



Mt. Olive Lutheran Preschool Registration Form

2327 17th Ave. Forest Grove, OR 97116

Phone: 503-357-2511 Email: j.lambertmtolive@verizon.net

Please complete this form and return it to the church office. Your \$50 non-refundable registration fee must accompany your application in order to hold a spot in the class.

- _____ 3-year old class (Tues/Thurs 9-11:30 am)
- _____ 4-year old class (Mon/Weds/Fri 9-11:30 am)
- _____ 4-year old class (Mon/Weds/Fri 1-3:30 pm)

Child Information

Name of child _____ Date of birth ____/____/____ Male/Female
(First) (Middle) (Last) (month day year)

Child's name to be called (i.e. - Mike or Michael) _____

Address _____ Phone: _____
(street) (city) (ZIP)

Parent Information

Name of Mother _____ Name of Father _____

Occupation _____ Occupation _____

Employer _____ Employer _____

Work phone _____ Work phone _____

Address if different than child's _____ Address if different than child's _____

Family Information

Other children in family: _____
(name) (age) (name) (age)

(name) (age) (name) (age)

Home church: _____

Emergency Information *(to be used only if parents cannot be reached)*

Name and relationship _____ Phone _____

Child's physician _____ Phone _____

I give my permission for medical assistance to be administered to my child whenever such care is needed (i.e. first-aid cream, bandages, etc.) If a medical emergency should occur, I understand that I and/or my child's doctor would be called. I also pledge my support of the Preschool Ministry provided by Mt. Olive Lutheran Church and accept our financial responsibility and pledge to pay the fees and tuition. I am aware that Mt. Olive Preschool has a policy manual for the conduct of the school and that the policy manual may be changed from time to time by action of the Mt. Olive Preschool board. I agree to be bound by the terms of that policy manual.

Signature of Parent or Guardian

Date

Questions to help us serve you better

Has your child had a previous group interaction or preschool experience? Yes / No
If so, where and when?

Are there any medical problems of which we should be aware?

Does your child have any allergies?

List special food or eating instructions.

Add additional information related to discipline, child's communication, comforting, etc.

What would you like your child to learn this year?

Please ask your child what he or she would like to learn about this year.

“But GROW in the grace and knowledge of our Lord and Savior Jesus Christ.” 2 Peter 3:18