

HOPE LUTHERAN PRESCHOOL
1847 West Northern Lights Blvd., Anchorage, AK 99517-3343
Phone: 272-3481 FAX: 278-2737
SUMMER CAMPS 2004

SELECT CAMP:

CHILD'S NAME _____ M ___ F ___

STREET _____ CITY _____ ZIP _____

PHONE: _____ CELL: _____ EMAIL: _____

BIRTHDATE: _____ PLACE OF BIRTH: _____

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___ _____)

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

PLEASE NOTE: Weekly fees are due with completed registration form. Thanks!

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.

ADDITIONAL COMMENTS: