

# Messiah Lutheran Preschool

2727 Five Mile NE  
Grand Rapids, Michigan 49525  
616-363-2553

# 2024-2025 Registration Form

Child's Name \_\_\_\_\_  
Last First Middle

Nickname (what do you wish your child to be called and learn to print)? \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ Zip Code \_\_\_\_\_ Phone \_\_\_\_\_

Age \_\_\_\_\_ Date of Birth \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_

**I would like to enroll my child in: (mark "1" for first choice and "2" for second choice)**

\_\_\_\_\_ **Terrific Threes:** Tues./Thurs. **8:45-11:15a.m.** (3 by Sept. 1, 2024)

\_\_\_\_\_ **Threes & Fours Combo:** Includes Fridays (3 ½ by Sept., 2024)

\_\_\_\_\_ **Fantastic Fours:** Mon./Tues./Thurs. **8:45-11:30 a.m.** Fridays added in January  
(4 by Sept. 1, 2024)

\_\_\_\_\_ **Fabulous Fives:** Mon./Tues./Thurs./ Fri. **8:45-11:30 a.m.** (4 ½ by Sept., 2023)

\_\_\_\_\_ I am interested in **Extended Care** for the following days \_\_\_\_\_ (please list)

\_\_\_\_\_ Lunch bunch (stay through 12:30p.m.) \_\_\_\_\_ Full day (3:30p.m. latest pick-up time)  
\$6 per day increase \$25 Threes / \$22 Fours per day increase

Father's Name \_\_\_\_\_ E-Mail \_\_\_\_\_

Occupation \_\_\_\_\_ Employer \_\_\_\_\_

Cell Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Mother's Name \_\_\_\_\_ E-Mail \_\_\_\_\_

Occupation \_\_\_\_\_ Employer \_\_\_\_\_

Cell Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Child lives with (check one) \_\_\_\_\_ Both Parents \_\_\_\_\_ Mother \_\_\_\_\_ Father \_\_\_\_\_ \*Other

\*If other please specify \_\_\_\_\_

Names and ages of sisters \_\_\_\_\_

Names and ages of brothers \_\_\_\_\_

Name of Home Church \_\_\_\_\_

**Please return this form with a \$50.00 non-refundable fee  
(per child) to complete enrollment.**

**Important!** To make us aware of any special needs your child may have we ask you to fill in this side as completely as possible. This will ensure your child receives the proper care in our Preschool and that we are able to accommodate. **Thank you.**

Does your child have any allergies? If yes, please list. \_\_\_\_\_

\_\_\_\_\_

Is your child on any medications? If yes, please list. \_\_\_\_\_

\_\_\_\_\_

Does your child have any physical handicaps or medical conditions? \_\_\_\_\_

\_\_\_\_\_

Do you detect any hearing, sight, or speech difficulties in your child? \_\_\_\_\_

\_\_\_\_\_

Has your child experienced any family difficulties, i.e. divorce, deaths in the family, etc., that would be beneficial for us to know so we may understand him/her better?

\_\_\_\_\_

Do you have any additional comments or information for us? \_\_\_\_\_

\_\_\_\_\_

I consent to the enrollment of my child, \_\_\_\_\_, in Messiah Lutheran Preschool and agree to abide by and carry out the rules and regulations of the tuition policy.

Parent signature \_\_\_\_\_ Date \_\_\_\_\_

**In case of an emergency,** I authorize the Preschool Director to obtain necessary care for my child(ren). I also affirm my child is physically able to participate in all the preschool activities. I will not hold the school or its representatives liable for any injuries of the results of any accident to my child(ren). I will be financially responsible for any necessary medical expenses.

Parent signature \_\_\_\_\_ Date \_\_\_\_\_