Zoar Lutheran
Preschool
503-266-4061
190 S.W. 3rd Ave.
Canby, OR 97013

Zoar Lutheran Preschool
Registration Form

Due with Registration: $100 (Includes Registration & Materials)

($50 is refundable if a student is withdrawn prior to July 1, 2022 and request is submitted prior to that date)

Class (3's am, 4's am): _____

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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rev January 24 2020

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Parental Agreement

I understand that Zoar Lutheran Preschool is a non-profit organization dependent on each parent's involvement, participation, financial support and administration in partnership with the teacher for its educational effectiveness.

We share the responsibilities for belonging by:

Attending all parent meetings when scheduled.

Paying a one time non-refundable enrollment fee of $100 due at the time of registration to hold spot in class.

Supporting fundraising activities as chaired by the Preschool Board; (these fundraisers are essential to the continued operation of the school).

Paying tuition no later than the 10th of each month.

Having your child immunized for DPT, Polio, TB, HIB, Rubella, Varicella as mandated by the Oregon State Health Division, and show documentation of such. (Forms available)

Giving 30 days written notice of withdrawal from school. This will be waived in cases of true medical emergency.

Refer to the handbook for more specific details of the above responsibilities.

I have read and understand the above conditions for registration of my child

_____ _____

Child's Name Class (3's/4's)

Signed: _____ Date:_____

Parent/Legal Guardian

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Consent for Medical Treatment

Complete this Consent for Medical Treatment form.
This form authorizes treatment for your child in your absence.

Child's Full Name: _____ Age: _____

I hereby authorize the Zoar Lutheran Preschool staff, who is eighteen years of age or older, to seek any medical or surgical treatment of the above child that such staff deems advisable if a parent or legal guardian cannot be reasonably located when my child is taken for treatment at any hospital or clinic.

The above authorization will be effective as of _____ and will expire after _____.

During this period, the parent/legal guardian of the above child can be contacted at:

Name:_____ Phone (h)_____(w)_____(c)_____

Name:_____ Phone (h)_____(w)_____(c)_____

Health Insurance Company:_____

Group Number: _____ Policy Number:_____

Name of Primary Insured: _____

Employer: _____ Phone: _____

Child's Physician: _____ Phone: _____

Chronic Illnesses or Allergies: _____

Current Medications: _____

Signed: _____ Date: _____
Parent/Legal Guardian

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School Permission Form

I hereby give my permission for my child,_____, age _____, to use all of the play equipment and participate in all of the activities of the school unless otherwise noted below.

I give permission for my child to leave the school premises under the supervision of a staff member or volunteer for neighborhood walks (parents will be notified in advance).

I give permission for my child to be included in photos/video on our website or connected with school programs.

I give permission for the teacher or other staff member to take whatever steps necessary to obtain emergency medical care if warranted in the opinion of the teacher. These steps may include, but are not limited to:

1. Attempt to contact parent/guardian.
2. Attempt to contact child's physician, as designated on "Consent for Medical Treatment" form.
3. In the event a parent or guardian or child's physician cannot be contacted, we will do any of the following:
    A. Call another physician.
    B. Call an ambulance.
    C. Have the child taken to an emergency hospital room in the company of a staff member.
4. Any expenses incurred by the above action will be the responsibility of the child's family.
5. The school cannot be responsible for anything that may happen as a result of false information, or lack of information given at the time of enrollment.

Signed: _____ Date: _____

Parent/Legal Guardian

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

Child's Name: _____

Nickname: _____

Allergies: _____

Siblings' names and ages: _____

Eating Habits: _____

Reaction to minor injuries: _____

Pets and Names: _____

Fears: _____

Discipline tips for your child: _____

_____

Home Church (if applicable): _____

Any other information the teacher should know about your child: _____

_____

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