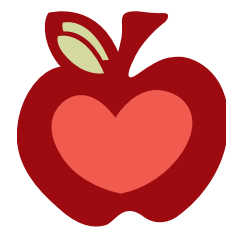




ENROLLMENT INFORMATION 2008-2009



Immanuel Lutheran Preschool



Student Centered - Academically Excellent - Faith Integrated

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: _____ Relationship: _____ Phone Number: _____

Name: _____ Relationship: _____ Phone Number: _____

Name: _____ Relationship: _____ Phone Number: _____

Name: _____ Relationship: _____ 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. *I agree to provide a copy of my child's birth certificate and immunizations before class assignment is confirmed.*

Authorized Signature

Date

Application for Admission

Tuition and Registration Fees

3 Year Old Tue/Thu (am & pm classes)	\$130 monthly \$150 Registration
3 Year Old Mon/Wed/Fri (am & pm classes)	\$150 monthly \$170 Registration
4 Year Old Tue/Thu (all day classes)	\$220 monthly \$210 Registration
4 Year Old Mon/Wed/Fri (am & pm classes)	\$150 monthly \$170 Registration

I would like to enroll my child in the following class:

- | | |
|----------------------------------|--|
| _____ 3 Year Old Tue/Thu AM | _____ 3 year Old Tue/Thu PM |
| _____ 3 Year Old Mon/Wed/Fri AM | _____ 3 Year Old M/W/F PM |
| _____ 4 Year Old M/W/F AM | _____ 4 Year Old M/W/F PM |
| _____ 4 Year Old Tue/Thu All Day | _____ 3&4 Year Old M/W/F
Extended Play Option
(11:15-3:00 pm)
<i>Must be enrolled in a MWF
morning session. No
registration fee required.</i> |

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 _____

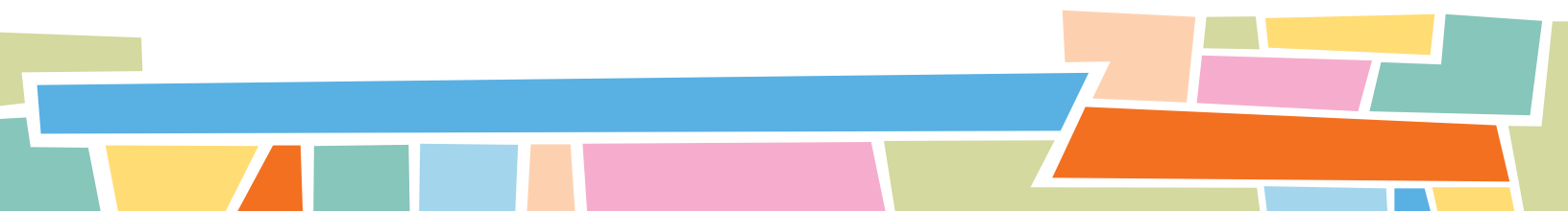
Church Membership (if any) _____ City/State _____

Personal History

Has your child had previous group or preschool experience? _____

If so, where and when? _____

How did you hear about our preschool program? _____



Authorization Information

Field Trip Permission

Immanuel Lutheran Preschool values the use of field trips by teachers to aid in and improve the instruction of students. Every effort will be made to ensure the safety of your child during transport to and from the event and while at the event. A proper number of chaperones will accompany the group so that the children's activities are monitored. Advance notification of the trip and all details (including times, costs, locations, etc.) will be given to the parents.

Please fill in the form below. The use of this form will relieve our teacher(s) from the task of collecting field trip forms throughout the year.

My child has my permission to accompany his/her class on field trips this school year. We/I recognize that teachers will make every effort to communicate all necessary details about the trip in a timely fashion and will see that our/my child is kept safe during this activity. We/I agree to pay any needed expenses for the trip.

Initial

Medication Authorization/History

Students needing medication to be given during school hours must have a medication authorization form on file in the school office. *These forms must be completed and signed by the physician (prescription) and parent and returned to the school office before any medication may be given. All medication including over-the-counter medications must have this form completed.*

I hereby request school personnel to supervise the administration of the medication for my child, named below. It is understood that the school is administering medication to my child and/or supervising the administration thereof gratuitously and in reliance on my request and the accompanying physician request. Accordingly I assume all responsibility regarding this matter and hereby release the school, its personnel and governing administrative bodies from any and all liability as to injuries or ill effects of any kinds which may be caused thereby, including those ill effects caused by school personnel failure to remind students to take the prescribed medication and to monitor its dosage.

Health History—Does your child have any of the following?

Asthma____, Scoliosis____, Vision Problems____, Hearing Problems____, Diabetes____,

Convulsions____, Speech Problems____, Heart Problems_____

Allergies or any other health problems (please specify) _____

Are there any special food or eating instructions? _____

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 Preschool to provide medical care.

Initial

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. The penalty for early withdrawal (including before the start of school in August) is 1/9 of the total tuition (1 month).

