| Child's Full Name (Please put any nickname in quotes if you prefer we use any name other than <br> birth name) | Date of Birth |  |
| :--- | :--- | :--- | :--- |
| Full Address | Sex |  |
| Allergies or Medical Conditions | Physician's Name \& Phone Number Phone |  |

Parent or Guardian Information

| Mother Full Name | Employer | Work Phone |
| :--- | :--- | :--- |
| Full Address if different from Child | Cell phone |  |
| Father Full Name |  |  |
| Full Address if different from Child | Work Phone |  |
| Email Addresses (please specify) |  |  |

## Emergency Contact Information <br> (Must list full information for $\mathbf{2}$ contacts.)

| Full Name (Please put full name we can match to a <br> driver's license or other formal picture ID) | Full Address |  |
| :--- | :--- | :--- |
| Full Name (Please put full name we can match to a <br> driver's license or other formal picture ID) | Full Address | Phone |
|  |  |  |
| Additional people who have your permission to pick up your child. We will ask for their photo ID to verify upon pickup before releasing your child. |  |  |

16 N. Braddock Street, Winchester, VA 22601 . 540-678-0635. preschool@gracewin.org

# GRACE LUTHERAN 

## Classes Offered



By signing below, I the undersigned, agree to allow the teachers to take my child for a class walk to places within a short distance from the preschool building which include but are not limited to the Rouss Fire House, Handley Library, Discovery Museum, and walking mall.

| Parent Signature for Walk off School Property |
| :--- |
| Registration Fee Birth Certificate Immunization Record  |

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