

REGISTRATION FORMS



All forms must be completed and turned in at time of registration along with copies of birth certificate and current immunization records.

St. Matthew Lutheran Preschool, 132 E 13th Street, Port Angeles Wa. 98362
www.stmatthewportangeles.org 457-4122

REGISTRATION CHECK OFF LIST

Date Received_____ Child's Name_____

Birth Date_____ Age as of September 2nd_____

All Forms to be submitted

- ☐ Registration Form
- ☐ Emergency Contact Information Card Form
- ☐ Parents' Rights Form
- ☐ Personal Rights
- ☐ Internet and Photo Agreement
- ☐ Copies of Birth Certificate
- ☐ Copies of Current Immunization Record

Student Name: _____ D.O. B: ____ / ____ / ____ Gender: ☐ M ☐ F

Pre-Three Class: __ Monday __ Tuesday __ Thursday __ Friday

Teacher: _____

Parent / Guardian Information:

Parent/Guardian: _____ Phone1: _____ Phone2: _____

Parent/Guardian: _____ Phone1: _____ Phone2: _____

Address: _____

Optional E-mailAddress1: _____ 2: _____

Emergency Contact Other Than Parent /Guardian:

Name: _____ Relation: _____ Phone1: _____ Phone2: _____

Name: _____ Relation: _____ Phone1: _____ Phone2: _____

Name: _____ Relation: _____ Phone1: _____ Phone2: _____

Name: _____ Relation: _____ Phone1: _____ Phone2: _____

Medical Information:

Please indicate any medical conditions that the staff should be aware of and/or that would limit your child's activities (i.e. allergies, asthma, injuries, etc.) If your child needs any medication, please indicate. Before any medication may be administered by staff, a completed physician's form must be on file.

Medication: _____ Approx. time of day: _____

Parent Agreement

Attendance Requirements: Absences must be reported to the School. If you need to have someone pick up your child who is not on the approved list, you are required to provide them written permission to provide on arrival and they must show a valid ID. Emergency information is to be updated when necessary.

_____ **Program Charges:** An annual non-refundable fee of \$25.00 is due at the time of registration. Tuition is expected to be paid at the beginning of each month. Any payments not received by the 10th of each month may be assessed a \$20.00 late payment charge.

A \$25.00 fee will be charged on all returned checks and may result in a cash or money order only restriction being put on the account. Repeated late tuition payments or returned checks may result in exclusion from the program until account is made current.

_____ I understand that participation in this program will include outdoor activities and all the risks that accompany such activities. In case of emergency, staff will contact parent/guardian, or any authorized emergency contact provided. If immediate hospital attention is needed, staff will call 911 and accompany student if necessary. I understand that I will be held responsible for all costs incurred. I therefore, waive any claims and agree to release and hold harmless this program, the employees or agent(s).

I have read, understand and agree to abide by all of the above statements:

Parent Signature

Date

PLEASE FILL OUT BOTH SIDES COMPLETELY - PRINT CLEARLY

St Matthew Lutheran Preschool - Emergency Information

Teacher _____

Class _____

_____(_____)_____
Pupil's Name (Last Name, First) Birthdate Sex Area Code/Telephone Cell / Work Phone

E-mail: _____

The following address will be used to verify the residency of the pupil per the requirements of state law. Your signature indicates you are providing the information under penalty of perjury.

_____(_____) Street Address _____ Check here if this is anew address Apt# City &Zip Code
(Mailing address if different)

The following information is required so that we can contact a responsible person in case of illness or accident.

_____(.)____ Father(Guardian)
Pupil Resides With? Yes No Employer Cell / Work Telephone

_____(.)____ Mother(Guardian)
Pupil Resides With? Yes No Employer Cell / Work Telephone

Language Spoken at Home if Other than English _____

List the names, addresses and phone numbers of two responsible **area** residents who know your child and who you authorize to pick up your child in emergencies or illnesses. Your child will be released only to those persons listed below.

Name	Relationship	Address (including city)	Cell / Work Telephone
1. _____	_____	_____	_____(_____)_____
2. _____	_____	_____	_____(_____)_____
3. _____	_____	_____	_____(_____)_____

Physician _____ Insurance _____ Telephone _____(_____)_____

Date: _____

Signature: _____

(PLEASE COMPLETE OTHERSIDE)

cutting
Cut here for die

PLEASE PROVIDE ALL OF THE INFORMATION REQUESTEDBELOW

Wears glasses: Yes No Date of last examination _____

Hearing difficulty: Yes No Date of last examination _____

State of dental health: _____ Remarks _____

GENERAL HEALTH (NOTE SPECIALCONDITIONS)

Asthma _____ Allergies _____

Drug Sensitivity-Specify _____ Seizures/Epilepsy _____

Rheumatic Fever _____ Heart Disease _____

Last Tetanus Shot(Date) _____

Limitations on Physical Activities-None _____ or Specify _____

Any other health-related conditions that the school should accommodate: _____

Continuing Daily Medication: Type: _____*None _____ Prescribing Physician _____

*If "Yes", your signature on the other side authorizes the school to contact your physician.

Note: In the event of a medical emergency, the Clallam County Fire Dep't EMT Service will be directed to transport your child to the Olympic Medical Center to provide the necessary emergency care. Your signature satisfies four requirements: 1) it authorizes the district to seek necessary medical attention for your child in an emergency; 2) it confirms that your statements on this card are true; 3) it acknowledges that you have received statements regarding your rights, responsibilities, and protections (annual notification); and 4) it acknowledges that you have discussed arrangements with your child regarding medical & family emergencies and procedures that are to be followed if your child were to be sent home during an evacuation of the school.

NOTIFICATION OF PARENTS' RIGHTS

PARENTS' RIGHTS

As a Parent/Authorized Representative, you have the right to:

1. Enter and inspect the Pre-Three without advance notice whenever children are in its care.
2. Review and request the parent and student handbook at any time
3. File a complaint against the school or staff with the St Matthew Lutheran Church Leadership. Please contact the business office for further information.
4. File a complaint to the church office without discrimination or retaliation against you or your child.
5. Request in writing that a parent not be allowed to visit your child or take your child from St. Matthew Preschool, provided you have shown a certified copy of a court order.

NOTE: WE MAY DENY ACCESS TO THE PRESCHOOL TO A PARENT/AUTHORIZED REPRESENTATIVE IF THE BEHAVIOR OF THE PARENT/AUTHORIZED REPRESENTATIVE POSES A RISK TO CHILDREN IN CARE.

(Detach Here-Give Upper Portion to Parents)

ACKNOWLEDGEMENT OF NOTIFICATION OF PARENTS' RIGHTS (Parent/Authorized Representative Signature Required)

I, the parent/authorized representative of _____, have received a copy of the "PRESCHOOL NOTIFICATION OF PARENTS' RIGHTS"

St Matthew Lutheran Preschool

Signature (Parent/Authorized Representative)

Date

NOTE: This Acknowledgement must be kept in child's file and a copy of the Notification given to parent/authorized representative.

PERSONAL RIGHTS

St Matthew Lutheran Preschool

Personal Rights,

Each child receiving services from a St. Matthew Lutheran Preschool shall have rights which include, but are not limited to, the following:

- (1) To be accorded dignity in his/her personal relationships with staff and other persons.
- (2) To be accorded safe, healthful and comfortable accommodations, furnishings and equipment to meet his/her needs. If needs exceed the capabilities of the Preschool, in the best interest of the student a recommendation may be made for the guardian to seek out further services. In the rare situation, a student may be dismissed from enrollment due to the severity of a need, if the need demands skilled care as determined by the Preschool Leadership.
- (3) To be free from corporal or unusual punishment, infliction of pain, humiliation, intimidation, ridicule, coercion, threat, mental abuse, or other actions of a punitive nature, including but not limited to: interference with daily living functions, including eating, sleeping, or toileting; or withholding of shelter, clothing, medication or aids to physical functioning.
- (4) To be free to attend religious services or activities of his/her choice and to have visits from the Pastor of St Matthew, Attendance at religious services, either in or outside the facility, shall be on a completely voluntary basis. Decisions concerning attendance at religious services or visits from the Pastor shall be made by the parent(s) or guardian(s) of the child by their initiative or a permission slip provided by the teacher.
- (5) Not to be locked in any room, building, or facility premises by day or night.
- (6) Not to be placed in any restraining device, except a supportive restraint approved in advance by the licensing agency.

THE REPRESENTATIVE/PARENT/GUARDIAN HAS THE RIGHT TO BE INFORMED OF THE APPROPRIATE

DETACH HERE

TO: PARENT/GUARDIAN/CHILD OR AUTHORIZED REPRESENTATIVE:

PLACE IN CHILD'S FILE

Upon satisfactory and full disclosure of the personal rights as explained, complete the following acknowledgment:

ACKNOWLEDGMENT: I/We have been personally advised of, and have received a copy of the personal rights at the time of admission to:

(PRINT THE NAME OF THE FACILITY)

(PRINT THE ADDRESS OF THE FACILITY)

St Matthew Lutheran Preschool

(PRINT THE NAME OF THE CHILD)

(SIGNATURE OF THE REPRESENTATIVE/PARENT/GUARDIAN)

(TITLE OF THE REPRESENTATIVE/PARENT/GUARDIAN)

(DATE)

St Matthew Lutheran Preschool
INTERNET/ACCEPTABLE USE AGREEMENT / CONSENT & WAIVER
THE FOLLOWING FORM MUST BE READ AND SIGNED BY THE STUDENT AND THEIR PARENT/LEGAL
GUARDIAN

Photographs and/or videotapes of students are taken periodically in the classroom or at school functions to be used in class bulletins, art projects, school website, promotional materials, video of Outdoor Ed. Program, etc.

I give my permission to photograph my student for the above purposes.

(Please Initial)

_____Yes

_____No

I give my permission for my student to use the Internet for Educational purpose.

(Please Initial)

_____Yes

_____No

St Matthew maintains a website as well as individual school site web pages. The website is updated regularly and often will include pictures of students, staff, parents, student work and school activities.

This consent form grants St Matthew permission to post pictures of my son/daughter and/or samples of his/her work on the school and church website, promotional materials, and other school and church related videos and the use of the student's first name (only). I further release St Matthew and its employees, officials and agents from any liability of any claims, including without limitation, claims for libel, defamation, invasion of privacy and right of publicity, and infringement of proprietary rights, arising out of or relating to the exercise of rights granted under this CONSENT AND RELEASE.

Clearly print student's name

Print name of parent /guardian

Signature

Date

PLACE IN CHILD'S FILE

