Desert Foothills Lutheran Preschool

Child's Name _____

Parent's Names _____

Siblings: Name Age

_____ _____

_____ _____

_____ _____

Has your child had previous group experience? _____ Where? _____

_____

What do you hope your child will gain from this group experience?_____

_____

_____

How would you describe your child? (e.g. - shy, outgoing, timid, etc.) _____

_____

_____

Describe any special fears or concerns your child may have: _____

_____

_____

Describe any special concerns you, as a parent, might have: _____

_____

_____

List anything else you'd like us to know about your child: _____

_____

_____

Class Lists:

I give my permission to print my name, my child's name, address, phone number and e-mail on our class list, which will be distributed to all preschool families. These lists are not to be used for soliciting and will not be given to any other parties.

_____ _____

Signature Date

Chapel:

I am aware that the children go to Chapel and occasionally other large group activities in the church fellowship buildings.

_____ _____

Signature Date

Photo Release:

I give permission for my child to be photographed. Signed permission gives the Preschool the right to display my child's picture on the Preschool and/or Church brochures and websites, including Desert Foothills Lutheran Preschool's facebook page.

_____ _____

Signature Date