and times) \_\_\_\_\_

Is there additional information we should know about: \_\_\_\_\_

~~~~~

Additional Information:

Is there any additional information that you would like to share about your child? (Favorite things; food likes/dislikes; special interests or special routines; fears?):

We are blessed to have your Child at Bethesda Lutheran School and Early Learning Center!