



Prince of Peace Lutheran School  
2008-2009

**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

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 four by September 30, 2008) 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 \_\_\_\_\_ 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, 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 \$150.00, 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, 2008. 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, 2008 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, 2008. A late fee of \$25.00 will be charged for any payment received after the 10<sup>th</sup> of each month.

Parent Signature \_\_\_\_\_

Date \_\_\_\_\_

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