

# The Good Shepherd's Little Lambs Preschool

140 East 56th Street, Tacoma WA 98404

[www.gslctacoma.com](http://www.gslctacoma.com)



## Registration Year: 20\_\_/20\_\_

Child's First Name: \_\_\_\_\_ Child's Last Name: \_\_\_\_\_

Child's date of birth: \_\_\_\_\_ Gender: \_\_\_M\_\_\_F Nickname: \_\_\_\_\_

Class Request: \_\_\_Preschool (2 day)\_\_\_Preschool (3 day)\_\_\_Jr. Kindergarten (3 day)\_\_\_Jr. Kindergarten (5 day)

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone # \_\_\_\_\_ Cell # \_\_\_\_\_ Email \_\_\_\_\_

**Which is the best way to communicate with your family?** \_\_\_Email\_\_\_Cell\_\_\_Text\_\_\_Mail

Family information: \_\_\_Married\_\_\_Separated\_\_\_Divorced\_\_\_Single

Siblings Names and Ages: \_\_\_\_\_

If divorced do both parents have shared custody? \_\_\_Yes\_\_\_No

If parents have shared custody, please submit a copy of the court custody agreement for your child's file.

Parent/Guardian: \_\_\_\_\_ Parent/Guardian: \_\_\_\_\_

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

Primary Phone: \_\_\_\_\_ Primary Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Occupation: \_\_\_\_\_ Occupation: \_\_\_\_\_

What language(s) are spoken at home: \_\_\_\_\_

Name of church you attend: \_\_\_\_\_

Is child baptized? \_\_\_Yes\_\_\_No Does child attend Sunday School? \_\_\_Yes\_\_\_No

### If parents cannot be reached, person(s) to be contacted in an emergency:

**Name:** \_\_\_\_\_ **Relation:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### Health Information

Child's Dentist: \_\_\_\_\_ Phone: \_\_\_\_\_ Don't have a dentist: \_\_\_\_\_

Child's Doctor: \_\_\_\_\_ Phone: \_\_\_\_\_ Hospital: \_\_\_\_\_

Allergies: \_\_\_\_\_

Emotional or physical challenges: \_\_\_\_\_

Over Please

I, \_\_\_\_\_, hereby give permission for members of the staff of The Good Shepherd's Little Lambs Preschool to seek emergency medical treatment for my child in the event that I cannot be contacted.

x \_\_\_\_\_

(Signature of parent or legal guardian)

(Date)

**Permission/Release for the use of Photographs, Digital and Audio Media**

- ☐ Yes, I grant permission to Little Lambs Preschool, Good Shepherd Lutheran Church, related organizations, publications and electronic media, the use of my child's preschool related photograph(s) and electronic media images including audio.
- ☐ No, please do not use my identifiable child's image except in the yearbook. Group class photographs for electronic media will show a blurred face.

x \_\_\_\_\_

(Signature of Parent or Legal Guardian)

(Date)

**The following person(s) not previously listed may pick up my child from preschool:**

**Name:**

**Relation:**

**Phone:**

_____	_____	_____
_____	_____	_____
_____	_____	_____

**How did you learn about The Good Shepherd's Little Lambs Preschool?**

\_\_\_\_\_

\_\_\_\_\_

**Please submit the non-refundable registration/supply fee with this form. A copy of your child's immunization record must be submitted before your child begins school.**

**In Office Use Only**

2-Day Preschool: \_\_\_\_\_ 3-Day Preschool: \_\_\_\_\_ 3-Day Jr. Kinder: \_\_\_\_\_ 5-Day Jr. Kinder: \_\_\_\_\_

Date received: \_\_\_\_\_ First Day: \_\_\_\_\_ Withdrawn: \_\_\_\_\_

Immunization record received \_\_\_\_\_ handbook received: \_\_\_\_\_

Registration/supply fee received \_\_\_\_\_ Check # \_\_\_\_\_ PayPal \_\_\_\_\_ Amount \_\_\_\_\_ Date \_\_\_\_\_