

Morning Star Christian School

8220 Briarwood St. Anchorage, AK99518

(907) 522-9034, 344-3182 (Fax)

Registration Form

Section I

Child's information

Name: _____ Age _____ Sex _____
Last, First, Middle

Address: _____
City, State Zip

Phone Number: _____

Birthdate: _____ Place of Birth: _____

Child's Primary Language: _____ 2nd language: _____

Preschool or child care facility last attended: _____

Section II

Family Information

Father's Name _____ Mother's Name _____

Employment _____ Employment _____

Position _____ Position _____

Business Phone: _____ Business Phone: _____

Marital Status: Married _____ Seperated _____ Devorced _____ Widowed _____

Siblings: Name _____ Age _____ Name _____ Age _____

Name _____ Age _____ Name _____ Age _____

Emergency Contact:

Name: _____ Phone Number: _____

Relationship: _____

Section III

General Information

Food Allergies _____

Please state the time you expect to arrive in the morning and pick up in the afternoon or evening:

School hours: 7:00am – 6:30pm (every minute thereafter is \$1.00)

A.M. _____ P.M. _____

Signature of Father

Date

Signature of Mother

Date

Parent Report

The Preschool Program will provide learning activities that are appropriate for each age group. We will encourage the children to develop language skill through conversation, stories, word games, visual aids, as well as through seeing written works, numbers, charts and books.

We will help the children to develop practical understanding of math through counting, measuring, comparing size, weight, shape, grouping, estimating, etc.

We will help the children to develop large and small muscle coordination and physical skills using game, puzzles, tools, paint, clay, crayons and other manipulative equipment; such as through building, carrying, climbing, lifting, pushing, balancing, swinging, running, jumping.

We will teach the children about living things, through observation, caring for and talking about plants and animals, “God saw all that He had made, and it was good...”

We will help the children discover how things work – floating, sinking, balancing, friction, wheels, inclined planes, pulleys, magnets, evaporation, boiling, melting, freezing, weighing, and condensation.

We will make a variety of art experience available, such as rhythms and music, color, and pictures, and dramatic play.

We will model and discuss appropriate, safe, and healthy ways of living.

Our day will be broken into four types of learning: Free Play, Structured, Activities, Large Group and Small Group Activities.

I acknowledge that I have received, understand and agree to the Morning Star Parent Policies and Procedures.

Parent Signature

Date

Morning Star Christian School

First Day Checklist

Child's Confidential File:

- 1. Immunization Record
- 2. Annual Physical Examination
- 3. Emergency Card
- 4. Registration Form
- 5. Tuition Fees & Agreements
- 6. Parent Sign-Off

Child Will also require:

- 1. Indoor Shoes (Tennis shoes, etc.)
- 2. Outdoor Shoes (Rain/ Snow Boots)
- 3. Outdoor Jacket
- 4. Hat and Mittens
- 5. Toothbrush & Toothpaste
- 6. Blanket/Pillow (**Child Size**)
- 7. One(1)Pair of Emergency Clothes

For Toddler (in addition):

- 1. Diapers/
- 2. Wet wipe, Lotion, Powder, etc.
- 3. Two(2)Pairs of Emergency Clothes

For Infant (in addition):

- 1. Milk
- 2. Baby food
- 3. Bib
- 4. Wet Wipes, Lotion, Powder, etc
- 5. One(1) Pairs of Emergency Clothes

***** Please Label All Personal Belongings With Permanent Marker *****

**CHILD CARE CENTER
PHYSICAL EXAMINATION**

STUDENTS	NAME
BIRTHDATE	
CENTER	
PARENT'S NAME	
ADDRESS	HOME
PHONE	
PARENT PRESENT AT EXAMINATION	

PHYSICAL EXAMINATION
Required by Municipal Ordinance 16.55.090 Children's Care Center

ITEM	RESULTS
1. EYE DISEASE	HEIGHT
2. EAR DISEASE	WEIGHT
3. NOSE AND THROAT	VISION
4. MOUTH	COLOR VISION
5. TEETH	ROUTINE MEDICATION:
6. LYMPH NODE	
7. HEART	
8. LUNGS	COMMENTS:
9. ABDOMEN-HERNIA	
10. GENITALS	
11. ORTHOPEDIC (INC. GAIT)	
12. NERVOUS SYSTEM	
13. SKIN	
14. NUTRITION	
15. ENDOCRINE	
16. OTHER	
17. POSITIVE FINDINGS	

Able to participate in usual group activities? _____ (Yes or no)

DATE OF EXAM: _____ SIGNED: _____
 _____ (Medical examiner)