

2023-2024

BETHLEHEM LUTHERAN PRESCHOOL

515 SW 7TH STREET

Hermiston, OR 97838

www.bethlehemhermiston.org

For office use only:

Registration paid _____

Tuition paid _____

Immunization forms _____

Enrollment Date _____

Class enrolled in _____

Enrollment Form

Class you registered for _____

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 check) 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 _____

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 If 'Yes' please 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 _____