



Prince of Peace Lutheran School

2007-2008

Kindergarten

5-day AM 9:00 to 12:00 Noon

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

Child's Name _____

Address: _____ Last _____ First _____ Middle _____ City _____ Zip _____

Family Email Address _____ Child Resides With: _____

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 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 THE 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 both the non-refundable Registration Fee (\$175) and the non-refundable Security Deposit (\$415), my child is enrolled in the Prince of Peace Kindergarten. My Security Deposit will be used as my June 2008 payment. Kindergarten tuition is divided into 10 equal monthly payments with the advance tuition payment due May 1, 2007. This payment will be applied and used as your May 2008 payment. The next tuition payment will be due on September 1, 2007. 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, enabling my May payment to be used as my final payment. 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 _____