

Blessed Savior Lutheran Early Childhood Center

Registration Form

Year: _____

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

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 Addresses: _____

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.