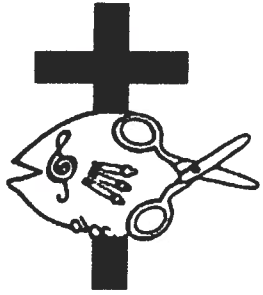


**OFFICE USE:**  
\_\_\_\_\_

# SUMMER ENRICHMENT PRESCHOOL



First Lutheran Church  
Preschool & Extended Care  
300 Melmore Street  
Tiffin, OH 44883  
419-447-1145  
flectiffin@yahoo.com

Child's Name: \_\_\_\_\_  
Birthdate: \_\_\_\_/\_\_\_\_/\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_

Mother's Name: \_\_\_\_\_  
Phone Number: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_

Email: \_\_\_\_\_

Father's Name: \_\_\_\_\_  
Phone Number: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_

Email: \_\_\_\_\_

Child resides with: \_\_\_\_\_

These people are authorized to pick up my child:  
1. \_\_\_\_\_ 2. \_\_\_\_\_

Emergency Contact Information:  
Name: \_\_\_\_\_ Relationship \_\_\_\_\_  
Phone Number: \_\_\_\_\_  
Name: \_\_\_\_\_ Relationship \_\_\_\_\_  
Phone Number: \_\_\_\_\_

List all allergies and any special precautions or treatments indicated for these allergies: \_\_\_\_\_  
List any medications, food supplements, or modified diets: \_\_\_\_\_  
List any chronic physical problems or diseases your child has had: \_\_\_\_\_  
\_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

\*Registration is complete upon receipt of this form WITH your \$30 registration fee.

Would you like one session or both sessions?  
(please circle)

Session 1: June 7-June 30

Session 2: July 12-August 4