

Mt. Calvary Lutheran Preschool

Registration



Mt. Calvary Lutheran Preschool
6541 16th Ave. S.
Richfield, MN 55423
(612) 869-9441
www.mtcalvaryedu.org

Student's Information:

Student's Name _____ Birth Date _____
(first) (middle) (last)
Home Address _____ City _____ Zip _____
Home Phone _____ Home Church _____

Parents Information:

Student lives with: Both parents _____ Father _____ Mother _____ Other (Whom) _____

Please indicate who should be contacted first: Father _____ Mother _____

Father's Name _____ Email: _____

Address if different from student _____ City _____ Zip _____

Home () _____ Work () _____ Cell () _____

Mother's Name _____ Email: _____

Address if different from student _____ City _____ Zip _____

Home () _____ Work () _____ Cell () _____

If there is a separation or divorce custody situation of which we should be aware, please explain and provide a copy of the custodial agreement. We cannot deny a parent access to the child without court documentation on file.

Pick-Up Permission:

I hereby give my permission for my child to leave the Preschool class with the persons named below. It is the responsibility of the parents to notify the Preschool in writing of any changes.

Name _____ Phone _____ Relationship _____

Name _____ Phone _____ Relationship _____

Name _____ Phone _____ Relationship _____

Name _____ Phone _____ Relationship _____

Name _____ Phone _____ Relationship _____

No person NOT named on this list will be allowed to pick up your child without your written permission.

Emergency Contacts in case parents cannot be reached:

1. Name _____ Phone _____

Address _____ City/State _____ Zip _____

2. Name _____ Phone _____

Address _____ City/State _____ Zip _____

Physician's Name _____ Phone _____

Address _____ City _____ Zip _____

Dentist's Name _____ Phone _____

Address _____ City _____ Zip _____

Hospital _____

Medical Background:

List any allergies _____

List any ongoing medical problems _____

List any dietary needs _____

Will medication ever need to be given during school hours? Yes _____ No _____ If yes, a permission form needs to be completed.

Does student wear glasses? _____

Choice of sessions (Please put an X in boxes for which you wish to enroll)

Sessions	Monday	Tuesday	Wednesday	Thursday	Friday
(Morning) 8:30 - 11:30					
(Afternoon) 12:30 - 3:30					
Extended Care 7:00-8:30 am					
Extended Care 3:30-6:00 pm					

Parent Conferences:

Mt. Calvary Preschool will hold two parent conferences. The first conference will be held in October and the second conference will be held in April. During these conferences your child’s teacher will discuss your child’s social, emotional, and academic growth and Kindergarten readiness. These conferences are an excellent time to discuss any concerns or questions you may have regarding your child’s growth.

Permission For Use Release:

I give permission for my child’s work to be used in school related activities, displays, and publications.
YES NO parent’s initials _____

I give permission for my child’s photo to be published electronically (preschool’s Facebook page) and/or on paper (brochures).
YES NO parent’s initials _____

The staff of Mt. Calvary Lutheran Preschool shall not disclose a child’s record to any person other than the child, the child’s parent or guardian, the child’s legal representative, employees of Mt. Calvary Preschool, and the commissioner unless the child’s parent or guardian has given written consent or as otherwise required by law.

Release:

If emergency treatment is required, and the parents or legal guardian cannot be reached immediately, your signature in the space provided below empowers the school authorities to exercise their own judgment in calling the physician indicated, or if not available, to transport the child to a hospital emergency room. Likewise, your signature below is not sufficient for the release of confidential information protected by Federal Law.

Parent/Guardian signature _____ Date _____

How did you hear about us? _____