IMMANUEL LUTHERAN SCHOOL

2024-2025 PRESCHOOL 4/PRESCHOOL 5/DAYCARE REGISTRATION

2965-26TH Ave Columbus NE 68601 402-564-7407 Fax 402-564-1162

Child's Name:_____ Birthdate:_____

Baptism Date:_____ Church Membership:_____

Enrollment Date: _____ Date Care Ceased:_____

Siblings	Date of birth
_____	_____
_____	_____
_____	_____

Person(s) to Whom the Child may be Released by the Caregiver: (If no one, please write "none")

Name:_____ Name:_____

Address:_____ Address:_____

City:_____ Phone:_____ City:_____ Phone:_____

Name:_____ Name:_____

Address:_____ Address:_____

City:_____ Phone:_____ City:_____ Phone:_____

CHILD'S MEDICAL INFORMATION

Current health status or any health problems caregiver should know:

Medication, if any:_____ ALLERGIES:_____YES _____NO

List any allergies and/or intolerance to food, insect bites, or stings, or other factors that result in a medical reaction.

_____

Parent will be asked to complete an ALLERGY ALERT FORM if answering yes to the above question.

Special Concerns: (Glasses, Hearing Aids, Crutches)_____

Any Activities child should NOT engage in:_____

By law, we are required to have a current record of IMMUNIZATIONS for your child. Immunization records may be photocopied and attached to this form. They may also be faxed to us from your doctor's office.

FAX: (402) 564-1162 ATTENTION: PRESCHOOL

A NON-REFUNDABLE REGISTRATION FEE OF $50 MUST ACCOMPANY THIS FORM FOR PRESCHOOL 4/PRESCHOOL 5 REGISTRATION

Please rank your first (1) and second (2) choices for sessions:

_____5-day morning _____3-day afternoon

Previous school experience? _____Yes _____No If yes, where?_____

*My child plans to use the childcare facility (please contact the Center for current rates). YES NO

*Payment of tuition for preschool is due to the FACTS tuition company within ten days of the due date of each month in order to avoid a $30.00 late fee.

*Payment of charges for daycare is due by the next statement date (can be arranged individually).

The signee verifies that all the information contained on this form is correct and assumes responsibility for the payment of all fees.

_____ _____

Parent/Guardian Date

PERMISSION TO ADMINISTER NON-PRESCRIPTION MEDICATIONS AND PRODUCTS

I hereby give *IMMANUEL DAYCARE & PRESCHOOL STAFF* permission to administer the following non-prescription medications and products to my child.

_____ Antiseptic Wipe

_____ Itching Cream

_____ Insect Repellent

_____ Sunscreen

_____ *Benedryl

Dosage:_____

_____ First Aid Spray

_____ Hydrogen Peroxide

_____ *Children's Pain Reliever

Dosage:_____

*These medications would only be given in an emergency situation after the parent was contacted and we received permission via phone.