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		
Program	Hours	Yearly Tuition	August Payment	Sept-May Payments	Yearly Tuition	August Payment	Sept-May Payments
___5 Mornings	8:45-11:45	$6,574.	$346.	$692.	$6,679.	$352.	$703.
___4 Mornings	8:45-11:45	4,874.	257.	513.	4,950.	261	521.
___3 Mornings	8:45-11:45	3,696.	195.	389.	3,762.	198.	396.
___2 Mornings	8:45-11:45	2,622.	138.	276.	2,689.	142.	283.

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_____