

**APPLICATION FOR ADMISSION TO  
IMMANUEL LUTHERAN PRESCHOOL 2009-10 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: \_\_\_\_\_

**State law requires a certified birth certificate be provided by every registered student.**

## Immanuel Lutheran Preschool Tuition Agreement

The monthly tuition cost for children attending preschool on a two-day per week basis is \$65.00. The monthly tuition cost for children attending preschool on a three-day per week basis is \$85.00.

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.

Please check the one which would apply to your child:

\_\_\_\_\_ My child who will be 3 before September 1, 2009, will attend preschool on a 2-day per week basis at a tuition rate of \$65.00 per month.

\_\_\_\_\_ My child who will be 4 before September 1, 2009, will attend preschool on a 3-day per week basis at a tuition rate of \$85.00 per month.

Which do you prefer: A.M. \_\_\_\_\_ P.M. \_\_\_\_\_. If the time you have listed is not possible, will the opposite time be acceptable? Yes \_\_\_\_\_ No \_\_\_\_\_.

**A \$25.00 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: \_\_\_\_\_

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### 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*