**Love-A-Lot Nursery School**

St. John’s Lutheran Church

200 South Broad Street, Nazareth, PA 18064

LoveALotNurserySchool@yahoo.com ⯌ (484) 293-0720

Dear Parent,

Welcome to **Love-A-Lot Nursery School;** I’m so happy you chose our school for your child’s first school experience! I am confident that we will make it a good one.

Enclosed, you will find the necessary forms to enroll your child at **Love-A-Lot**. Please return the Registration Form with the $35.00 non-refundable registration fee as soon as possible to ensure your child’s place in the class. All other forms will be due July 1, 2021. Please mail the forms to:

Love-A-Lot Nursery School

c/o St. John’s Lutheran Church

200 South Broad Street

Nazareth, PA 18064

Please Note…

* Your child’s spot is not reserved in the program until we receive the registration form and fee. If you’d like confirmation of receipt, please provide your email address on the registration form.
* *If you are on the wait list*, you still need to fill out and send in the registration form so that I can contact you immediately should there be an opening. *The wait list placement is based on when I receive your registration form – you are not on the wait list until we receive the form.* I will contact you via the phone number *and* email you provide on the registration form; since our classes fill quickly, if I do not hear back from you within 4 days, I will open the spot to the next person on the wait list. If you’d like to write an additional contact number (e.g., cell phone), please do so!
* Please remember that all children need to be completely potty-trained to attend school.
* The age requirements for our classes are based on NASD. Children in the preschool/3-year-old program must be 3 years old before September 1, 2021; and children in the PreK/ 4-year-old program must be 4 years old before September 1, 2021 (thus, we keep on track with NASD which requires that children be 5 years old before September 1st to enter Kindergarten).
* You will receive a letter during the first week of August outlining special dates (parent meeting, open house & first day of school), tuition rates, and other important notes.

If you have any questions or concerns, please call or email me at the school phone/email listed above.

Sincerely,

Andrea Miller

Director, Love-A-Lot Nursery School

|  |  |
| --- | --- |
| **Love-A-Lot Nursery School**  St. John’s Lutheran Church  200 South Broad Street, Nazareth, PA 18064  LoveALotNurserySchool@yahoo.com ⯌ (484) 293-0720 | Office Use:  🗌 Dep: Chk #  🗌 Conf: \_\_\_\_\_\_\_ 🗌 FH 🗌 Emrgncy  🗌 PMC 🗌 Dr. |

**Registration Form:** *Due ASAP to the address above*

|  |  |
| --- | --- |
| Date: |  |

This agreement is for the purpose of registering my child into the following Love-A-Lot Nursery School program for the \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ school year:

* 3-year-old class (Tuesday/Thursday) – must be 3 years old before September 1st ($140/mo)
* 4-year-old class (Monday/Wednesday/Friday) – must be 4 years old before September 1st ($160/mo)
* PreK/5 day program – (Monday – Friday) ($220/mo)

|  |  |
| --- | --- |
| Child’s Name (& “Nickname”): |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Gender: | 🗌 Boy 🗌 Girl | Birth Date: |  |

|  |  |
| --- | --- |
| Parent’s Name(s): |  |

|  |  |
| --- | --- |
| Street Address: |  |

|  |  |
| --- | --- |
| City, State, Zip: |  |

|  |  |
| --- | --- |
| Telephone: |  |

|  |  |
| --- | --- |
| \*Email: |  |

|  |  |
| --- | --- |
| Number of Security Keys you will need to get into the school (maximum 3): |  |

|  |  |
| --- | --- |
| How did you hear about our school?/ Who may we thank for referring you? |  |

* To reserve your child’s place in the program, please complete & return this registration form with a $35 (non-refundable) check made payable to “Love-A-Lot Nursery School.”   
  All other forms are due by July 1, 2021.
* Your child is currently on the wait list. Please send in this registration form only (*no deposit is necessary*).   
  If a spot opens, you will be contacted immediately, and additional papers will be sent to you at that time. Please feel free to contact the school (phone or email) regarding your spot on the wait list. Please note that you will not be placed on the wait list until we receive this form. As noted below, we will email confirmation of all forms. *\*If you provide an email address, a confirmation email will be sent to you upon receipt of this form.*

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**Family History Form**

***Child Information***

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Child’s Name: | | |  | | | Phone: |  |
| Address: |  | | | | | | |
| Birth Date: | |  | | Birth Place: |  | | |

***Parent Information***

|  |  |  |  |
| --- | --- | --- | --- |
| Father’s Name  & Occupation: |  | | |
| Mother’s Name  & Occupation: |  | | |
| Parents’ Marital Status: | |  | |
| If parents live in separate residences, with whom is the child’s primary residence?  (Please provide copy of court order if there is one involved) | | |  |

***Other Family Members***

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Sibling/Age: |  | | Sibling/Age: |  |
| Sibling/Age: |  | | Sibling/Age: |  |
| Sibling/Age: |  | | Sibling/Age: |  |
| Name(s) of anyone else who is regularly in the home: | |  | | |
|  | |  | | |

***Physical Background and Development***

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Does your child have any allergies? | | 🗌 Yes 🗌 No | | |
| Please list allergies, illnesses, operations, accidents, hospital experiences (please explain): | | | |  |
|  | | |  | |
|  |  | | | |
|  | | |  | |

**Please list on opposite side any important information about your child   
that would be of interest to the school. Thank you!**

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**Permission to Receive Emergency Medical Care Form**

I give permission for my child to use all play equipment and participate in all activities of the school.

I give permission for my child to leave the school premises under the supervision of a staff member for neighborhood walks or for field trips in an authorized vehicle.

I give permission for the Director or Acting Director to take whatever steps may be necessary to obtain emergency medical care if warranted. These steps may include, but are not limited to the following:

1. Attempt to contact a parent or guardian.
2. Attempt to contact the child’s physician.
3. Attempt to contact a parent or guardian through any of the persons listed on the Emergency Information sheet.
4. If we cannot contact you or your child’s physician, we will do any of the following:

a. Call another physician

b. Call an ambulance

c. Have the child taken to an emergency hospital in the company of a staff member

1. Any expenses incurred under 4 above, will be paid by the child’s family.
2. The school will not be responsible for anything that may happen as a result of false information given at the time of enrollment.

|  |  |  |  |
| --- | --- | --- | --- |
| Signed: |  | Date: |  |
|  | (Mother or Legal Guardian) |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Signed: |  | Date: |  |
|  | (Father or Legal Guardian) |  |  |

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**Emergency Information**

|  |  |  |  |
| --- | --- | --- | --- |
| Child’s Name: |  | Date of Birth: |  |
|  | last first nickname |  |  |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Mother or Guardian: | |  | | | Phone: |  |
|  | | (include maiden name) | | |  |  |
| Cell Phone: |  | | Employer: |  | Phone: |  |
| Father or Guardian: | |  | | | Phone: |  |
| Cell Phone: |  | | Employer: |  | Phone: |  |

**Persons authorized to pick up child:**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Under no circumstances will a child be released to anyone unless authorization is given from parent or guardian.)

**Persons to call in case of emergency or illness - someone who will usually know your whereabouts:**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Name: |  | | Relationship to Child: | |  |
| Address: | |  | | Phone: |  |
| Name: |  | | Relationship to Child: | |  |
| Address: | |  | | Phone: |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Child’s Physician: |  | | Phone: |  | |
| Emergency Hospital Preference: | |  | | |

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**Physician’s Report**

|  |  |  |  |
| --- | --- | --- | --- |
| Student’s Full Name |  | Date of Birth |  |

**Physical Examination**

*This section to be completed by a physician.*

Code: **S**-Satisfactory **NS**-Not Satisfactory **NE**-Not Examined

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Height: |  | Weight: |  | BP: |  |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Appearance, Nutrition: | | | | |  | | | | | | | | | | | | | | | | | |
| Vision: | |  | | | | | | | | | Hearing: | | | | |  | | | | | | |
| Nose: |  | | | | | | Throat: | |  | | | Teeth: | |  | | | | Heart: | | |  | | |
| Lungs: |  | | | | | Abdomen: | | | |  | | | Genitalia: | |  | | | | Skin: | | |  | |
| Hair/Scalp: | | |  | | | | | Lymph Glands: | | |  | | | | | | Musculoskeletal: | | |  | | |
| Other Notes: | | | |  | | | | | | | | | | | | | | | | | | |

**Immunizations**

*Immunizations Primary Series: list all doses (mo./day/yr.) All Boosters (mo./day/yr.)*

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Diphtheria, Tetanus, Pertussis (DTaP/Td) | | | | | |  | |  |  | | |  |  | |  |  | | |
| Polio |  | | | | | | | | | | | | | | | | | |
| MMR |  | | | | | | | | | | | | | | | | | |
| Hib |  | | | | | | | | | | | | | | | | | |
| Hepatitis B | | |  | | | | | | | | | | | | | | | |
| Tuberculin Test: | | | | Type |  | | Date Given: | | |  | | | | Results: | | |  | |
| Chicken Pox (VZV) | | | |  | | | | | | | | | | | | | | |
| Prevnar | |  | | | | | | | | | | | | | | | | |
| Other |  | | | | | | | | Other | |  | | | | | | |

**This child is in satisfactory condition and may participate in all activities except where otherwise noted.**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Physician’s Name | |  | | Signature |  | |
| Phone |  | | Date of Examination | |  | |
| Address |  | |  | | |  |

You may also submit a standard school physical form located at this link: https://www.health.pa.gov/topics/Documents/School%20Health/PHYSICAL%20EXAM%20form%202012.pdf

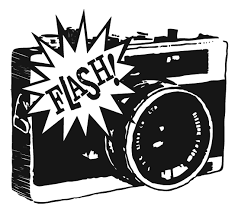


Photo Release Form

Hello parents! As is normal in many preschool programs, we take pictures and videos of the children at school-sponsored events and during the school day. We would like your permission to share these pictures in various settings. Please sign and return this form to let us know that it is OK to use these pictures on our school website, social media pages, and/or marketing materials (pamphlets, videos, etc…).  
  
\_\_\_\_\_\_\_ **YES,** I give permission for my child’s photograph or video to be used on our website, social media page, and/or marketing materials.  
  
\_\_\_\_\_\_\_\_ I give permission for my child’s photograph or video to **ONLY** be posted in our secret, private Facebook group (sharing photographs/videos will violate the rules of our special preschool group).  
  
\_\_\_\_\_\_\_\_ **NO,** please do not include my child in any photos/videos on our website, social media, or marketing materials.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(student’s first and last name)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(parent’s signature) (date)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(parent’s signature) (date)