



<p>For office use only:</p> <p>Date received: _____</p> <p><input type="checkbox"/> \$50 Registration fee paid</p> <p><input type="checkbox"/> _____</p>

Enrollment Form 2018-2019

- 2 Day Morning Class (T-TH), 8:45-11:45 a.m. - \$1,050/year** (\$117/month)
- 3 Day Morning Class (M-W-F), 8:45-11:45 a.m. - \$1,575/year** (\$175/month)
- 5 Day Afternoon Class (M-T-W-TH-F), 12:45-3:45 a.m. - \$2,625/year** (\$292/month)
- If our first choice of class session is not available, we would consider another option.*

Child's Name _____ Male ___ Female ___
(First) (Middle) (Last)

Child's Address _____

Child's Date of Birth _____ Child's Age on First Day of School _____
Month/Day/Year (must be at least 3 yrs.)

Parent Information

Mother's Name _____
(First) (Last)

Mother's Address (if different than child) _____

Telephone Numbers: Home # _____

Place of Employment/Occupation _____ Work # _____

Cell # _____ Texting okay: Yes No

Mother's email _____

Father's Name _____
(First) (Last)

Father's Address (if different than child) _____

Telephone Numbers: Home # _____

Place of Employment/Occupation _____ Work # _____

Cell # _____ Texting okay: Yes No

Father's email _____

Authorized Persons to Pick-up Child *(must complete)*

Please list any persons authorized to pick-up your child from school. Children will be released only to those individuals authorized by parents or legal guardians. Any changes in who will be picking up your child should be in a written note to the teacher or reported to the church office. All individuals listed below must include a phone number.

Name _____ Relationship _____

Phone # _____

Name _____ Relationship _____

Phone # _____

Emergency Contacts *(must complete)*

Please list two local individuals who are authorized to pick up your child from school and who can be contacted if a parent cannot be reached in case of an emergency or injury requiring medical attention. Please include all contact information.

Name _____ Relationship _____

Address _____

Home Phone # _____

Work Phone # _____ Cell # _____

Name _____ Relationship _____

Address _____

Home Phone # _____

Work Phone # _____ Cell # _____

Medical and Personal Information

- Does your child have any allergies? No Yes If yes, please explain:

- Are there any significant medical needs for your child? No Yes If yes, please explain:

- Are there any significant dietary needs for your child? No Yes If yes, please explain:

- Are there any restrictions of activities? No Yes If yes, please explain:

- Does your child have an Individual Education Plan (IEP) or any individual child care program (ICCP) needs? No Yes If yes, please consult with the teacher and attach a copy.

- Is there any other medical/personal/emotional information we should know about your child?

- Does your child have any siblings? No Yes If yes, please list names and ages:

- Who does your child live with? Mom Dad Other, please explain:

- What is your faith background? (Religion, church home, etc.)

- Is your child baptized? No Yes Baptismal date _____

If you would like any information on Peace in Christ Lutheran Church or on baptism, please contact Ruth Woltmann, Director of Christian Education.

Medical and Personal Information (cont.)

Physician's Name _____ Phone # _____

Physician's Address _____

Hospital Preference _____

Medical Insurance Company _____ Group # _____

Dentist's Name _____ Phone # _____

Dentist Address _____

Dental Insurance Company _____ Group # _____

Emergency Medical Care Authorization

I authorize the staff at Peace in Christ Christian Preschool to act in a medical emergency for my child _____ if I cannot be reached.
(child's name)

Acknowledgement of Registration Fee

I understand that there is a \$50 non-refundable registration fee to secure my child's place in my preferred class that must be submitted with these registration forms. I understand that each class has a maximum of 18 students and will be filled on a first-come, first-served basis with special consideration given to families with multiple children in the program and to those families that share transportation.

Signature of Parent or Guardian

Date

Permission Form

Child's Name _____ Date of Birth _____

Please write "yes" or "no" next to the following statements and then sign and date the form.

_____ My child has permission to participate in all school activities; including outdoor activities, such as playing in the church playground and neighborhood walks.

_____ I give my permission to have my child's photograph taken and used in classroom activities; craft projects, bulletin boards, etc.

_____ I give my permission for my child's photograph to be used to promote the preschool program at Peace in Christ sponsored events.

_____ I give permission for my child to use hand sanitizer on special occasions such as field trips when water is not available.

_____ I have read the Parent Handbook and agree to abide by the policies stated therein. (Handbooks are available online at <http://www.piclutheran.org/pic-preschool> or a hard copy upon request.)

_____ I have read the Child Care Emergency Plan and agree to abide by the policies stated therein. Please take time to review our Child Care Emergency Plan on our website to help us in "Keeping Kids Safe" in the event of an emergency or evacuation. (Child Care Emergency Plan is available online at <http://www.piclutheran.org/pic-preschool> or a hard copy upon request.)

Peace in Christ Preschool will send home information frequently with your child. It is important that you look for and read this information; it may contain important dates of upcoming events.

Signature of Parent or Guardian

Date