



Prince of Peace Lutheran School
2007-2008

4/5 Year Old Preschool Classes

___ 5-day AM
M-F

___ 3-Day AM
M-W-F

___ 3-Day PM
T-W-TH.

___ 3-Day MIX
T-TH AM & W PM

Date of Birth _____ (Child must turn four by September 30, 2007) Sex _____

Child's Name _____

Address: _____
Last First Middle
City Zip

Family Email Address: _____

Father's Name _____ Home Phone () _____ Work Phone () _____ Cell Phone() _____

Mother's Name _____ Home Phone () _____ Work Phone () _____ Cell Phone() _____

Primary Language Spoken at Home _____ Second Language _____

Your Church Home _____ My Child is Baptized NO () YES ()

I am a member of Prince of Peace Lutheran Church. ___ YES ___ NO ___ I am looking for a church home

Name and Birthdates of Other Children in Your Family

Have any of your other children attended Prince of Peace Preschool or Kindergarten? NO () YES ()

Child's Name _____ Year _____ Teacher _____

Has your child previously attended any other preschool program other than PoP? NO () YES ()

If YES, name of program: _____ Teacher's Name _____

My child is currently receiving developmental services (Child Find, etc.): NO () YES ()

If YES, type of services: _____

LIFE THREATENING or other ALLERGIES to food, medicine, insect/bee stings, etc. (Please be specific as to type & reaction): _____

___ I WILL NEED TO PROVIDE EMERGENCY MEDICATION FOR LIFE-THREATENING ALLERGIC REACTIONS THAT WILL BE KEPT IN SCHOOL OFFICE.

If emergency medication needs to be kept in the School Office, additional forms and information are required. These forms (listed below) may be obtained in the School Office. The completed forms are to be returned to the School Office by August 1, 2007.

Emergency Health Care Plan Form Authorization for Medication Release Emergency Care for Prevention of Anaphylaxis Release

PLEASE READ CAREFULLY AND SIGN UPON ACCEPTANCE. ALSO, KEEP A COPY FOR YOUR RECORDS. THANK YOU.

I understand that upon receipt of a non-refundable registration fee of \$125.00, my child is enrolled. Preschool tuition is divided into nine equal payments. The first payment is collected in advance and is due on or before May 1, 2007. This payment will be applied to my account and used as my final payment. Should I need to withdraw my child before school starts, written notification must be sent and received on or before July 1, 2007 in order to receive a tuition refund. Should I need to withdraw my child during the school year, I will submit written notice at least thirty days prior to my anticipated departure. Once received, my advance tuition payment will be applied and used as the final monthly payment. Payments are due on the first day of each month beginning September 1, 2007. A late fee of \$25.00 will be charged for any payment received after the 10th of each month.

Parent Signature Date

For Office use Registration date: _____ Check # _____ Cash _____ Amount _____
Advance tuition received: _____ Birth Certificate Number: _____ Initial _____