



Laurel Church Preschool Registration Form

"Where Caring and Creativity Engage Children"

**Print out this form and fill in both pages completely.
Mail it along with registration fee to Laurel Church Preschool**

Date: _____ Registering child for: 3's Class / 4's Class School Year _____

Child's Name: Last _____ First: _____ Middle _____

Nick Name: _____ Sex: M F Home Phone: (____) _____

Address: _____ City/State/Zip _____

Place of Birth _____ Date of Birth: _____

Child Resides with: Both Parents _____ Mother _____ Father _____ Guardians _____

Primary Contact's e-mail address _____

Father or Guardian's Name _____ Occupation _____

Employed by: _____ Work Phone _____

Address if different from child's _____

Cell Phone: _____

Mother or Guardian's Name _____ Occupation _____

Employed by: _____ Work Phone _____

Address if different from child's _____

Cell Phone: _____

Name of Brothers and Sisters	Birth date
_____	_____
_____	_____
_____	_____

Other Household Members	Relationship
_____	_____
_____	_____

Daytime Babysitter _____ Phone _____

Address _____

I authorize these persons to transport my child to or from school in case of illness if I cannot be reached or for carpooling reasons:

_____ Relationship _____ Phone _____

_____ Relationship _____ Phone _____

In an emergency, Laurel Church Preschool Personnel have my permission to obtain medical assistance from "911", and to transport this child to the nearest hospital.

Signature of Parent or Guardian: _____

Family Physician: _____ Phone: _____

PLEASE FILL IN THIS PORTION OF THE FORM COMPLETELY

Child has been cared for by other than parents? _____ By whom? _____

Child plays with other children? _____ How often? _____

Child plays out doors? _____ How often? _____

Child's favorite play materials: _____

Child attends church? _____ How often? _____ Name of Church _____

Child's previous school or preschool experience: _____

Child needs help: _____ Dressing, _____ Undressing, _____ Using toilet,
_____ Washing, _____ Needs to be reminded to use the bathroom.

Child's bedtime _____ Time of Waking _____

Child's Habits and Mannerisms: _____

Child's Emotional Patterns: (fears, jealousy, etc.) _____

Parent Evaluation of Child's Personality: _____

Primary Language spoken in the Home: _____ Second Language: _____

* If your child has any special needs - medical, physical, emotional - PLEASE make an appointment to discuss the child's need with the teacher before enrolling them.

Medical: Child is taking medication? _____ What kind? _____

Allergies? (drug or food) _____

Physical Impairment? _____

Glasses? _____ Other medical concerns? _____

How did you hear about the Laurel Church Preschool? _____

Parent's Signature: _____ Date: _____

Mail with \$75 registration fee to: Laurel Church Preschool
14127 SW Campbell Rd.
Hillsboro, OR 97123 Phone: 503-628-1582 X 108

PLEASE COMPLETE THIS FORM AND RETURN IT ASAP FOR PLACEMENT OF YOUR CHILD.
BOTH THE COMPLETION OF THIS FORM AND THE \$75.00 NON-REFUNDABLE REGISTRATION
FEE MUST BE SENT TO SECURE YOUR CHILD'S PLACEMENT IN A CLASS.