

How did you hear about Calvary Lutheran Preschool?

___ advertisement/article in newspaper ___ Calvary's Preschool Sign
___ Realtor ___ other ___ recommended by family or friend

Name of person who recommended you: _____

We, at Calvary, want our preschool to be available to children with disabilities and other health issues. We are, however, practically unable to provide a certified nurse on our staff or to make available medical equipment or facilities that may be needed by some children. If your child suffers from a disability or health issue that may cause him or her to need immediate attention or professional health care personnel, you will want to consider a public preschool.

Immunizations are up to date: ___ yes ___ no ___ not sure

Allergies: _____

Disabilities: _____

Health Concerns: _____

Extreme Fears: _____

Please call us with any changes in the information on this form.

All information on this form will be kept confidential.

I, the undersigned, being aware of my child's health and physical conditions, hereby release Calvary Lutheran Church and Preschool and its employees from liability for accidental injury or illness as a result of participation:

Signature: _____ Date: _____

A \$25 REGISTRATION FEE IS REQUIRED WITH THIS APPLICATION.

Office use only

Date received: _____

Registration fee: _____ cash _____ check

Staff initials: _____