

## Blessed Savior Lutheran Early Childhood Center

### Registration Form

Year: \_\_\_\_\_

Childcare M-F 7:00 am-5:00 pm   
  3's MW 9:00-11:30am   
  3's TTH 9:00-11:30am   
  4's MWF 9:00am-12:00pm   
  4's TTHF 9:00am-1:00pm

Pre-3 Tuesday 9:00-11:00 a.m.   
  Pre-3 Friday 9:00-11:00 a.m.

Date of Registration \_\_\_\_\_ Method of payment (registration fee is non-refundable) \_\_\_\_\_

**CHILD INFORMATION:**    Please circle one: Male or Female    Are you a member of Blessed Savior Lutheran Church? \_\_\_\_\_  
 Toilet trained     Partial Toilet Trained    Ethnic Background \_\_\_\_\_    Date of child's baptism: \_\_\_\_\_

Name: (last, first, middle initial)	Address: (home, street, city)	Phone Number: (home & cell)	Date of Birth:	First Day of Attendance:
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**PARENT / GUARDIAN** --- All parents/guardians are permitted to visit during school hours and are allowed to pick up the child unless prohibited or restricted by a court order

Relationship to child:	Full Name:	Address: If same as above write "same"	Home / Cell Phone:	Place of Employment:	Phone Number:
Mother					
Father					

Marital Status:     married     divorced     unmarried     guardian     widow(er)

**EMERGENCY CONTACT** ---- (Person to be notified in an emergency when a parent cannot be reached) This person is also authorized to pick up the child

Relationship to child:	Name:	Address:	Home/cell phone:	Place of Employment:	Phone Number:

**ADDITIONAL PERSONS (other than parents/guardians or emergency contact person) WHO ARE AUTHORIZED TO PICK UP CHILD:**

Relationship to child:	Name:	Address:	Home/cell phone:	Place of employment:	Phone Number:

**PHYSICIAN OR MEDICAL FACILITY:**

Name:	Address:	Phone Number:
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\_\_\_\_\_ AUTHORIZATION: I give Blessed Savior permission to call 9-1-1 in an emergency. I authorize emergency medical treatment to be given to my child. (Initial)

**HOSPITAL PREFERENCE:**

Name:	Address:	Phone Number:
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**CHILD ILLNESS & EMERGENCY INFORMATION:**List any health concerns/allergies your child may have: \_\_\_\_\_  
\_\_\_\_\_**ADDITIONAL FAMILY INFORMATION:**

Church Denomination/Church Now Attending:	Father:	Mother:
I am interested in having my child baptized _____	I am interested in more information regarding joining Blessed Savior Lutheran Church _____	

**SIBLINGS: (please list name and ages in the spaces below)**

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Where did you hear/learn about Blessed Savior:

Friend or neighbor or relative     
  Other child previously enrolled     
  Yellow pages     
  Sign  
 Web site <https://blessedsaviorwi.org>     
  Other \_\_\_\_\_

**Parental Pledge of Support:**

We, the parents (primary care givers), pledge our full support and cooperation to the faculty of Blessed Savior Lutheran School with regard to the work and conduct required of our child. We further pledge our support of Christian education in our home through our example and by worshipping regularly with our child. We agree to make tuition payments on time and to promptly meet other financial obligations as they arise. We will pray regularly for the ministry of Blessed Savior Lutheran School.

Father's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Mother's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Email Address: \_\_\_\_\_

Do you anticipate needing childcare on a regular basis?  If so, on which days of the week and hours needed?

Mondays \_\_\_\_\_ Tuesdays \_\_\_\_\_ Wednesdays \_\_\_\_\_ Thursdays \_\_\_\_\_ Fridays \_\_\_\_\_

I give permission for Blessed Savior to take pictures of my child while they are in school/childcare. The pictures will be used for school related purposes only including but not limited to, class projects, bulletin boards, school promotion, etc. (initial)

I give permission for Blessed Savior to take and use pictures of my child for advertising purposes, ie. Facebook, website, newsletters, etc. (initial)

I give permission for Blessed Savior to include my name, address, phone number, and email address in the school directory. (initial)

Preferred name your child is to be called in preschool \_\_\_\_\_ (this is the name we will teach him/her to recognize and print)

**\*Please note there is a multiple child discount for all programs. Ask for more information if this applies to your family.**

Thank you for considering Blessed Savior. We look forward to working with you as a team. Please contact the teachers or director if there are any questions or concerns. God bless your family as we work together to provide the foundation and nurture needed by our children.