

Desert Foothills Lutheran School
29305 North Scottsdale Road
Scottsdale, Arizona 85262
Phone: 480-585-8007 Fax: 480-502-9427

Release Form

Child's Name _____

Parents' Names _____

Address _____

Phone _____

Please sign by each item:

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 the members of my child's class. These lists are not to be used for soliciting and will not be given to any other parties.

Signature

Date

Sun Protection:

I understand that it is my responsibility to apply sunscreen to my child before coming to school. At times when it may be necessary to reapply sunscreen, I give the staff at Desert Foothills Lutheran School permission to do so, and I will supply the sunscreen labeled with my child's name.

Signature

Date

Chapel:

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

Signature

Date

Photo Release:

_____ I do give my permission for my child to be photographed.

_____ I do not give my permission for my child to be photographed.

Signed permission gives the Preschool the right to display your child's picture on the Preschool and/or Church brochures and websites.

Signature

Date

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Enrollment Form

Child's Name _____ Nickname _____

Age _____ Date of Birth _____ Phone _____

Address _____

Father's Name _____ Occupation _____

Mother's Name _____ Occupation _____

If divorced, who has custody? _____

Siblings:	Name	Age
	_____	_____
	_____	_____
	_____	_____

Please list any known allergies that your child has.

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:

Is there anything special you'd like to see included in our program this year?

Would you be interested in being a substitute assistant teacher in our classroom this year? _____

If yes, what days? _____

Signature

Date