

**HOPE LUTHERAN PRESCHOOL**  
**1847 West Northern Lights Blvd.**  
**Anchorage, AK 99517-3343**  
**Phone: 272-3481 FAX: 278-2737**  
**SCHOOL YEAR 2004-2005**

Tues/Thurs Morning  Mon/Wed/Fri Morning  Mon/Tues/Wed/Thurs Afternoon

CHILD'S NAME \_\_\_\_\_ M \_\_\_ F \_\_\_

STREET \_\_\_\_\_ CITY \_\_\_\_\_ ZIP \_\_\_\_\_

PHONE: \_\_\_\_\_ CELL: \_\_\_\_\_ EMAIL: \_\_\_\_\_

BIRTHDATE: \_\_\_\_\_ PLACE OF BIRTH: \_\_\_\_\_

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DAD: \_\_\_\_\_ MOM: \_\_\_\_\_

Occupation: \_\_\_\_\_ Occupation: \_\_\_\_\_

Address: \_\_\_\_\_ Address: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

PERSONS AUTHORIZED TO PICK UP YOUR CHILD:

\_\_\_\_\_

IN CASE OF EMERGENCY, WHO SHOULD WE CONTACT?

\_\_\_\_\_

FAMILY MEMBERS OTHER THAN PARENTS

Name: \_\_\_\_\_ Age: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_

Name of your family church, (optional). \_\_\_\_\_

(Hope Lutheran Preschool is a ministry of Hope Lutheran Church. Would you like a representative from Hope Lutheran Church to contact you regarding church services at Hope? Y\_\_\_ N\_\_\_ \_\_\_\_\_)

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SPECIAL CONCERNS: (Allergies, speech delays, behavior challenges, physical limitations.)

**PLEASE NOTE: The \$50 registration fee is due with this completed registration form.**

**BY ENROLLING MY CHILD, I give consent and hereby agree:**

- A. To have my child taken to a physician if I cannot be contacted and the staff deems such action is warranted, and I will be financially liable for same.**

Physician Preferred: \_\_\_\_\_  
Address: \_\_\_\_\_ Phone: \_\_\_\_\_

- B. To have the staff administer first aid, without personal liability for that action. \* \_\_\_\_\_**
- C. To have my child go on field trips on a regular activity – prior notice will be given. \* \_\_\_\_\_**
- D. To have my child participate in the activities of the preschool program and course of study. \* \_\_\_\_\_**
- E. To have his/her picture taken while involved in a school activity for public relations. \* \_\_\_\_\_**
- F. To fulfill all financial obligations to Hope Lutheran Preschool, a non-profit organization. \* \_\_\_\_\_**

**SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_**

**\* Please initial to acknowledge review with the preschool director or a preschool teacher.  
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**ADDITIONAL COMMENTS:**