

REGISTRATION FORM

GRACE LUTHERAN PRESCHOOL

702 "G" Street P.O. Box 1646
Blaine, WA 98231-1646

Email – office@bglutheran.com

Child's Name _____ Boy _____ Girl _____
 First Middle Last

Date of Birth _____ Age _____
 Month – Day – Year

Street Address _____

Mailing Address _____ Phone _____

Email _____

Father's Name _____ Cell # _____

Where employed _____ Business Phone _____

Mother's Name _____ Cell # _____

Where employed _____ Business Phone _____

Babysitter or Daycare employed to watch your child while you're at work:

Name _____

Address _____ Phone _____

Parents are: (please circle) Married and living together Separated Divorced
 Unmarried but living together Single

Child lives with: (please circle) Mother and Father Mother only Father only
 Mother and Stepfather Father and Stepmother

<u>Brothers' Names</u>	<u>Age</u>	<u>Sisters' Names</u>	<u>Age</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

In case of emergency, when parents cannot be reached:

Call: Name _____ Phone: _____

Which doctor should we call? _____ Phone: _____

If unable to reach doctor, then permission is given to take child to hospital emergency:
Yes ____ No ____

Signature _____

State general health condition of child. Please indicate any special problems or allergies. (i.e. diet restrictions, seizures, drug reactions, prescribed medications).

GENERAL INFORMATION:

By what name do you wish your child to be called? _____

Has your child attended a preschool before? Yes _____ No _____

Which one? _____

Local Church affiliation _____

Does child attend Sunday School? Regularly _____ Occasionally _____ Never _____

Major family changes (past, present, future) _____

Language spoken at home _____

Other languages spoken in the home _____

SOCIAL RELATIONSHIPS

By nature is he/she: Friendly? _____ Aggressive? _____ Shy? _____ Withdrawn? _____

Self-reliant? _____ Selfish? _____ Excitable? _____ Fearful? _____ A worrier? _____

Does your child have other children of his/her own age to play with? _____

What are your child's strengths? _____

What are your child's weaknesses? _____

What are some areas that you would like us to work on with your child in this upcoming year? _____

Does someone read to your child? Frequently _____ Occasionally _____ Never _____

Does your child have responsibilities around the home? Yes _____ No _____

What are they? _____

What are your child's special interests? _____

What upsets your child? _____

How does he/she show their feelings? _____

What methods do you use when your child behaves in a way that you do not approve of? _____

What is your child's usual reaction? _____

If there is any other information that you feel would be helpful to us in working with your child, please indicate here. _____

Do you, as a parent, have any special talents or hobbies that you would be willing to share with us? Yes _____ No _____ What? _____
