

St. Luke's Preschool Registration Form  
 3615 North Gove Street  
 Tacoma, WA 98407  
 (253) 759-3519

Child's Name \_\_\_\_\_

Last name used

first name used

Home Address \_\_\_\_\_

Street Address

City, State, Zip

Home Phone \_\_\_\_\_ E-mail \_\_\_\_\_

Date of Birth \_\_\_\_\_ Current Age \_\_\_\_\_ Sex M F

Class requesting 2 ½ (M/W or T/Th preference) 3's 4's PreK

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

Father's Occupation \_\_\_\_\_ Employer \_\_\_\_\_

Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Mother's Occupation \_\_\_\_\_ Employer \_\_\_\_\_

Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

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The following is needed at the time of registration:

- \_\_\_\_\_ Registration Form
- \_\_\_\_\_ Emergency Information and Medical History Form
- \_\_\_\_\_ Parental Permission and Medical Consent with Liability Release
- \_\_\_\_\_ Immunization Status
- \_\_\_\_\_ Non-refundable registration fee of \$75.00

*Tuition is due by the 5<sup>th</sup> of each month.*

**2012/2013**

**For Office Use Only**

- \_\_\_\_\_ Check #
- \_\_\_\_\_ date
- \_\_\_ Confirmation letter
- \_\_\_ Parent handbook
- \_\_\_ School calendar
- \_\_\_ Field trip permission
- \_\_\_ Photo release
- \_\_\_ August letter
- \_\_\_ WSP background

# St. Luke's Preschool

## Emergency Information and Medical History

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### STUDENT INFORMATION

Name \_\_\_\_\_ Sex \_\_\_\_\_ Male \_\_\_\_\_ Female  
Last first middle

Address \_\_\_\_\_  
Street city zip

Age \_\_\_\_\_ Birth date \_\_\_\_\_ Child lives with \_\_\_\_\_ both parents \_\_\_\_\_ father  
\_\_\_\_\_ mother \_\_\_\_\_ guardian \_\_\_\_\_ other (explain)

Father/Stepfather/Guardian's name \_\_\_\_\_  
Address (if different from student) \_\_\_\_\_

home phone \_\_\_\_\_ cell/pager \_\_\_\_\_  
work phone \_\_\_\_\_

Mother/Stepmother/Guardian's name \_\_\_\_\_  
Address (if different from student) \_\_\_\_\_

home phone \_\_\_\_\_ cell/pager \_\_\_\_\_  
work phone \_\_\_\_\_

### EMERGENCY INFORMATION

\_\_\_\_\_  
Doctor's name Phone number Preferred Emergency Care Facility

Health Insurance company \_\_\_\_\_  
group/policy number \_\_\_\_\_

Please list the names of people to call if student is injured or becomes ill at school. List in the order they are to be called.

<u>Name</u>	<u>Phone Number</u>	<u>Relationship to student</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

Daycare Provider/ Sitter \_\_\_\_\_ phone \_\_\_\_\_  
Date of last tetanus booster \_\_\_\_\_ Medications being taken \_\_\_\_\_

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# MEDICAL HISTORY

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Student's Name	DOB/Age	Today's Date
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Does your child have now or previously had any of the following? If YES, explain briefly on the line provided.

	YES	NO	
Allergies to medication	_____	_____	List: _____
Other allergies	_____	_____	List: _____
Frequent headaches	_____	_____	_____
Convulsions/seizures	_____	_____	_____
Hearing impairment	_____	_____	_____
Visual impairment	_____	_____	date of last eye exam _____
Frequent ear infections	_____	_____	_____
Asthma	_____	_____	_____
Hay fever	_____	_____	_____
Chronic bronchitis	_____	_____	_____
Sinus problems	_____	_____	_____
Heart abnormality	_____	_____	_____
Frequent stomach aches	_____	_____	_____
Frequent constipation	_____	_____	_____
Frequent diarrhea	_____	_____	_____
Kidney disease	_____	_____	_____
Blood disease	_____	_____	_____
Frequent nosebleeds	_____	_____	_____
Diabetes	_____	_____	on insulin? _____
Hypoglycemia	_____	_____	_____
Thyroid disease	_____	_____	_____
Arthritis	_____	_____	_____
Orthopedic injuries	_____	_____	_____
Skin problems	_____	_____	_____
ADD	_____	_____	_____
ADHD	_____	_____	_____
Emotional problems	_____	_____	_____

Any other health problems or physical challenges which make participation difficult in classroom or physical activity? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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Does your son/daughter have any special needs or problems that should be known to better care for and meet his/her needs? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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**PARENTAL PERMISSION AND MEDICAL CONSENT WITH LIABILITY RELEASE  
ST. LUKE'S PRESCHOOL**

RE:

Name: \_\_\_\_\_ born on \_\_\_\_\_

Social Security Number: \_\_\_\_\_

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

The undersigned(s) being the lawful parent(s) and/or guardian(s) of the above child (the "Child"), hereby consents to the participation by the Child in all activities conducted by St. Luke's Preschool and Childcare Center (a ministry of St. Luke's Memorial Episcopal Church) and to the participation of the Child in all events relating to the activity during the \_\_\_\_\_ school year.

The undersigned hereby further authorize(s) any of the staff, employees, agents and representatives of Organizer to provide for, approve and authorize any health care at any hospital, emergency room, doctor's office or other institution; employ any physicians, dentists, nurses, or other person whose services may be needed for such health care; review and if necessary disclose the contents of any medical records; execute any consent form required by medical, dental or other health authorities incident to the provision of medical, surgical or dental care to the child. Health care shall include but not be limited to the administration of anesthesia, X-ray examination, performance of operations, diagnostic and other procedures.

If there is no medical emergency, the guardian will first use reasonable efforts to contact the parent(s) and/or guardian(s) before administering or authorizing any treatment.

Notwithstanding other provisions in this Consent Form, Organizer shall not have the authority to withhold or withdraw life-sustaining procedures for the Child.

The undersigned assume(s) all risk of injury or harm to the Child associated with participation in the Activity and agree(s) to releases, indemnify, defend and forever discharge the Organizer and its staff, employees and agents (collectively the "Organizer") of and from all liability, claims, demands, damages, costs, expenses, actions and causes of action (collectively the "Claims") in respect of death, injury, loss or damage to the Child or by the Child, howsoever caused, arising or to arise by reason of or during the Child's participation in the Activity.

This Consent Form may be revoked at any time before the expiration date with written notice to Organizer.

Signed on \_\_\_\_\_ (date), at \_\_\_\_\_ (city), \_\_\_\_\_ (state).

\_\_\_\_\_  
Signature of Parent

\_\_\_\_\_  
Signature of Parent

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