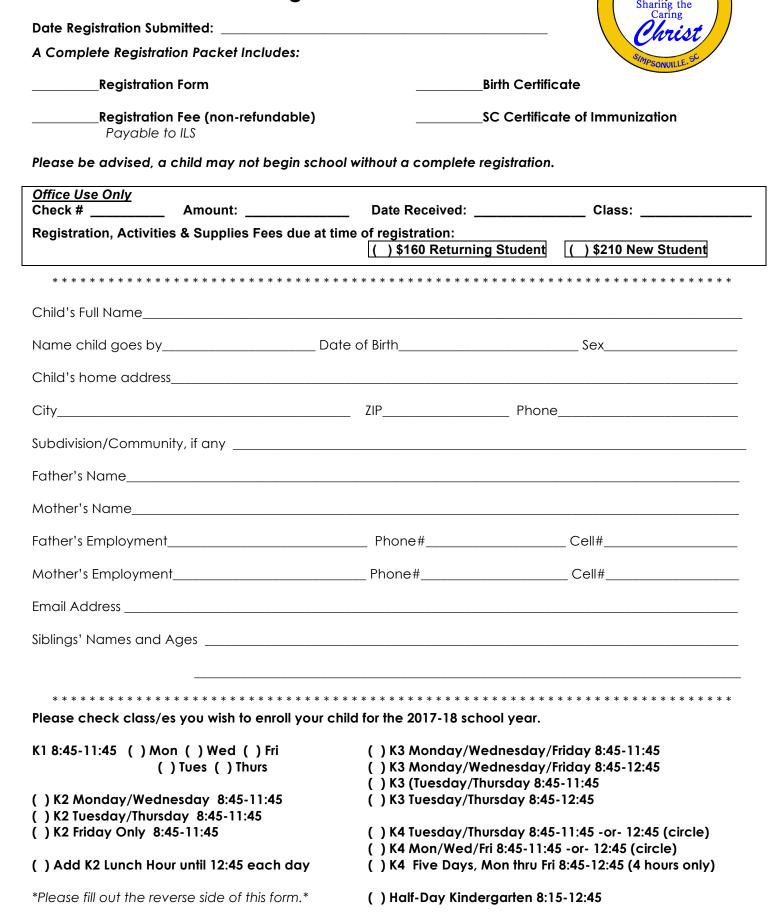
## **Immanuel Lutheran School**

## 2017-18 Registration



Church Denomination:			
Church currently attends:		Is your child bap	otized?
Has your child previously atter	nded preschool? If s	o, where?	
Do you have any special con	cerns about your child that y	rou would like to discus	ss with the teacher?
How did you hear about our S	school? ( ) Friends (who)		( ) Front Sign
( ) Advertisements (where	) ( ) Ot	her	
******	* * * * * * * * * * * * * * * * * * * *	******	* * * * * * * * * * * * * * * * * * *
In the event of an emergency	v, if parents cannot be reach	ed, please contact:	
Name	Address	Phone	Relationship
1			
2			· -
List all allergies (food or other)			
List any medications currently	being administered to the c	hild	
List any chronic health proble	ms and history of hospitalizat	ion	
Child's Physician or Clinic			
Address	Pr	none	
at (Phone)hadeemed necessary by (Preferred not available, by another licens Hospital), or any hospital reaso	to contact me at (Phone) s been unsuccessful, I hereby d Physician)_ ed physician, and the transfer nable accessible. This author	give my consent for th or in the even of the child to ization does not cover	her parent e administration of any treatment vent the designated practitioner is (Preferred major surgery unless the medical orgery are obtained, prior to the
Date	Parent's Signat	ure	