



Mt. Olive Lutheran Christian Preschool Registration Form

2327 17th Ave. Forest Grove, OR 9711

Phone: 503-357-2511

Email: preschool@mtoliveforestgrove.org

Please complete this form and return it to the church office. Your \$50 non-refundable registration fee must accompany your application in order to hold a spot in the class.

Please circle the class you're registering for

Pre-Kindergarten **Mon., Wed., Fri., 9 – Noon** Pre-Kindergarten **Mon., Wed., Fri., 1-4 pm**

3/4 year old class **Tues./Thurs. 9 – 11:30 a.m.**

Afternoon classes for 3's may be offered depending on enrollment. Please check here if you would be interested _____

CHILD INFORMATION

Name of child _____ Date of Birth _____ / _____ / _____ Male/Female
(First) (Middle) (Last) (month) (day) (year)

Child's name to be called (i.e., Mike or Michael) _____

Address _____ Phone: _____
(street) (city) (zip)

PARENT INFORMATION

Name of Mother _____ Name of Father _____

Occupation _____ Occupation _____

Employer _____ Employer _____

Cellular Phone _____ Cellular Phone _____

Email Address _____ Email Address _____

Student resides with: _____ both parents _____ mother _____ father _____ shared custody _____ guardian

SIBLING INFORMATION

Name _____ Age _____ Grade _____ School _____

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Home church: _____ How did you learn about Mt. Olive Preschool? _____

May we include your child's photo in newspaper coverage of our school or on our website? Yes _____ No _____

EMERGENCY INFORMATION (To be used only if parents cannot be reached)

Name and relationship _____ Phone: _____

Child's Physician _____ Phone: _____

I give my permission for medical assistance to be administered to my child whenever such care is needed (i.e. first-aid cream, bandages, etc.) If a medical emergency should occur, I understand that I and / or my child's doctor would be called. I also pledge my support of the Preschool Ministry provided by Mt. Olive Lutheran Church and accept our financial responsibility and pledge to pay the fees and tuition. I am aware that Mt. Olive Preschool has a policy manual for the conduct of the school and that the policy manual may be changed from time to time by action of the Mt. Olive Preschool board. I agree to be bound by the terms of that policy manual.

Signature of Parent / Guardian _____

Date _____

Questions to help us serve you better

Has your child had a previous group interaction or preschool experience?
If so, where and when.

Yes / No

Are there any medical or developmental problems of which we should be aware?

While it is our desire to welcome all children and their families, children with special needs (e.g. learning disabilities, autism, diabetes, etc.) and their parents will be asked to meet with the director prior to admission. Enrollment decisions will be made on a case-by-case basis.

Does your child have any allergies to drugs, food, insects, pollen? Please list.

Has the allergy required emergency action in the past? Yes _____ No _____

Insights on discipline/comforting methods used at home that may make the transition to school easier.

What would you like your child to learn this year?

Please ask your child what they would like to learn about this year.

