

REGISTRATION AGREEMENT

Vinland Lutheran Preschool
PO Box 2134 (mailing address)
2750 NW Finn Hill Road (street address)
Poulsbo, WA 98370
(360) 779-3428

For Office Use Only:

Non-refundable registration
fee of \$50.00 received

Date: _____

Initials: _____

Child's Name: _____ Birthdate: _____

What do you wish your child to be called? _____ Home Phone: _____

Address: _____

City: _____ State: _____ Zip: _____

Email Address: _____

() Check here if you DO NOT want your address & phone number to be included on the class list
that we make available to other preschool families.

Parent/Legal Guardian #1 Name: _____

Address (if different than above): _____

Telephone Numbers: Home: _____ Work: _____

Parent/Legal Guardian #2 Name: _____

Address (if different than above): _____

Telephone Numbers: Home: _____ Work: _____

Names and ages of other children in the family: _____

Home Church: _____

Child's previous preschool experience: _____

Special needs or restrictions: _____

Transportation Authorization (For your child's protection, ONLY those people listed will be allowed
to pick up your child unless written permission from the parent is given to the teacher): _____

Parent/Legal Guardian Signature: _____ Date: _____