



**MESSIAH LUTHERAN PRESCHOOL
4715 HOLLY AVENUE
MIDDLETOWN, OH 45044
(513) 422-4991**

Dear _____

Thank you for your interest in Messiah Lutheran Preschool. Enclosed are the registration forms required for the 2011-2012 school year. These forms along with the registration fee need to be returned to us here at the school. Please return to:

Lynn Connor
Messiah Lutheran Preschool
4715 Holly Ave
Middletown, OH 45044

Jun, July and August send to:
Lynn Connor
2902 Fleming Rd
Middletown, OH 45042

The physical form may be returned when school begins. Other forms and registration fee are needed at the time of registration.

Fees for the 2011-2012 school year are as follows:

*2 day/week classes: Registration and school bag - \$35 (non-refundable)
Tuition: \$80.00 per month or \$720.00 a year*

*3 day/week classes: Registration, school bag and weekly reader - \$40 (non-refundable)
Tuition: \$100.00 per month or \$900.00 a year*

2 day/week class meets on Tuesday and Thursday from 9:00 – 11:30 a.m.
It is for children 3 years old by September 30th of this year.

3 day/week class meets on Tuesday, Wednesday and Thursday from 9:00 – 11:30 a.m.
It is for children 4 years old by September 30th of this year.

The order that we receive the registrations (forms and fees) will determine enrollment.

If you have any questions, please phone us here during school hours, September through May. The preschool's phone number is (513) 422-4991. You may also phone the director at home during other hours and the summer.

Lynn Connor, Preschool Director (513) 423-7508

We look forward to the opportunity of helping your child through Messiah Lutheran Preschool.

Sincerely,
The Staff, Messiah Preschool

Registration Form
(must be returned with the registration fee before child is enrolled)

Class: 2/day _____ 3/day _____

The following information should be kept current and the school notified immediately of any change. Thank You.

Name of child: _____ Date of birth: _____

Home address: _____ Phone number: _____

Father's name: _____ Occupation: _____

Employer: _____

Business Address: _____ Phone number: _____

Mother's name: _____ Occupation: _____

Employer: _____

Business Address: _____ Phone number: _____

Other children living at home: Name: _____ Birthdate: _____

Name: _____ Birthdate: _____

Name: _____ Birthdate: _____

Other persons living at home (grandparent, etc.) Name: _____

Name: _____

Church affiliation: _____ Does child attend Sunday School? _____

Does child attend church? _____ Is child baptized? _____

If yes, please give date: _____

Please list person who may be contacted in the event of an emergency:

Name: _____ Relationship: _____

Address: _____ Phone Number: _____

I hereby request that my child be enrolled in Messiah Lutheran Preschool. I understand that my child is registered for full school term and tuition is due whether or not my child is able to attend classes. In the event of withdrawal, I agree to notify the treasurer by the 15th of the month prior to withdrawal. My signature indicates that I have read and will abide by the registration rules.

Signature of parent or guardian: _____ Date: _____

General Information Form

Name: _____

Nickname: _____

Preference to use: _____

Date of birth: _____

Sex: _____

Address: _____

City: _____ Phone: _____

Parents names: _____

Father

Mother

Type of work: _____

Where employed: _____

Work phone: _____

Education, special interests, talents: _____

Hobbies: _____

Do both parents live in the home? Yes ___ No ___ If no, list other parents address below:

Name: _____

Address: _____ Phone: _____

Siblings:

Name: _____ Sex: _____ Birthdate: _____

Name: _____ Sex: _____ Birthdate: _____

Name: _____ Sex: _____ Birthdate: _____

Any others living at home? If yes, please explain _____

List name and phone of at least one person to be contacted in case of emergency and parents can't be reached:

Name: _____

Phone: _____

Attend church: Frequently _____ Seldom _____ Never _____

Church affiliation: _____

Member of: _____

Or frequently attends: _____

Child baptized: Yes _____ No _____

Attends Sunday School: Yes _____ No _____

Doctor

Name: _____

Address: _____ Phone: _____

Dentist

Name: _____

Address: _____ Phone: _____

Allergies: _____

Any special precautions and treatments: _____

Medications currently taking: _____

Any chronic physical problems: _____

History of hospitalizations (List and dates) _____

Childhood diseases: (List and dates) _____

Dental: _____

Eyes: _____ Glasses: Yes ___ No: _____

Speech: (Any difficulties) _____

Ears: _____

Child's normal bedtime: _____ Gets up: _____

Eating habits: _____

Right or left hand preference: _____

Other group experiences your child has had: _____

Fears: _____

Favorite adult other than parents: _____

Pets: _____

What child does at home:

Favorite activities: _____

Friends (Names and ages) _____

How did you hear about our school? _____

Are you regularly at another place during school hours (other than work) such as bowling, YMCA etc? _____

What do you want your child to gain from his/her Preschool experience? _____

Any special help the teachers can give your child? _____

Are you willing to assist the teachers as needed? (Need extra help or absence of regular staff) _____

Are you willing to participate in providing refreshments for the class? _____