

REDEEMER EARLY CHILDHOOD CENTER

7755 Greenstone Trail Fort Collins, CO 80525 (970) 206-0381 www.redeemerconnect.com

APPLICATION FOR REGISTRATION 2012-13 (Please Check)

___ Tues. a.m.	2 1/2 by Sept. 15, 2012*	1 class	9:15-11:00 a.m.	\$45 per month*
___ TTH a.m.	3 by Sept. 15, 2012	2 classes	9:00-11:30 a.m.	\$125 per month*
___ TTH p.m.	3 by Sept. 15, 2012	1 class	12:30-3:00 p.m.	\$125 per month*
___ MWF a.m.	4 by Sept. 15, 2012	2 classes	9:00-11:30 p.m.	\$170 per month*
___ MWF p.m.	4 by Sept. 15, 2012	1 class	12:30-3:00 p.m.	\$170 per month*
___ M-TH a.m.	5 by Dec. 31, 2012	1 class	9:00-11:45 a.m.	\$210 per month*

*Children, who turn 2½ between September 15, 2012 and March 15, 2013, may enroll once they turn 2½ and as long as there are openings.

Child's name _____
(Last) (First) (Middle)

Name child goes by _____ Male _____ Female _____

Date of Birth _____ Date of Baptism _____

Home Address/ City/ Zip Code _____

Home Phone # _____ **Cell # (Mother)** _____ **(Father)** _____

Church Preference _____ Church currently attending _____

Does child attend Sunday School _____ Where? _____

Father's name _____

Home Address _____ Phone _____

Employer _____

Employer Address _____ Phone _____

Mother's name _____

Home Address _____ Phone _____

Employer _____

Employer Address _____ Phone _____

Father's e-mail _____ **Mother's e-mail** _____

List other children in the family (names, ages, and whether or not they live with the child):

List others living with the child and their relationship to the child: _____

Child's Doctor _____ Address _____ Phone _____

Child's Dentist _____ Address _____ Phone _____

Hospital of Choice _____

Please comment on health issues, limitations, allergies, etc. Also include emotional reactions, fears, etc. that would be helpful for the teacher to know. _____

If parents cannot be reached in an emergency, the following people are authorized to make decisions regarding your child:

Name _____ Address _____ Phone _____

Name _____ Address _____ Phone _____

Name _____ Address _____ Phone _____

The following persons authorized to pick up your child from school (other than parent/guardian):

Name _____ Address _____ Phone _____

Name _____ Address _____ Phone _____

Name _____ Address _____ Phone _____

How did you hear about Redeemer? _____

*Please include a **\$50 NON-REFUNDABLE DEPOSIT plus ONE MONTH'S TUITION (Sept. 2012)** with this application for registration. The one month's tuition is refundable until July 15, 2012.

PARENT EMERGENCY AUTHORIZATION

I hereby give my permission to the school to call a physician or ambulance for medical or surgical care for my child, _____ should an emergency arise.

It is understood that a conscientious effort will be made to locate me or _____ before any action will be taken, but if it is not possible to locate us, this expense will be accepted by us.

(Parent/Guardian signature)

(Date)

To comply with City and State Health requirements and the policies of Redeemer Lutheran Preschool, it is required that this form be completely filled out before any child attends school.

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PHOTOGRAPHY CONSENT RELEASE

I (circle one) **Grant** **Deny** permission to take and use photographs of my child for possible use in websites, publications or display purposes.

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FIELD TRIP AUTHORIZATION

I hereby give my permission to the school for my child, _____ to go on trips away from the premises of the school, whether by foot or by vehicle, if I am properly notified.

(Parent/Guardian signature)

(Date)

NOTICE OF NONDISCRIMINATORY POLICY AS TO STUDENTS
"Redeemer Early Childhood Center admits students of any race, color, national and ethnic origin to all the rights, privileges, programs and activities generally accorded or made available to students at the school. It does not discriminate on the basis of race, color, national and ethnic origin in administration of its educational policies, admission policies, scholarship program and other school-administered programs."