HOPE LUTHERAN PRESCHOOL 1847 West Northern Lights Blvd., Anchorage, AK 99517-3343 Phone: 272-3481 FAX: 278-2737 SUMMER CAMPS 2005

CHILD'S NAME			M F_
STREET			ZIP
		EMAIL:	
BIRTHDATE:	PLA	CE OF BIRTH:	
******************	***************	*********************************	********************
DAD:		MOM:	
Occupation:		Occupation:	
		Address:	
Work Phone:		Work Phone:	
IN CASE OF EMER	GENCY, WHO S	SHOULD WE CONTAG	
IN CASE OF EMER	GENCY, WHO S	SHOULD WE CONTAG	
IN CASE OF EMER	GENCY, WHO S	BHOULD WE CONTAG	CT?
IN CASE OF EMER FAMILY MEMBERS Name:	GENCY, WHO S	BHOULD WE CONTAG	CT? ge:
IN CASE OF EMER FAMILY MEMBERS Name: Name:	GENCY, WHO S	BHOULD WE CONTAG	CT? ge: ge:
IN CASE OF EMER FAMILY MEMBERS Name: Name: Name: Name of your famil (Hope Lutheran Pr you like a represer	GENCY, WHO S OTHER THAN ly church, (optic eschool is a min ntative from Ho	BHOULD WE CONTAG	CT? ge: ge: ge: ran Church. Woul to contact you

PLEASE NOTE: Weekly fees are due with completed registration form. Thanks!

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

A. 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: _	
Address:	Phone:

- B. To have the staff administer first aid, without personal liability for that action. *____
- C. To have my child go on field trips on a regular activity prior notice will be given. *____
- D. To have my child participate in the activities of the preschool program and course of study. *____
- 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 nonprofit organization. *____

SIGNATURE	DATE
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* Please initial to acknowledge review with the preschool director or a preschool teacher.

ADDITIONAL COMMENTS: