

**2019-2020**

**BETHLEHEM LUTHERAN PRESCHOOL**  
515 SW 7TH STREET  
Hermiston, OR 97838  
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www.bethlehemhermiston.org

**For office use only:**  
Registration paid \_\_\_\_\_  
Tuition paid \_\_\_\_\_  
Immunization forms \_\_\_\_\_  
Enrollment Date \_\_\_\_\_  
Class enrolled in \_\_\_\_\_

**ENROLLMENT PREFERENCE**

**3 Year Old Classes**

- \_\_\_\_ 3 yr old class M/W Morning (8:30 – 10:30)
- \_\_\_\_ 3 yr old class M/W Afternoon (12:15 – 2:15)
- \_\_\_\_ 3 yr old class TTH Morning (8:30 – 10:30)
- \_\_\_\_ 3 yr old class T/TH Afternoon (12:15 – 2:15)

**Pre-K Classes (4 & 5 year olds)**

- \_\_\_\_ Pre-K class MWF Morning (8:30 – 10:45)
- \_\_\_\_ Pre-K class MWF Afternoon (12:30 – 2:45)
- \_\_\_\_ Pre-K class T/TH Morning (8:30 – 2:45)
- \_\_\_\_ Pre-K class T/TH Afternoon (12:30 – 2:45)

Parents of Pre-K (4 & 5 year olds) may enroll their child in (2) classes so that they can attend 5 days a week. The cost of each class will apply and an additional \$55 for registration will be required.

Name of student: \_\_\_\_\_ Gender: Male Female  
Last First M.I.

Nickname or preferred name: \_\_\_\_\_ Is this the name you want your child to learn to write? Y N

Student's date of birth: \_\_\_\_\_ Place of birth: \_\_\_\_\_

Ethnicity: (Please circle) Am Indian Asian Black Hispanic White Other \_\_\_\_\_

Does your child have any learning disabilities or require special attention? YES \_\_\_\_\_ NO \_\_\_\_\_  
If yes, please explain:

Father's name: \_\_\_\_\_ Mother's name: \_\_\_\_\_

Mailing address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: (Home) \_\_\_\_\_ (Mom Cell) \_\_\_\_\_ (Dad Cell) \_\_\_\_\_

E-mail address: (Please print clearly) \_\_\_\_\_

Father's employer: \_\_\_\_\_ Phone #: \_\_\_\_\_

Mother's employer: \_\_\_\_\_ Phone #: \_\_\_\_\_

Does student live with : Both Parents \_\_\_\_\_ Mother \_\_\_\_\_ Father \_\_\_\_\_ Other \_\_\_\_\_

Shared custody \_\_\_\_\_ Best phone # to reach parent on any day \_\_\_\_\_

\_\_\_\_ Custody Papers  
\_\_\_\_ Restraining Order

Name of person responsible for payment: \_\_\_\_\_

Address of payee if different from above: \_\_\_\_\_ Phone # \_\_\_\_\_

(By listing this person you give us permission to contact them.)

*(If you have any changes in marital status, address or phone number, please notify the school.)*

Brothers and sisters:

\_\_\_\_\_ AGE \_\_\_\_\_      \_\_\_\_\_ AGE \_\_\_\_\_  
\_\_\_\_\_ AGE \_\_\_\_\_      \_\_\_\_\_ AGE \_\_\_\_\_

### MEDICAL TREATMENT PERMISSION

If you cannot be reached in the event of an emergency, whom should the school contact?

Name \_\_\_\_\_ Address \_\_\_\_\_ Phone # \_\_\_\_\_

Name \_\_\_\_\_ Address \_\_\_\_\_ Phone # \_\_\_\_\_

If the parents or emergency contacts cannot be reached and, if, in the judgment of the school staff or authorities, immediate medical and/or hospital attention is indicated, do you authorize responsible staff and authorities to take your child, properly accompanied, to an available physician or hospital?

Yes \_\_\_\_\_ No \_\_\_\_\_      Signature of parent \_\_\_\_\_      Date \_\_\_\_\_

FAMILY PHYSICIAN: \_\_\_\_\_

DOES YOUR CHILD HAVE ANY ALLERGIES OR MEDICAL CONDITIONS: No Yes Explain \_\_\_\_\_

**AUTHORIZATION TO PICK CHILD UP FROM SCHOOL:** Your child will not be allowed to leave with any other persons without written authorization from the responsible parent or guardian, including those in a car pool.

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

Church you attend: \_\_\_\_\_ Child baptized: Yes \_\_\_\_\_ No \_\_\_\_\_ Date \_\_\_\_\_

I can help as a substitute aide or classroom helper: YES \_\_\_\_\_ NO \_\_\_\_\_

Attention: Bethlehem Lutheran Preschool may use pictures of your child, without the child's name, for promotional purposes.

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_