

## APPLICATION FOR ADMISSION

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

Name child is called \_\_\_\_\_ Gender \_\_\_\_\_

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

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

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

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

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

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

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

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

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: \_\_\_\_\_

\_\_\_\_\_

Primary language spoken in home: \_\_\_\_\_

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

Does your child take any medications daily? If yes, please explain: \_\_\_\_\_

Does child have any health problems, physical handicaps or developmental delays 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?

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

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

Please indicate the program desired:

**3-4 year olds**

**2 year olds**

<u>Program</u>	<u>Hours</u>	<u>Yearly Tuition</u>	<u>August Payment</u>	<u>Sept-May Payments</u>	<u>Yearly Tuition</u>	<u>August Payment</u>	<u>Sept-May Payments</u>
<u>    </u> Full time	8:00-5:00	\$9301.	\$490.	\$979.	\$9481.	\$499.	\$998.
<u>    </u> 5 Mornings	8:45-11:45	6,574.	346.	692.	6,679	352.	703.
<u>    </u> 4 Mornings	8:45-11:45	4,874.	257.	513.	4,950.	261	521.
<u>    </u> 3 Mornings	8:45-11:45	3,696.	195.	389.	3,762.	198.	396.
<u>    </u> 2 Mornings	8:45-11:45	2,622.	138.	276.	2,689.	142.	283.
<u>    </u> 4 Full days	8:00-5:00	8322.	438.	876.	8484.	447.	893.
<u>    </u> 3 Full days	8:00-5:00	6,850.	361.	721.	6,983.	368.	735.
<u>    </u> 2 Full days	8:00-5:00	4,893.	258.	515.	4,988.	263.	525.

For 2-4 days, please indicate preferred days:

     Monday        Tuesday        Wednesday        Thursday        Friday

\*Optional Lunch Program (11:45-1:00)

Additional cost per month:

1 day week      \$40.

2 days week     \$80.

3-5 days week   \$120.

\*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 \$275.00.

Signature of Parent of Guardian \_\_\_\_\_  
Date \_\_\_\_\_