

**MESSIAH PRESCHOOL  
2024-2025 REGISTRATION FORM**

905 NW 94th Street · Vancouver WA 98665 · 360-574-2686  
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Today's Date: \_\_\_\_\_ How did you hear about our program? Who referred you? \_\_\_\_\_

Classes	Age by Aug. 31	Class Time	9 Monthly Payments
<input type="checkbox"/> TOTS (T-W) (monthly volunteer requirement)	2	9:15-11:30 a.m.	\$205
<input type="checkbox"/> TOTS (Th-F) (monthly volunteer requirement)	2	9:15-11:30 a.m.	\$205
<i>All students in classes below must be potty-trained</i>			
<input type="checkbox"/> Beginner (Th-F) 2 day	3	8:45-11:45 a.m.	\$255
<input type="checkbox"/> Beginner (M-T-W) 3 day	3	8:45-11:45 a.m.	\$355
<input type="checkbox"/> Pre-K (M-T-W) 3 day	4	8:45-11:45 a.m.	\$355
<input type="checkbox"/> Pre-K (M-T-W-Th) 4 day	4	8:45-11:45 a.m.	\$415

Child's Name (First, Last): \_\_\_\_\_ Nickname: \_\_\_\_\_

Child's Birthdate: \_\_\_\_/\_\_\_\_/\_\_\_\_ Current Age: \_\_\_\_\_ Sex: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Primary Contact Number: \_\_\_\_\_

Parent 1 Name (First, Last): \_\_\_\_\_ Parent 1 Phone: \_\_\_\_\_

Company / Occupation \_\_\_\_\_ Work Phone \_\_\_\_\_

Parent 2 Name (First, Last): \_\_\_\_\_ Parent 2 Phone: \_\_\_\_\_

Company / Occupation \_\_\_\_\_ Work Phone \_\_\_\_\_

Email Address(es): \_\_\_\_\_

**Emergency Contacts (other than parents) --Will automatically be considered authorized to pick up child from school**

1. Name: \_\_\_\_\_ Relationship to child: \_\_\_\_\_

Cell #: \_\_\_\_\_ Home #: \_\_\_\_\_ Work #: \_\_\_\_\_

2. Name: \_\_\_\_\_ Relationship to child: \_\_\_\_\_

Cell #: \_\_\_\_\_ Home #: \_\_\_\_\_ Work #: \_\_\_\_\_

**Additional Authorized Pick-Up Persons** – Persons authorized to pick up your child from preschool in addition to parents and emergency contacts listed above. Current photo ID required for pick-up.

1. Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

2. Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

\*\*I will read the Parent Handbook which has been made available to me (via download from preschool website or hard copy) and agree to abide by the school's guidelines and rules.

Legal Guardian's Signature: \_\_\_\_\_ Print Name: \_\_\_\_\_

Date: \_\_\_\_\_

*Non-Refundable Registration Fee: \$115.00 (\$115 Includes mandatory \$15 emergency kit)*

Date Registration Fee Received: \_\_\_\_/\_\_\_\_/\_\_\_\_ Amount of Payment: \$ \_\_\_\_\_ Check No. \_\_\_\_\_ Cash \_\_\_\_\_

Date Immunization Record Received: \_\_\_\_/\_\_\_\_/\_\_\_\_

Child's Name: \_\_\_\_\_

**FAMILY BACKGROUND:**

Names & Ages of Siblings:

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

Others living in the home:

What does your child enjoy doing?

What are a few of your child's favorite playthings?

Any major changes in the last year to your child's life (moved, new baby...)?

**VOLUNTEER INFORMATION:**

Parents or other family members are always welcome to help out and volunteer in our program. Volunteers must complete a background check form (pink). All visitors and volunteers are expected to uphold our program's health and safety standards at all times.

Families are welcome to attend the designated family celebrations throughout the year; such as the Fall Open House, Christmas Program and Spring Fling. Details of such activities will be sent home on class calendars.

The children love to have their parents participate in school activities. Do you have a talent, skill, hobby, occupation, collection, etc. that you would be willing to share or demonstrate at school?

Please describe: \_\_\_\_\_  
\_\_\_\_\_

**DEVELOPMENTAL RECORD:**

Does your child have any special needs? If so, please explain:

Allergies - Please list and describe reactions:

Explain any physical/health limitations.

Any speech/language concerns? Please explain.

Your Child is:  Left-handed     Right-handed     Not known

Has your child had any previous group experience? (Example: Sunday School, team sports, etc.)  
With what ages and types of groups?

Child's Name: \_\_\_\_\_



## MESSIAH PRESCHOOL GOALS FOR THE PRESCHOOL YEAR (OPTIONAL)

While our goal is to prepare your child for kindergarten, we would like to know what is important to you regarding your child's development during the school year. What are some of the goals you would like to see Messiah Preschool working toward concerning your child? Please think about this question and fill out the next portion.

***Social:***

***Emotional:***

***Physical:***

***Intellectual:***

***Spiritual:***

Do you have any other specific concerns about your child that you would like your child's teacher to know about?

## MEDICAL RELEASE EMERGENCY INFORMATION

I, (we) the parents or legal guardian of \_\_\_\_\_ do hereby authorize and consent to any medical treatment deemed necessary in the event of emergency, accident, or sudden illness.

I, (we) are aware that Messiah Preschool will make every effort to provide medical treatment at the closest facility available. Messiah Preschool also will make every effort to work with the doctors and hospitals listed below.

Physician Preference \_\_\_\_\_ Phone \_\_\_\_\_

Dentist Preference \_\_\_\_\_ Phone \_\_\_\_\_

Hospital Preference \_\_\_\_\_ Phone \_\_\_\_\_

Medical insurance company: \_\_\_\_\_ Policy Number: \_\_\_\_\_

Primary insured's Name: \_\_\_\_\_

Dental insurance company: \_\_\_\_\_ Policy Number: \_\_\_\_\_

Please list all allergies/allergic reactions: \_\_\_\_\_

\_\_\_\_\_

Brief statement of any medical conditions/concerns: \_\_\_\_\_

\_\_\_\_\_

Medication required or being taken on a regular basis (Messiah Preschool will not administer medications):

\_\_\_\_\_

I, (we) do not hold Messiah Preschool or Messiah Lutheran Church responsible or liable for any action deemed necessary in the emergency care of my (our) child. I, (we) will assume any expense incurred by such emergency care.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Relationship to child: \_\_\_\_\_

In case of emergency please contact me at: \_\_\_\_\_ or \_\_\_\_\_

## **FIELD TRIP PARTICIPATION AND LIABILITY RELEASE**

Name of child \_\_\_\_\_

I, \_\_\_\_\_, parent/guardian of the above-named child hereby give permission for participation in field trips taken away from school premises (typically, only Pre-K classes participate in field trips). Parent/Guardian transportation and supervision required on all field trips.

Messiah Preschool will take all precautions to provide for the safety of my child. I hereby waive, release, absolve, indemnify and agree to hold harmless Messiah Preschool, Messiah Lutheran Church, its staff and adult volunteers, for any claim arising out of any injury or physical harm to my child that might result from participation in these activities.

- I (we) want our child to participate in field trip activities during the school year.
- I (we) **DO NOT** want our child to participate in field trip activities for the school year.

**Signature required below regardless of whether or not you've checked the boxes indicating you've read this portion**

### **MESSIAH PRESCHOOL PHOTO RELEASE:**

We will be taking photos of various Messiah Preschool activities both in and out of the classroom. Such photos may be used for the purpose of telling the story of Messiah Preschool.  
**No personal information/names will be used.**

- I **DO NOT** want my child's photograph to be used in the church or preschool's publications, on their websites, or on their social media pages.

### **CHURCH E-NEWSLETTER:**

Messiah Lutheran Church sends out a weekly e-newsletter containing information regarding church and preschool events. Please indicate below whether or not you would like to receive the weekly e-newsletter. You may opt out at any time.

- Yes, please send the weekly e-newsletter to the email address(es) on the first page of this document.
- I do not wish to receive the e-newsletter at this time.

\_\_\_\_\_  
Legal Guardian's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name

Thank you for choosing Messiah Preschool!!