

HOPE LUTHERAN PRESCHOOL  
1847 West Northern Lights Blvd.  
Anchorage, AK 99517-3343

Phone: 272-3481

FAX: 278-2737

Webpage: [www.hopeak.org](http://www.hopeak.org)

School Year 2010-2011

Tues-Thurs Morning     Mon-Wed-Fri Morning     M-T-W-Th Afternoon

CHILD'S NAME \_\_\_\_\_ M  F

ADDRESS \_\_\_\_\_ ZIP \_\_\_\_\_

PHONE \_\_\_\_\_ CELL \_\_\_\_\_ EMAIL \_\_\_\_\_

BIRTHDATE \_\_\_\_\_ Place of Birth \_\_\_\_\_

DAD	MOM
Occupation	Occupation
Address	Address
Work Phone	Work Phone

Child lives with  Mom  Dad  Both  Grandparents  Other

PERSONS AUTHORIZED TO PICK UP YOUR CHILD \_\_\_\_\_  
\_\_\_\_\_

IN CASE OF EMERGENCY, WHO SHOULD WE CONTACT? \_\_\_\_\_  
\_\_\_\_\_

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SIBLINGS: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Name of your family church (optional) \_\_\_\_\_

SPECIAL CONCERNS (allergies, speech delays, physical or emotional challenges, etc)  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

PLEASE NOTE: The \$50 Registration Fee is due with  
this completed registration form. Thanks.

BY ENROLLING MY CHILD, I give consent and hereby agree:

- A. To have my child taken to a physician\* if I cannot be contacted and the staff deems such action is warranted; I will be financially liable for same.
- B. To have the staff administer first aid, without personal liability for that action.
- C. To have my child go on field trips as a regular class activity; prior notice will be given.
- D. To have my child participate in the activities of the preschool program and course of study.
- E. To have his/her picture taken (for public relations) while involved in a school activity.
- F. To fulfill all financial obligations to Hope Lutheran Preschool, a nonprofit corporation.

\* Physician preferred \_\_\_\_\_  
Phone: \_\_\_\_\_

Hospital \_\_\_\_\_

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SIGNATURE: \_\_\_\_\_  
(Parent or Guardian)

Today's Date: \_\_\_\_\_

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ADDITIONAL COMMENTS:

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