



# 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 email 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 need help: \_\_\_\_\_ Dressing, \_\_\_\_\_ Undressing, \_\_\_\_\_ Using the 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 \$60 registration fee to: Laurel Church Preschool  
14127 SW Campbell Road  
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 \$60 NON-REFUNDABLE REGISTRATION FEE MUST BE SENT TO SECURE YOUR CHILD'S PLACEMENT IN A CLASS.