

**2021-2022 REGISTRATION FORM**

**FOR SCHOOL USE ONLY**

**LIVING SAVIOR LUTHERAN PRESCHOOL  
8740 S.W. Sagert Street, Tualatin, Oregon 97062  
503-692-3303**

**Fee \_\_\_\_\_ Date \_\_\_\_\_  
Teacher \_\_\_\_\_ Group \_\_\_\_\_**

Living Savior Lutheran Preschool admits students of any race, color, nationality, and ethnic origin to all the rights, privileges, programs, and activities generally accorded or made available to students at the school. It does not discriminate on the basis of race, color, nationality, or ethnic origin in administration of its educational policies, admissions policies, scholarship and loan programs, and athletic and other school-administered programs. Preference in admissions is given to Living Savior Lutheran Church members and to children of families who were enrolled in the previous year.

**Please fill out this registration form completely.**

**I prefer my child in: \_\_\_\_\_ (AM) 9:00-11:30, \_\_\_\_\_ (PM) 12:45-3:15 Class, \_\_\_\_\_ either one**

\_\_\_\_\_  
**Child's First Name**

\_\_\_\_\_  
**Child's Last Name**

\_\_\_\_\_  
likes to be called....

\_\_\_\_\_  
Birth date

\_\_\_\_\_  
Age by or on Sept. 1, 2021

\_\_\_\_\_  
Female    Male

\_\_\_\_\_  
**Preferred E-mail address** at which we may contact parents

\_\_\_\_\_  
**Mother's Name**

\_\_\_\_\_  
Home Phone

\_\_\_\_\_  
Cell Phone

\_\_\_\_\_  
Address

\_\_\_\_\_  
City/State

\_\_\_\_\_  
Zip

\_\_\_\_\_  
**Father's Name**

\_\_\_\_\_  
Home Phone

\_\_\_\_\_  
Cell Phone

\_\_\_\_\_  
Address

\_\_\_\_\_  
City/State

\_\_\_\_\_  
Zip

\_\_\_\_\_  
Mother's Occupation and Work Address

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

\_\_\_\_\_  
Father's Occupation and Work Address

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

Church Preference \_\_\_\_\_

Location \_\_\_\_\_

Regular Daytime Babysitter \_\_\_\_\_

Phone \_\_\_\_\_

For a **minor situation** that needs immediate attention, please call (other than parents) persons located in the area (neighbor, friend, carpooling parent, relative):

NAME	PHONE	RELATIONSHIP TO CHILD
_____	_____	_____
_____	_____	_____

In case of an **emergency** or extenuating circumstance, please call (other than parents):

_____	_____	_____
_____	_____	_____

Who is **authorized to pick this child up** from school? (Written permission is needed if your child is to go with **ANYONE** other than the persons listed.)

_____	_____	_____
_____	_____	_____

Please list other siblings (name and birth date):

_____	_____
_____	_____

Please provide us with medical contact information:

_____	_____	_____
Child's Doctor	Location	Phone
_____	_____	_____
Child's Dentist	Location	Phone

Has this child had a preschool or daycare experience? \_\_\_\_\_

**Does this child have any food allergies or bee sting allergies** that we should be aware of?

If yes, please describe: \_\_\_\_\_

\_\_\_\_\_

**Please use the back of this sheet** to list any medical problems or conditions that should be known in an emergency or that might require special planning or consideration for this child's participation in school (such as allergies, chronic disease, crippling condition, sight or hearing problems, delayed development of bladder or bowel control, or any condition requiring daily medication.)

Please circle **YES** or **NO** for *each* of the following statements:

**YES/NO** In an emergency, staff members at Living Savior Preschool have my permission to call an ambulance, to call the rescue unit, or to take this child to any available physician or hospital at my expense.

**YES/NO** I give my permission for this child to receive emergency medical care.

**YES/NO** This child may have his/her picture taken for publicity or news purposes.

**YES/NO** This child's photograph may be displayed, without identifying information, on our Facebook page and or the public Web site of Living Savior Lutheran Church.

**YES/NO** This child's photograph may be displayed, without identifying information, inside the preschool.

**YES/NO** Your child's name, parents' names, address, phone number, and e-mail address may be listed in the class roster that is distributed to all preschool families.

**If no, please list what can be put on the school roster:**

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**YES/NO** I understand that Living Savior tuition is an annual amount and is to be paid in nine installments. The three's annual tuition is \$1530.00 or \$170.00 a month. The four's annual tuition is \$1755.00 or \$195.00 a month. The first and last month installments; also, the \$50.00 material/activities fee is due by **August 1**. Other tuition installments are due on the first day of each month. A total payment at the beginning of the school year is also acceptable. *The nonrefundable \$75.00 Registration Fee is paid at the time of enrollment.*

\_\_\_\_\_  
Signature of parent or guardian

\_\_\_\_\_  
Date

**Director: Denice Hornberger, Email: [dhornberger@livingsavior-preschool.org](mailto:dhornberger@livingsavior-preschool.org)**

**How did you hear about Living Savior Preschool? (Check as many that apply):**

Family\_\_\_\_, Friend\_\_\_\_, Living Savior Outdoor Sign Board\_\_\_\_, Posted Flyer\_\_\_\_,  
Early Childhood Resource Fair\_\_\_\_, Newspaper\_\_\_\_, Web site\_\_\_\_ (which one) \_\_\_\_\_  
Other\_\_\_\_\_

If you like, please use this space and the back of this sheet to make comments or give us more information about your child. Thank you.