



Thank you for choosing Faith Lutheran Preschool. To reserve your spot for the upcoming 2024-2025 school year, please fill out the enclosed forms and return them to Faith Lutheran Church along with your \$50 NON-REFUNDABLE Registration Fee. Families that have more than one child enrolling in Preschool need only pay the Registration Fee once. If you have any questions, please contact Faith Lutheran Church. The forms and fee can be dropped off, mailed, or submitted online to the following:

Monday-Thursday 8:15 am – 12:15 pm

308-436-4307

Email: secretary@keepfaithlutheran.org

2055 U St.

PO Box 307

Gering, NE 69341

The registration fee can be submitted online through the GIVE button on the upper right-hand corner of the page.

God's Blessings and Thank you for choosing Faith Lutheran Preschool for your child's Early Childhood Learning.

Date: _____

Rec'd by/Date: _____



2055 U St.
PO Box 307
Gering, NE 69341
308-436-4307

REGISTRATION FORM

Please complete and return this form with the \$50.00 **NON-REFUNDABLE** Registration Fee. Families with more than one child attending Faith Lutheran Preschool at the same time need to pay only one registration fee.

CHILD'S INFORMATION

Child's Full Name _____

First Name

Middle Name

Last Name

All Day Preschool

Y _____

N _____

Half Day

AM _____

PM _____

Name Child Goes By _____

Date of Birth _____

M _____

F _____

Baptized? Y _____

N _____

Address _____

City

State

Zip Code

Child Lives with

Mother _____

Father _____

Both _____

Mother's Name _____

First Name

Last Name

Home Phone _____

Work/Cell Phone _____

Email _____

Attends Church

Y _____

N _____

If Yes, Where _____

Father's Name _____

First Name

Last Name

Home Phone _____

Work/Cell Phone _____

Email _____

Attends Church

Y _____

N _____

If yes, where _____

Siblings _____

Primary Contact Person _____

Best Phone Number _____

Best Time to Contact _____

TRANSPORTATION PERMISSION

I hereby give Faith Lutheran Preschool permission to transport or arrange for transportation of my child, _____ . I understand that the Preschool staff will insure that my child is secured in a safety restraint at all times the vehicle is in motion.

Signature of Parent/Guardian

Date

Allergy/Food Exemption Medical Statement

Child's Name _____ Date _____

Food Allergy _____

Reaction _____

Foods to Avoid

Substitute Foods

Treatment Plan: (In case of accidental ingestion)

Parent Signature

Date

Non-Food Allergy Medical Statement

Child's Name _____ Date _____

Allergy or Insect Bite Allergy _____

Reactions _____

Things to Avoid _____

Severity _____

Treatment Plan _____

Parent Signature

Date

Emergency Consent Form

_____ (Mother, Father, Guardian) of _____, age _____, do hereby give my permission for such emergency medical or dental care and /or treatment of my above named child who might need care while under Faith Lutheran Preschool supervision. Center team members may take steps including any or all of the following if they believe an emergency situation exists:

- Call an ambulance and have the child taken to the emergency room of a hospital.
- Call the child's physician or dentist.
- Call another physician or dentist, in the event designated cannot be reached.

In the case of an emergency, every effort will be made to notify the parents. If necessary to transport or to have the child transported to the hospital, we will take the child to the nearest hospital. I, the parent or guardian, agree to pay all of the costs and fees for any emergency medical care or treatment for my child as secured or authorized under this consent.

The following will be called in case of emergency:

Child's physician _____

Address _____ Phone _____

Child's dentist _____

Address _____ Phone _____

Child's hospital _____

Address _____ Phone _____

Relatives or friends who may be contacted for assistance or information in case of emergency.

Name _____ Relationship _____ Phone _____

Name _____ Relationship _____ Phone _____

Name _____ Relationship _____ Phone _____

Medical Insurance Carrier _____

Allergies, medication, or other conditions pertinent to emergency care

Other medical conditions

Parent's Signature

Date

Faith Lutheran Preschool Photo and Video Release Form

I, as a parent/guardian, understand that Faith Preschool offers professional school pictures once a year in the fall. I, also, understand that I do not have to purchase these pictures.

I understand that Faith Staff, from time to time, will take snapshots of the children at play for school projects. I understand these pictures may be displayed in the room and my child may be in pictures or in the background of another child's photo and that these pictures may be sent home with another child.

I give permission for Faith staff and their chosen photographer to take photos and/or videos of my child. I agree that they may be displayed or used as mentioned above.

____ Yes, I will allow photos and/or videos of my child to be used in an appropriate manner in association with Faith Lutheran Preschool.

____ **No**, I will **not** allow photos and/or video of my child to be used in association with Faith Lutheran Preschool.

____ Yes, I will allow photos of and/or videos of my child to be posted on Faith Lutheran Church's and Preschool website/Facebook page.

____ **No**, I will **not** allow photos of and/or videos of my child to be posted on Faith Lutheran Church's and Preschool website/Facebook page.

Signature

Date

Printed Name