

**2020-2021**

**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 Form

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

Nickname or preferred name: \_\_\_\_\_ Is this the name you want you 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 \_\_\_\_\_