

Application for Admission

Date Received _____

Family Name _____

Student Information

Name (First/Middle/Last) _____ Date of Birth _____

Age _____ Male/Female _____

Parent/Guardian Information

Father's Full Name _____

Mother's Full Name _____

Home Address: _____ City: _____ Zip: _____

Parents Live Together YES NO

If NO, who has legal custody? Name _____ Relationship _____

Father's Occupation _____ Place of Employment _____

City _____ Bus. Phone (____) _____ Home Phone(____) _____

Cell Phone (____) _____ Email Address: _____

Mother's Occupation _____ Place of Employment _____

City _____ Bus. Phone (____) _____ Home Phone(____) _____

Cell Phone (____) _____ Email Address: _____

Additional Emergency Contacts:

Name: _____ Phone Number: _____

Name: _____ Phone Number: _____

Name: _____ Phone Number: _____

Name: _____ Phone Number: _____

Statement of Agreement and Support

As a parent (or legal guardian), I agree to support and cooperate with Immanuel Lutheran School-Wentzville, Missouri and abide by its policies, rules and regulations, striving to be a supportive part of the Christian community of students, teachers, and family as we work together in God's name. **I agree to pay tuition and fees according to the plan indicated in agreement with school policy.**

Father's Signature _____ Mother's Signature _____

Application for Admission

Tuition and Registration Fee

Program _____

Location _____

Teacher _____

Registration Fee _____

Tuition _____

The following persons have permission to pick up my child

Persons who specifically may NOT pick up my child

Family Church Information

Siblings names and ages _____

Has your child been baptized? _____ If so, Date _____

Church Membership (if any) _____ City/State _____

Personal History

Has your child had previous group or preschool experience? _____

If so, where and when? _____

How did you hear about our preschool program? _____

Refund Policy

All registration and instructional fees are non-refundable. This enrollment form is an annual, binding agreement to pay tuition. Tuition refunds are given at the discretion of the school administrator.



Health Information

Date _____ Grade _____

Child's Name _____ Date of Birth _____ Sex _____

Local Physician's Physician's
Physician's Name _____ Address _____ Telephone _____

Does Your Child Have:

Allergies	No	Yes	Specify _____
Asthma	No	Yes	Specify _____
Diabetes	No	Yes	Specify _____
Epilepsy/Seizures	No	Yes	Specify _____
Heart Condition	No	Yes	Specify _____
Orthopedic Problem	No	Yes	Specify _____
ADD/ADHD	No	Yes	Specify _____
Mental Health Con.	No	Yes	Specify _____

Has Your Child Had:

Serious Illness	No	Yes	Specify _____
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Does Your Child:

Have trouble seeing close work	No	Yes	Seeing at a distance	No	Yes
Wear glasses	No	Yes	Wear contact lenses	No	Yes
Have trouble hearing	No	Yes	Wear a hearing aid	No	Yes
Have a condition which prevents Participating in regular P.E.	No	Yes	Specify _____		
Severe nose bleeds	No	Yes	Comments _____		

Has Your Child Had the Disease (State Approximate Age):

Chicken Pox	No	Yes	Rheumatic Fever	No	Yes
Measles (Hard)	No	Yes	Other _____		
Measles (3 Day)	No	Yes	Other _____		
Mumps	No	Yes			

MEDICAL HISTORY

1. Child currently has health problems: Yes No If yes, explain briefly:

2. Child currently taking medication: Yes No If yes, list medicine(s):

I understand that I will be notified at once in case of accident or illness to my child, and I will make arrangements for medical care with the physicians or hospital of my choice. If I cannot be reached to make the necessary arrangements, or in a critical emergency requiring medical care, I hereby authorize Immanuel Lutheran School to provide medical care. In addition, I agree to the sharing of medical information with school faculty and staff on a need to know basis, including but not limited to medications, diagnosis, and physical restrictions or limitations.

PRINT PARENT NAME _____

PARENT SIGNATURE _____

DATE _____

PRESCHOOL TUITION & INSTRUCTIONAL FEE 2009-2010

<u>3-year old MWF</u>	<u>Instr Fee</u>	<u>Tuition</u>
AM	180	160
PM	180	160
<u>3-year old TR</u>		
AM	160	140
PM	160	140
<u>4-year old MWF</u>		
AM	180	160
PM	180	160
<u>4-year old TR</u>		
All Day	220	230
<u>4-year old MWF</u>		
All Day	320	330
<u>MWF Extended Day</u>		
PM	100	160
<u>2-year old MDO</u>		
MWF 9 to 1	300	320
TR 9 to 1	200	220