



CALVARY LUTHERAN PRESCHOOL

1011 N. Compton Street, Post Falls, ID 83854
Church Phone: 208-773-5321 Fax 208-773-1098

PRESCHOOL REGISTRATION 2024-2025

Student's Legal Name _____

Student's Preferred Written Name _____

Address _____

City _____ State _____ Zip _____

Home Phone _____ Birthdate _____ Male _____ Female _____

Email _____

Father's Work Place _____ Cell _____

Mother's Work Place _____ Cell _____

Emergency Contact _____ Phone _____

Family Physician (Name, Address & Phone) _____

Does your child have any medical conditions that we need to be aware of?

Does your child have any food allergies? (If yes, please explain)

What are your expectations regarding your child's preschool experience?

I, _____ Parent/Legal Guardian of _____

understand that I am enrolling my child in a preschool program to be held on Tuesday-Wednesday-Thursday, from 9:00 AM to 11:30 AM. The cost of this program is \$1,800 (to be paid in nine monthly installments of \$200.00 by the 10th of each month) and entitles my child to participate in the program. Please return this registration form as soon as possible with a

NON-REFUNDABLE \$150.00 REGISTRATION FEE PLUS \$50 OF THE 1ST MONTH'S TUITION

(This fee guarantees your student's place in our program. If you decide not to enroll your child and notify the preschool 1 week prior to open house, \$50 will be refunded to you.) Preschool registrations are taken on a first come, first served basis, so the sooner you register your child, the sooner we can reserve a place in next year's class for you. **By signing below, you agree that you have received and will abide by all provisions in the Calvary Lutheran Preschool Handbook and Emergency Action Plan.**

Signature _____ Date _____

Mother's Name _____ Father's Name _____

MEDICAL RELEASE

In the event of an emergency resulting in injury to my child, if I cannot be reached, I authorize a teacher or an assistant of Calvary Lutheran Preschool to sign for medical attention for my child.

Signature_____Date_____

FIELD TRIP PERMISSION

I give my permission for my child to participate in Calvary Lutheran Preschool field trips for the school year, September 2024 through May 2025.

Signature_____Date_____

NAME / PHOTO / DIRECTORY RELEASE

Permission to have name used in newspaper or educational display? Yes___ No___

Permission to have photo used in Yearbook? Yes___ No___

Permission to use your child's photo on:

school's website / facebook (group pictures without names)? Yes___ No___

LIST OF APPROVED ADULTS TO PICK-UP STUDENT

I give my permission for my child to be picked up by the following adults:

For emergencies or questions, please refer to the Preschool Handbook and Emergency Action Plan.

Signature_____Date_____

IMMUNIZATIONS

Please bring in your child's current immunization records
when you return this form.

Thank you!