



(843)785-6570 \* 829 William Hilton Parkway Hilton Head Island, SC 29928

## APPLICATION FOR ADMISSION

Child's Full Name \_\_\_\_\_

Name child is called \_\_\_\_\_ Sex \_\_\_\_\_

Date and place of birth \_\_\_\_\_

Parents or Guardians \_\_\_\_\_

Home address \_\_\_\_\_ Zip \_\_\_\_\_

Mailing address \_\_\_\_\_

Email address: \_\_\_\_\_

Home phone number \_\_\_\_\_

Father's occupation and place of business \_\_\_\_\_

Father's business phone \_\_\_\_\_

Father's cell phone \_\_\_\_\_

Mother's occupation and place of business \_\_\_\_\_

Mother's business phone \_\_\_\_\_

Mother's cell phone \_\_\_\_\_

Name and phone number of child's doctor \_\_\_\_\_

With whom does child reside? \_\_\_\_\_

Names and birth dates of brothers and/or sisters living in the home \_\_\_\_\_  
\_\_\_\_\_

Does child have any food or drug allergies? \_\_\_\_\_

Church affiliation \_\_\_\_\_ Active member?    Yes    No

Does child have any health problems or physical handicaps that would limit participation in school activities?  
\_\_\_\_\_  
\_\_\_\_\_

Persons authorized to take child from the Preschool. Please list name and relationship to child.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Persons who may NOT take child from Preschool:

\_\_\_\_\_  
\_\_\_\_\_

Name and phone number of person other than parents to contact in case of an emergency

\_\_\_\_\_  
\_\_\_\_\_

Has your child previously attended any Preschool or Day Care program? If yes, where did your child attend?

\_\_\_\_\_  
\_\_\_\_\_

Does your child take any medications daily? If yes, please explain.

\_\_\_\_\_  
\_\_\_\_\_

Any additional information that would be helpful for us in getting acquainted with your child:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please indicate the program desired:

<u>3-4 year olds</u>					<u>2 year olds</u>		
<u>Program</u>	<u>Hours</u>	<u>Year Tuition</u>	<u>August Payment</u>	<u>Sept-May Payments</u>	<u>Year Payment</u>	<u>August Payment</u>	<u>Sept-May Payment</u>
___ Full time	8:00-5:15	\$7,270.	\$383.	\$765.	\$7,420.	\$391.	781.
___ 5 Mornings	8:45-11:45	5,240.	276.	552.	5,330.	281.	561.
___ 4 Mornings	8:45-11:45	4,250.	224.	447.	4,310.	227.	454.
___ 3 Mornings	8:45-11:45	3,220.	169.	339.	3,280.	173.	345.
___ 2 Mornings	8:45-11:45	2,280.	120.	240.	2,350.	124.	247.
___ 4 Full days	8:00-5:15	6,700.	353.	705.	6,820.	359.	718.
___ 3 Full days	8:00-5:15	6,040.	318.	636.	6,150.	324.	647.
___ 2 Full days	8:00-5:15	4,060.	214.	427.	4,140.	218.	436.

Optional Lunch Program	11:45-1:00	1 day week	35.
		2 days week	70.
		3-5 days week	105.

Check days for lunch bunch:  
(morning students only – included with full day students)

\_\_\_ Monday \_\_\_ Tuesday \_\_\_ Wednesday \_\_\_ Thursday \_\_\_ Friday

The undersigned request admission for the above child and hereby agrees to the tuition and policies outlined in Christ Lutheran Preschool's information papers. This application should be returned to school with a Registration fee of \$225.00.

Signature of Parent or Guardian \_\_\_\_\_

Date \_\_\_\_\_