Immanuel Preschool
7810 SE 15th Ave. Portland, OR 97202
503-236-7823 ilcpdxpreschool@gmail.com

Referred By _____

Registration Form 2022/ 2023

Childs Name_____Age____Date of Birth_____

Address_____City_____Zip_____

Cell Phone:(mother) _____ (father)_____

Home Phone:_____Email:_____

****** Please mark the session for which you are registering********

____Preschool only 3yr old * Tues, Wed, Thurs 9:00am -1:00pm 250.00

____Preschool only 4yr old * Tues, Wed, Thurs, Fri 9:00am - 1:00pm 290.00

******Preschool Non-Refundable Registration Fee: 3yr old - 85.00 4yr old - 105.00*********

BEFORE/AFTER CARE: ***** MUST BE COMMITTED***** 10.00 per hr

7:30 am - 9:00 _____
1:00 pm -3:30 _____

You can choose 1 or the other or both. Enrolled Students Only

Father's Name	Contact Number	Employer
Mother's Name	Contact Number	Employer
Siblings Name	Age	

Child Resides with _____Mother & Father _____Mother _____Father _____Other	
Sitter (if parents are working)	
Name:	Contact No
Other Adults Authorized To Pick Up:	
Name:	Contact No
Name:	Contact No

Health Information

Describe any health problems your child has:_____

List any medications your child is on: _____

List any food or other allergies your child has:_____

Emergency Information

Emergency contact if you cannot be reached:

_____Phone#_____

_____Phone#_____

Family
Doctor:_____Phone#_____

In case of emergency, I give permission for my child to be taken to a hospital for emergency care.

Signed_____Date:_____

Optional Information

Church Affiliation:_____