

# BETHLEHEM LUTHERAN CHURCH PRESCHOOL

4638 – 117 Avenue Edmonton, Alberta T5W 0Y8 Phone: 780 477 – 2894  
Website: bethlehemchurch.ca E-mail: preschool@bethlehemchurch.ca

## REGISTRATION FORM

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

Child's Address: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Baptized: \_\_\_\_\_ yes \_\_\_\_\_ no Baptism Date: \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Father's Name: \_\_\_\_\_

Home Phone Number: \_\_\_\_\_ Home Phone Number: \_\_\_\_\_

Cell Number: \_\_\_\_\_ Cell Number: \_\_\_\_\_

Home Address: \_\_\_\_\_ Home Address: \_\_\_\_\_

Postal Code: \_\_\_\_\_ Postal Code: \_\_\_\_\_

E-mail address: \_\_\_\_\_ E-mail address: \_\_\_\_\_

Work Phone Number: \_\_\_\_\_ Work Phone Number: \_\_\_\_\_

Work Address: \_\_\_\_\_ Work Address: \_\_\_\_\_

Mother's Church: \_\_\_\_\_ Father's Church: \_\_\_\_\_

Affiliation: \_\_\_\_\_ Affiliation: \_\_\_\_\_

### **EMERGENCY CONTACT TO WHOM THE CHILD CAN BE RELEASED (other than parents):**

Name: \_\_\_\_\_ Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Home Address: \_\_\_\_\_ Home Address: \_\_\_\_\_

Postal Code: \_\_\_\_\_ Postal Code: \_\_\_\_\_

### **PERSONS AUTHORIZED TO PICK UP YOUR CHILD FROM PRESCHOOL:**

Name: \_\_\_\_\_ Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Phone Number: \_\_\_\_\_

### **OTHER HEALTH INFORMATION:**

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

Dietary Restrictions: \_\_\_\_\_

Is your child on daily on-going medication? \_\_\_\_\_ yes \_\_\_\_\_ no

**PARENT NAME:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

(please print)

**PARENT SIGNATURE:** \_\_\_\_\_

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## HEALTH RECORD

Has your child ever attended an **immunization clinic**? \_\_\_\_\_ yes \_\_\_\_\_ no

Name of last **clinic** attended: \_\_\_\_\_ Date: \_\_\_\_\_

Is your child's immunization up to date? \_\_\_\_\_ yes \_\_\_\_\_ no

### **Please give information regarding your preschool child:**

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

\_\_\_\_\_

Dietary restrictions: \_\_\_\_\_

\_\_\_\_\_

Special health needs your child has: \_\_\_\_\_

\_\_\_\_\_

Special medical instructions: \_\_\_\_\_

\_\_\_\_\_

Serious illness or operations: \_\_\_\_\_

\_\_\_\_\_

Childhood diseases: \_\_\_\_\_

\_\_\_\_\_

Does your child have a tendency to wander away from home? \_\_\_\_\_ yes \_\_\_\_\_ no

From other places? \_\_\_\_\_ yes \_\_\_\_\_ no

Special needs and fears: \_\_\_\_\_

\_\_\_\_\_

Custody and access information: \_\_\_\_\_

\_\_\_\_\_

Special interests your child has: \_\_\_\_\_

\_\_\_\_\_

Names and ages of siblings: \_\_\_\_\_

\_\_\_\_\_

Other information that would be relevant in caring for your child: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

List ways you hope your child will benefit from our program: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Parent Name:** \_\_\_\_\_ (please print)

**Parent Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

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## **NEIGHBORHOOD WALK PERMISSION SLIP**

I permit my child \_\_\_\_\_ to go on **supervised**  
(name of child)

**neighborhood walks** to landmarks within a six block radius from the classroom during preschool hours for the school year **2020/2021**.

**Parent Name:** (please print) \_\_\_\_\_

**Parent Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

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## **EMERGENCY MEDICAL ATTENTION PERMISSION SLIP**

I give the staff and volunteers of **Bethlehem Preschool** permission to arrange for emergency medical attention to be given to my child \_\_\_\_\_  
(name of child)  
during preschool hours in the school year **2020/2021** if it is deemed necessary:

**Parent Name:** (please print) \_\_\_\_\_

**Parent Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

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## PERMISSION TO DISPLAY PICTURES AND VIDEO CLIPS

During the **2020/ 2021** school year, I give permission for **photographs and /or video clips** of

my child \_\_\_\_\_ to be displayed:

(name of child)

\_\_\_\_\_ in the classroom and church foyer.

\_\_\_\_\_ in memory books the children may take home.

\_\_\_\_\_ on CD and DVD keepsakes the children may take home.

\_\_\_\_\_ on posters, brochures, and PowerPoint presentations advertising Bethlehem Preschool.

\_\_\_\_\_ on the website of Bethlehem Lutheran Church.

\_\_\_\_\_ in private photos and video clips taken by other preschool parents.

**Names of children** will **not** be mentioned on posters, brochures, PowerPoint presentations, the church website, or any public domain. **Parents will be asked for formal consent** before any pictures of their child(ren) are posted in a print publication or on the church website.

**Parent Name:** (Please print) \_\_\_\_\_

**Parent Signature:** \_\_\_\_\_ **Date :** \_\_\_\_\_

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## PARENT/GAURDIAN INFORMATION

Please check off which **information** you will allow to be placed on the **2020/ 2021 class list** which can be accessed by other preschool parents. Class lists are used for switching parent helper days, arranging play dates, etc. **Class lists are NOT to be used for soliciting.**

\_\_\_\_\_ Name of preschool child

\_\_\_\_\_ Name of parent/guardians

\_\_\_\_\_ Home phone number OR other: \_\_\_\_\_  
(specify cell number or work number)

\_\_\_\_\_ Email address: \_\_\_\_\_

**Parent Name:** \_\_\_\_\_ **Parent Signature:** \_\_\_\_\_

# Bethlehem Lutheran Church Preschool

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

Parent's Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Address: \_\_\_\_\_ Postal Code: \_\_\_\_\_

E-mail address: \_\_\_\_\_

## Class Selection (2020 – 2021 School Term)

**Partial Co-op:** One parent helper day every four to five weeks, participation in two small fundraisers. No committee meetings or janitorial work required. There are no bingos or casinos.

\_\_\_\_\_ Tues./Thurs. a.m. class (9:00 – 11:30 a.m.) \$100.00 per month

\_\_\_\_\_ Mon./Wed./Fri. a.m. class (9:00 – 11:30 a.m.) \$125.00 per month

**Non Co-op:** No parent helper days, fundraising, committee meetings or janitorial work required.

\_\_\_\_\_ **Program Fee:** (In lieu of fundraising; due September 10, 2020) **\$70.00**

\_\_\_\_\_ Tues./Thurs. a.m. class (9:00 – 11:30 a.m.) \$130.00 per month

\_\_\_\_\_ Mon./Wed./Fri. a.m. class (9:00 – 11:30 a.m.) \$155.00 per month

## Fee Schedule

### Choose a payment option:

\_\_\_\_\_ **Program Fee:** (Due September 10, 2020) – **Non co-op only** \$70.00

\_\_\_\_\_ **Annual Fee:** \$1000.00 \$1250.00 \$1300.00 \$1550.00 (Circle your choice)  
(Due Sept. 10, 2020)

\_\_\_\_\_ **Two payments per year:** (September 10, 2020 and February 1, 2021)

\$500.00 \$625.00 \$650.00 \$775.00 (Circle your choice)

\_\_\_\_\_ **Monthly:** \$100.00 \$125.00 \$130.00 \$155.00 (Circle your choice)

**Please include a \$25.00 registration fee to secure your child's place. Cheques are payable to Bethlehem Lutheran Church.**