



Prince of Peace Lutheran School
2008-2009

3/4 Year Old Preschool Classes

Independent Potty skills are a requirement for this program

____ 3-Day AM
Mon., Wed., Fri.

____ 2-Day AM
Tues. & Thurs.

____ 3-Day PM
Tues., Wed., Thurs.

Are you new to Prince of Peace?
If yes . . . ↓

Are you a returning Student?
If yes . . . ↓

Are you an Alumni Family?
If yes . . . ↓

Has your child ever attended a
school setting before? ____ yes ____ no

Teacher Name _____

Name of Child _____

Year attended _____

Teacher Name _____

Date of Birth _____ (Child must turn three by September 30, 2008)

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 _____ Is there a Second Language ? _____

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

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

Name and Birthdates of any Other Children in Your Family

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.): _____

YES, 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, 2008.

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 \$150.00, my child is enrolled. Preschool tuition is divided into nine equal payments, with the first payment collected in advance and due on or before May 1, 2008. This payment will be applied to my account and used as my final monthly payment. Should I need to withdraw my child before school starts, I must submit written notification to the School Office before July 1, 2008 in order to receive a refund of the advance tuition. Should I need to withdraw my child during the school year, I must submit written notification of our withdrawal AT LEAST thirty days prior to our anticipated departure. Once appropriate documentation is received by the school office, my advance tuition payment can be applied and used as my final monthly payment. Payments are due on the first day of each month beginning September 1, 2008. 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: _____ Initial: _____