

Ascension Lutheran Extended Day Preschool  
Registration Check List

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

Parent's Name: \_\_\_\_\_

Class Assignment: \_\_\_\_\_

School Year: \_\_\_\_\_

Items checked below will need to be turned into the office by: \_\_\_\_\_

\_\_\_\_\_

Registration Form

\_\_\_\_\_

Personal History

\_\_\_\_\_

Medical Emergency Authorization

\_\_\_\_\_

Health Record

\_\_\_\_\_

Immunization Record

\_\_\_\_\_

Pick-up Authorization

\_\_\_\_\_

Rest Mat Waiver and field trip and G rated movie Authorization

\_\_\_\_\_

2 1/2 Year Old Toddler Information (for 2 1/2 class only)

\_\_\_\_\_

Medication Request Form

REGISTRATION FORM  
1701 W. Caley Ave.  
Littleton, CO 80120 303-794-4636

Please complete this form and return to the Director. Registration Fee of \$30.00 and \$20 materials fee is due at the time you bring in your application and is non-refundable. **Make checks payable to Ascension Lutheran church - with the name of your child and class assignment noted on the check.** You may choose either **2** or **3** days a week for child to attend. Please identify below the days for your child to attend. I wish my child to be enrolled:

Monday \_\_\_\_\_ Wednesday \_\_\_\_\_ Friday \_\_\_\_\_

**2010 - 2011 Fees and Tuition:**

Registration Fees (per child): \$30.00                      Materials Fee \$20.00

**We pledge our support of the ministry of the Extended Day Preschool program provided by Ascension Lutheran Church. We also accept our financial responsibility and pledge to pay the fees and tuition.**

**CHILD'S INFORMATION:**

Child's full name: \_\_\_\_\_ Sex: M \_\_\_\_\_ F \_\_\_\_\_  
Nickname: \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_  
State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Home Phone: \_\_\_\_\_

**\*PARENT OR LEGAL GUARDIAN INFORMATION:**

Mother: \_\_\_\_\_ Father: \_\_\_\_\_  
Occupation: \_\_\_\_\_ Occupation: \_\_\_\_\_  
Employer: \_\_\_\_\_ Employer: \_\_\_\_\_  
Address of Employer: \_\_\_\_\_ Address of Employer: \_\_\_\_\_  
Work Phone: \_\_\_\_\_ cell: \_\_\_\_\_ Work Phone: \_\_\_\_\_ cell: \_\_\_\_\_  
Home Address (if different than the child's): Home Address (if different than the child's):  
\_\_\_\_\_  
\_\_\_\_\_

***Please Initial the Following:***

- ◆ I have read the Extended Day Preschool Handbook and agree to follow its policies: \_\_\_\_\_
- ◆ I give my permission to be listed in the Extended Day Preschool directory and to allow my child to be photographed in a classroom setting: \_\_\_\_\_
- ◆ I give my child permission to attend daily music classes and the monthly chapel service located upstairs in the church sanctuary and to have recess in the fellowship hall during inclement weather: \_\_\_\_\_
- ◆ I will apply sunscreen lotion to my child before he/she attends Extended Day Preschool: \_\_\_\_\_

**Signature of Parent or Guardian:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Church Affiliation:**

Are you a member of Ascension Lutheran Church? Yes \_\_\_\_\_ No \_\_\_\_\_

Do you attend another church? If so, name of church: \_\_\_\_\_

If you are not a member of Ascension Lutheran, would you be interested in attending a series of classes on the doctrines and teachings of the Lutheran Church? (Attendance at these classes, does NOT obligate you to become a member:

Yes \_\_\_\_\_ No \_\_\_\_\_

**For Office Use Only**

Registration Fee Paid \_\_\_\_\_ Materials Fee \_\_\_\_\_ Check # \_\_\_\_\_ Date Received: \_\_\_\_\_

Waiting List \_\_\_\_\_ Class Assignment \_\_\_\_\_ Start Date \_\_\_\_\_ Time Received \_\_\_\_\_

**\*You are required to notify EDP of any changes in legal custody and provide, as required, a copy of any court orders.**

*PERSONAL & FAMILY HISTORY*

CHILD'S NAME \_\_\_\_\_

Is your child right-handed or left-handed? \_\_\_\_\_

Has your child had a previous group interaction or preschool experience? Yes / No  
If so, where and when? \_\_\_\_\_

Does your child have any allergies? \_\_\_\_\_

Are there any medical problems of which we should be aware? \_\_\_\_\_

What words does your child use for toileting? \_\_\_\_\_

Does your child have any bowel or bladder irregularities? \_\_\_\_\_

List special food or eating instructions: \_\_\_\_\_

List special napping instructions: \_\_\_\_\_

Does your child have any special fears of which you are aware? \_\_\_\_\_

In what particular way can we help your child? \_\_\_\_\_

Add additional information related to discipline, child's communication,  
comforting, and personal habits? \_\_\_\_\_

Siblings: (Please indicate ages and if he or she lives in the same home as the child).

<u>Name</u>	<u>Age</u>	<u>In home?</u>
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\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Please list any other persons living in the same home as the child \_\_\_\_\_

Medical Emergency Authorization Form  
Ascension Lutheran Extended Day Preschool

Child's Name \_\_\_\_\_ Birth date \_\_\_\_\_  
Address \_\_\_\_\_  
City/State/Zip \_\_\_\_\_

Mother's Name \_\_\_\_\_ Home Phone \_\_\_\_\_  
Employer \_\_\_\_\_ Work Phone \_\_\_\_\_  
Cell Phone \_\_\_\_\_ Pager # \_\_\_\_\_

Father's Name \_\_\_\_\_ Home Phone \_\_\_\_\_  
Employer \_\_\_\_\_ Work Phone \_\_\_\_\_  
Cell Phone \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Home Phone \_\_\_\_\_  
Relationship to Child \_\_\_\_\_ Cell Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Home Phone \_\_\_\_\_  
Relationship to Child \_\_\_\_\_ Cell Phone \_\_\_\_\_ Pager # \_\_\_\_\_  
Work Phone \_\_\_\_\_

Out of state contact (in case of natural disaster) Name \_\_\_\_\_  
Relationship \_\_\_\_\_ Phone ( ) \_\_\_\_\_

Child's Physician \_\_\_\_\_  
Address \_\_\_\_\_  
Phone \_\_\_\_\_

Child's Dentist \_\_\_\_\_  
Address \_\_\_\_\_  
Phone \_\_\_\_\_

Special instructions if child is injured or ill \_\_\_\_\_  
\_\_\_\_\_

**Medical Release:** I authorize Ascension Lutheran Extended Day Preschool, to seek emergency medical treatment for my child. I give permission to the emergency physician to secure proper emergency treatment and to order injection, anesthesia, or other emergency treatment if I (we) cannot be contacted. It is understood that a conscientious effort will be made to locate my spouse or me before action is taken. But if it is not possible to locate us, I accept the expense. In the event of life-threatening emergency, I understand that "911" will be called to take my child to my preferred hospital \_\_\_\_\_ if possible, or to the closest available facility.

\_\_\_\_\_  
Parent/guardian signature

\_\_\_\_\_  
Date

Child's Health Record  
Ascension Lutheran Extended Day Preschool

*This Report is to be filled out by a licensed physician, physician's assistant or nurse practitioner that has seen the child in the last six months.*

Child's name \_\_\_\_\_ sex \_\_\_\_\_ Birth date \_\_\_\_\_  
Address \_\_\_\_\_

Past Illnesses - Check those that apply and fill in approximate dates

Chicken Pox \_\_\_\_\_ Rubella \_\_\_\_\_ Rubeola \_\_\_\_\_ Rheumatic Fever \_\_\_\_\_

Asthma \_\_\_\_\_ Hay Fever \_\_\_\_\_ Diabetes \_\_\_\_\_ Whooping Cough \_\_\_\_\_

Poliomyelitis \_\_\_\_\_ Epilepsy \_\_\_\_\_ Mumps \_\_\_\_\_ Other \_\_\_\_\_

This child \_\_\_\_\_ is \_\_\_\_\_ is not physically emotionally able to participate in the above named preschool program. Is there any thing else we need to know about this child's physical condition?

\_\_\_\_\_

Surgeries/accidents/illness/chronic or handicapping problems: \_\_\_\_\_

\_\_\_\_\_

Medication(s) prescribed: \_\_\_\_\_

Allergies: \_\_\_\_\_

Prescribed method of treatment: \_\_\_\_\_

Dental: \_\_\_\_\_ No visible decay: \_\_\_\_\_ Decay present/ Exam recommended: Yes \_\_\_\_\_ No \_\_\_\_\_

Child's Dentist \_\_\_\_\_

Vision Screening: \_\_\_\_\_ Hearing Screening: \_\_\_\_\_

Date of my most recent examination of Child: \_\_\_\_\_

\_\_\_\_\_  
Signature of licensed physician, physician's assistant or nurse practitioner Date

\_\_\_\_\_  
Please Print Physician's name and address

Ascension Lutheran's  
Extended Day Preschool  
Pick Up Authorization Form

CHILD'S NAME \_\_\_\_\_

PICK UP AUTHORIZATION

NAME \_\_\_\_\_

PHONE \_\_\_\_\_

ADDRESS \_\_\_\_\_  
\_\_\_\_\_

NAME \_\_\_\_\_

PHONE \_\_\_\_\_

ADDRESS \_\_\_\_\_  
\_\_\_\_\_

NAME \_\_\_\_\_

PHONE \_\_\_\_\_

ADDRESS \_\_\_\_\_  
\_\_\_\_\_

NAME \_\_\_\_\_

PHONE \_\_\_\_\_

ADDRESS \_\_\_\_\_  
\_\_\_\_\_

UNDER NO CIRCUMSTANCE WILL CHILDREN  
BE RELEASED TO ANYONE NOT LISTED ABOVE  
WITHOUT THE WRITTEN AUTHORIZATION OF A PARENT

Ascension Lutheran Extended Day Preschool  
Rest Mat Waiver

Since the State of Colorado now requires that you bring a 2-inch thick vinyl rest mat in addition to everything else, we would like to make your life and ours a little easier.

If you would like to leave your vinyl rest mat at school, you may sign the release waiver below. We recommend that you take them home over the weekend, but that would be at your discretion.

\_\_\_\_\_ I understand that my child will have a quiet time everyday, where they are required by state regulations to lay on a rest mat and read books, puzzles, color or take a nap.

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I release Ascension Lutheran Extended Day Preschool and the Ascension Lutheran Church from any and all responsibility for the condition or loss of my child's rest mat. I understand that it will be stored as safely as possible and **MUST** be labeled with my child's name.

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

Field trip and movie authorization

\_\_\_\_\_ I authorize Ascension Lutheran Extended Day Preschool to allow \_\_\_\_\_  
to participate in walking field trips as scheduled throughout the school year.

\_\_\_\_\_ I authorize Ascension Lutheran Extended Day Preschool to allow \_\_\_\_\_  
to view G Rated movies as scheduled throughout the program.

Toddler Information  
Ascension Lutheran Extended Day Preschool  
(2 1/2 class only)

Child's Name: \_\_\_\_\_ Birth date: \_\_\_\_\_

**Eating Behavior**

\_\_\_ Drinks from cup      \_\_\_ Cup with lid      \_\_\_ Uses spoon  
\_\_\_ Food allergies or special needs: \_\_\_\_\_  
\_\_\_\_\_

**Sleeping Behavior**

Nap time: \_\_\_\_\_  
What toddler takes to bed: \_\_\_ blanket \_\_\_ pacifier \_\_\_ other  
\_\_\_\_\_

**Toilet Habits**

\_\_\_ Wears disposable diapers \_\_\_ Is toilet trained  
\_\_\_ Use A&D \_\_\_ Desitin \_\_\_ powder \_\_\_ special wipes \_\_\_ other  
Is diaper rash a problem? \_\_\_\_\_ If so, how do you treat it? \_\_\_\_\_  
\_\_\_\_\_

If toilet training, does child indicate bathroom needs? \_\_\_\_\_

\_\_\_ Wears diapers at nap \_\_\_\_\_ Stands at toilet \_\_\_\_\_ Sits on toilet \_\_\_\_\_ How often? \_\_\_\_\_

Does your child need help with toileting? \_\_\_\_\_

Child has problems with: \_\_\_\_\_ Diarrhea \_\_\_\_\_ Constipation \_\_\_\_\_

**Miscellaneous**

Does child have a "fussy" time? \_\_\_\_\_ When? \_\_\_\_\_

What do you do? \_\_\_\_\_

How does child relate to strangers? \_\_\_\_\_  
\_\_\_\_\_

Please list any other information that we should know about your child:  
\_\_\_\_\_  
\_\_\_\_\_

Parental Medication Request Form  
Ascension Lutheran Extended Day Preschool

Please Note: All medications must be in original containers labeled clearly.

**DO NOT PUT MEDICATION IN CHILD'S LUNCH BOX OR BACK PACK!**

Bring medication and this request directly to the Director.

I request that my child, \_\_\_\_\_

be given: \_\_\_\_\_

(Name of medication)

on the following date(s): \_\_\_\_\_

at the following time(s): \_\_\_\_\_

The dosage to be given is: \_\_\_\_\_

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

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For office use only

Date

Time

Person Administering Medication

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