

# ZOAR LUTHERAN PRESCHOOL

190 S.W. 3<sup>rd</sup> Ave.

Canby, OR 97013

503-266-4061

## REGISTRATION FORM

Class (3's am, 4's am, 4's pm): \_\_\_\_\_

This information is for the teachers use only and will be treated as confidential.

Child's Full Name: \_\_\_\_\_ Nickname: \_\_\_\_\_

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

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

Mother's Name: \_\_\_\_\_ Occupation: \_\_\_\_\_

Address: \_\_\_\_\_ Phone:(h) \_\_\_\_\_ (w) \_\_\_\_\_

\_\_\_\_\_ E-mail address: \_\_\_\_\_

Father's Name: \_\_\_\_\_ Occupation: \_\_\_\_\_

Address: \_\_\_\_\_ Phone:(h) \_\_\_\_\_ (w) \_\_\_\_\_

\_\_\_\_\_ E-mail address: \_\_\_\_\_

Parent to notify in case of emergency: \_\_\_\_\_ Phone: \_\_\_\_\_

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

Alternate emergency contacts: \_\_\_\_\_ Phone: \_\_\_\_\_

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

Child's Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

Who may pick up child? Mother \_\_\_\_\_ Father \_\_\_\_\_

Others \_\_\_\_\_ (relationship) \_\_\_\_\_ Phone: \_\_\_\_\_

\_\_\_\_\_ (relationship) \_\_\_\_\_ Phone: \_\_\_\_\_

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Zoar Lutheran Preschool does not discriminate on the basis of race, color, national origin or ethnic origin.