



LIVING SAVIOUR LUTHERAN PRESCHOOL: Registration Form Summer 2019
 Address: 6817 Carmel Rd. Charlotte, NC 28226,
 Phone: (704) 542-9110

Camp is open to 2 year olds through 5 year olds.

SPACE IS LIMITED...SO RESERVE YOUR SPOT NOW!!!

Child's Name: _____ Gender: _____ DOB: ____ / ____ / ____

Mother's Name: _____ Father's Name: _____

Child's Home Address: _____

Home Phone: _____ Email (REQUIRED): _____

Mother's Cell: _____ Father's Cell: _____

ONE TIME REGISTRATION FEE FOR **NON-LSLP FAMILIES**: \$30 for the First Child; \$25 for each sibling.
 PLEASE CHOOSE YOUR WEEKS, BY MARKING AN X IN THE CORRSPONDING BOXES BELOW

SUMMER HOURS 9:30-1:00PM

*there is a \$10 a week sibling discount

	Theme	M-F \$100 WEEKLY*	T/W/TH \$80 WEEKLY*
WEEK 1: 6/3-6/7	Summer H2O Fun		
WEEK 2: 6/10-6/14	Science/Sensory		
WEEK 3: 6/17-6/21	Cooking		
WEEK 4: 6/24-6/28	Red, White and Blue		
NO CAMP: 7/1-7/5			
WEEK 5: 7/8-7/12	Big Art		
WEEK 6: 7/15-7/19	Sports		
WEEK 7: 7/22-7/26	Summer H2O Fun		

Tuition for weeks 1-4 due May 10: _____

Tuition for weeks 5-7 due by June 10: _____

Total: \$ _____

Camp is open to 2 year olds through 5 year olds.

There will be a minimum 30 day cancellation notice required for refunds.

I have read and understand everything in the Parent Handbook located on the website www.lslp.webs.com.

PARENT SIGNATURE: _____ DATE: _____

Photo Release

I give permission to Living Saviour Lutheran Church, without limitation or obligation to use photographs, film footage, or tape recordings which may include my child's image or voice for purposes of promoting or interpreting the children's programs.

PARENT SIGNATURE: _____ DATE: _____

Parents: Please also complete other side of this form.

Getting To Know Your Child

This Form, and a current copy of your child's immunization record are due on the FIRST day of CAMP

HELP THE TEACHERS BECOME BETTER ACQUAINTED WITH YOUR CHILD. (All information will be kept confidential.)

Child's Name: _____ Child's Nickname: _____

Is this your child's first preschool experience? _____ Is your child toilet trained? _____

Known Allergies: Yes _____ No _____ If yes, please list. _____

Does your child take any medication* on a regular basis? _____ If yes, please specify: _____

Are there any foods that your child cannot eat? If yes, please list: _____

If you have listed any foods they cannot have, is it due to a religious reason or a food allergy*? _____

Does your child have any medical conditions, special needs, developmental delays or behavioral issues in which the school should be aware of so we can better minister to your family? _____ If yes, Please explain

****Please Note: For Liability purposes we cannot administer medications (other than an EPI-PEN)***

ANY ALLERGY THAT IMPACTS THE CLASSROOM WILL REQUIRE A DOCTOR'S NOTE DESCRIBING THE ALLERGY, THE SEVERITY, and THE APPROPRIATE RESPONSE.

Pick Up Authorization

I hereby give permission for the following person(s) to pick up my child.
Any exceptions to the following list must be received from the parents
in written form.

#1 Name _____

Relationship to child: _____

#2 Name _____

Relationship to child: _____

#3 Name _____

Relationship to child: _____

#4 Name _____

Relationship to child: _____

Emergency Contacts (Please list 2)

#1 Name _____

Relationship to child: _____

Cell _____

Home _____

Work _____

#2 Name _____

Relationship to child: _____

Cell _____

Home _____

Work _____

Emergency Medical Release Form

Child's Name _____

Medical Authorization: I understand that, in case of medical emergency every effort will be made to contact the parents or guardians. In the event, I cannot be reached, I give permission for Living Saviour Lutheran Preschool and or the physician named below to treat my child.

Child's Doctor: _____ Phone: _____

Child's Dentist _____ Phone: _____

Insurance Company _____ Policy# _____

Hospital Preference: _____

Signature (Parent/Guardian) _____ Date _____