

Emmanuel Lutheran Preschool
652 East 5th Street
Rifle, CO 81650



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elc rifle.com
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Registration Form

Student Information

Child's first and last name _____

Name you prefer your child be called (if different than above) _____

Date and place of child's birth _____ Sex _____

Child's home & mailing addresses _____

Child's main phone # & one additional # _____

E-mail address _____

Family Information Names of parents/guardians _____

Brothers and/or sisters (please indicate ages and whether they live with the child)

Please list any other people living with the child and their relationship to the child

Personal History

Is your child right-handed or left-handed? _____

Has your child had a previous preschool or daycare experience: _____

If so, when and where? _____

Does your child have any allergies? _____

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

Are there any special food or eating instructions? _____

Any additional information about discipline, communication, comforting, toileting, etc.?

I have read and understand the Parent Handbook: _____

(Parent Signature)

(Date)

Actual date of child's enrollment: _____