

**APPLICATION FOR ADMISSION TO
IMMANUEL LUTHERAN PRESCHOOL 2020-21 PROGRAM**

Child's Name _____ Birth date _____ Sex: F M

What is the name you want your child addressed by at preschool, (name you want your child to write and put on name tag), if different from above?

Address _____

Are you affiliated with any church? _____ If so where? _____

Siblings (Name and Age): (1) _____ (4) _____
(2) _____ (5) _____
(3) _____ (6) _____

Parent or Legal Guardians:

Name: _____

Name: _____

Relationship: _____

Relationship: _____

Mailing Address: _____

Mailing Address: _____

Home Phone: _____

Home Phone: _____

Cell Phone: _____

Cell Phone: _____

Place of Employment: _____

Place of Employment: _____

Work Phone: _____

Work Phone: _____

Working Hours: _____

Working Hours: _____

If Divorced, who has custody of the child? _____

Nearby person to notify if you cannot be reached:

Name _____ Address _____

Relationship _____ Phone Number _____

Who will be picking up your child regularly (name and phone number they can be reached at)?

Who else can your child be released to (name and phone number they can be reached at):

1. _____

2. _____

3. _____

Medical Information

Does your child have any allergies to medications, food, bites, stings, etc.? _____

Please list: _____

If your child has any medical problems or physical handicaps, please explain.

Does your child regularly take medications? _____ If so, what? _____

Name of physician and address: _____

Phone: _____

Immanuel Lutheran Preschool Tuition Agreement

The monthly tuition cost for children attending preschool is \$120.00 per month.

Tuition payments are the same regardless of the number of days the child misses in the month due to illness, family vacation, or other types of absences. The monthly tuition fee is payable on the first day of each current month. Accounts past due for more than two weeks will receive written notice from the preschool.

_____ My child who will be 3 before September 1, 2020, will attend preschool. (Please check)

Preschool is in session Monday through Thursday, 8:30 to 11:00 a.m.

A \$40.00 registration fee will be due at the time of registration. *The registration fee is non-refundable.*
Registration papers and registration fee must be turned in to enroll your child in preschool.

Date: _____ Signature: _____

Preschool Permission Form

Name of Child: _____ Date: _____

Emergency Medical Care:

This authorizes Immanuel Lutheran Preschool to secure EMERGENCY medical care for my child when I/we cannot be immediately reached at the time of emergency. I/We will be responsible for any emergency medical charges upon receipt of the statement.

Preferred Physician/Clinic/Hospital: _____

Phone: _____

Signature of Parent/Guardian: _____ Date: _____

Relationship to Child: _____

Signature of Parent/Guardian: _____ Date: _____

Relationship to Child: _____

Trips, Excursions and Public Park Facilities

I/We authorize Immanuel Lutheran Preschool to take my/our child on walking trips, special excursions, and to nearby public park facilities. I/We also authorize the child to ride as a passenger in parent-volunteer cars.

I/We understand all such trips are under the supervision of Immanuel Lutheran Preschool and that health and safety precautions are taken.

Signature of Parent/Guardian: _____ Date: _____

Relationship to Child: _____

Signature of Parent/Guardian: _____ Date: _____

Relationship to Child: _____

Immanuel Lutheran Preschool staff and volunteers have my permission to photograph my child (named above) for the purpose of preschool and publicity. _____

Parents' Signature