



Prince of Peace Lutheran School  
2008-2009  
**Kindergarten**

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

Are you new to Prince of Peace?

If yes . . . ↓

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

Are you a returning Student?

If yes . . . ↓

Teacher Name \_\_\_\_\_

Are you an Alumni Family?

If yes . . . ↓

Name of Child \_\_\_\_\_

Year attended \_\_\_\_\_

Teacher Name \_\_\_\_\_

Date of Birth \_\_\_\_\_ (Child must turn five by September 30, 2008)

Sex \_\_\_\_\_

Child's Name \_\_\_\_\_

Last

First

Middle

Address: \_\_\_\_\_ 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 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 (\$200) and the non-refundable Security Deposit (\$435), my child is enrolled in the Prince of Peace Kindergarten. My Security Deposit will be used as my June 2009 payment. An advance tuition payment will be due on May 1, 2008. This payment will be applied and used as your May 2009 payment. The next tuition payment will be due on September 1, 2008. 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 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 \_\_\_\_\_