

MESSIAH LUTHERAN PRESCHOOL
25225 W. Ivanhoe Rd
Wauconda, IL 60084
526-7479

APPLICATION FOR ENROLLMENT
YOUNGER 4 YEAR OLDS
2012-2013

Child's Name _____ Boy _____ Girl _____
Child's Birthdate _____ Nickname (if used) _____
Child's Address _____ Phone # _____
City _____ Zip _____
Billing Address (if different than above) _____
City _____ Zip _____

THIS APPLICATION MUST INCLUDE A NON-REFUNDABLE REGISTRATION FEE OF \$75 PER CHILD. Make checks payable to MESSIAH LUTHERAN PRESCHOOL. Check will be returned only if your child does not get into a class.

Tuition for the three day class is \$230.00 per month.

Tuition is due and payable the first of each month. A security deposit of one month's tuition is due May 1, 2012. This deposit covers the May 2013 tuition. The deposit is refundable only if we receive at least two weeks prior written notice. No discount is made for illness or family vacation.

MWF 12:00 – 2:30 _____

As a ministry of Messiah Lutheran Church, the purpose of our preschool is to offer neighboring communities a Christian preschool program which will provide qualified staff to help the children make a healthy transition from home to a school situation and which will provide a curriculum designed to meet their developmental and spiritual needs. Our classes regularly pray before snacks; we celebrate all Christian holidays and throughout our teaching we stress Christian values and talk about God and Jesus with the children. Messiah Lutheran Preschool does not discriminate on the basis of race, color, or national or ethnic origin in the administration of its educational policies, admissions policies, financial assistance programs and other school administered programs.

Parent Signature _____

How did you hear about us? _____ over →

Parent Contact Information

Father's Name: _____

Work Phone _____

Cell Phone _____

Email: _____

Mother's Name: _____

Work Phone _____

Cell Phone: _____

Email: _____

Your home phone number is the primary phone used for school communication. If you would like additional phone numbers used, please check the box next to the phone number above. Please check all email addresses you would like used for school communication.

The Preschool has my permission to publish my phone number in the class list Yes: _____ No _____

The Preschool has my permission to publish my email address in the class list Yes _____ No _____

Medical Information

Physician: _____

Does your child have allergies? _____

Does your child have health factors we should be aware of? _____

Does your child receive special services or daily medication? _____

Emergency Contact/Pick-up Authorization

Name

Address

Phone

Relationship

1.

2.

3.

4.

5.

6.

7.

8.

9.

10.