## HOPE LUTHERAN PRESCHOOL

1847 West Northern Lights Blvd. Anchorage, AK 99517-3343 Phone: 272-3481 FAX: 278-2737

## **SCHOOL YEAR 2005-2006**

Tues/Thurs Mor	ningMon/Wed/Fr	ri MorningMon/Tues/\	Wed/Thurs Afternoon
CHILD'S NAME_	_		M F
STREET		CITY	ZIP
PHONE:	CELL:	EMAIL:	
BIRTHDATE:	PLA	CE OF BIRTH:	*******
DAD:		MOM:	
Occupation:		Occupation:	
Address:		Address:	
Work Phone:		Work Phone:	
PERSONS AUTH	IORIZED TO PICK	( UP YOUR CHILD:	
IN CASE OF EME	ERGENCY, WHO	SHOULD WE CONTAC	CT?
FAMILY MEMBEI	RS OTHER THAN	PARENTS	
Name:		Ag	ne:
		Ag	
		Ας	
(Hope Lutheran you like a repres	Preschool is a mi sentative from Ho	onal). nistry of Hope Luther pe Lutheran Church t pe? Y N	an Church. Would to contact you
		peech delays, behavior ch	

<u>PLEASE NOTE</u>: The \$50 registration fee is due with this completed registration form.

## BY ENROLLING MY CHILD, I give consent and hereby agree:

Α.	To have my child taken to a physician if I cannot be contacted and the staff deems such action is warranted, and I will be financially liable for same.		
	Physician Preferred: Phone:		
	Address 1 none		
В.	To have the staff administer first aid, without personal liability for that action. *		
C.	C. To have my child go on field trips on a regular activity – prior notice w be given. *		
D.	To have my child participate in the activities of the preschool program and course of study. *		
Ε.	E. To have his/her picture taken while involved in a school activity for public relations. *		
F.	To fulfill all financial obligations to Hope Lutheran Preschool, a non- profit organization. *		
CI/	NATURE		
210	NATUREDATE		
* P	ease initial to acknowledge review with the preschool director or a preschool teacher		

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**ADDITIONAL COMMENTS:**