

For Office Use Only:  
Reg. Fee paid \_\_\_\_\_  
May Deposit paid \_\_\_\_\_

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

APPLICATION FOR ENROLLMENT  
**YOUNGER 4 YEAR OLDS**  
2010-2011

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

**THIS APPLICATION MUST INCLUDE A NON-REFUNDABLE REGISTRATION FEE OF \$75 PER CHILD. NO CASH PLEASE!** 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 \$210 per month.

Tuition is due and payable the first of each month. A security deposit of one month's tuition is due May 1, 2010. This deposit covers the May 2011 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.

Please indicate as many class choices as possible using 1<sup>st</sup>, 2<sup>nd</sup> etc. If you want your child to be in class at the same time as another child and you are willing to change classes to do this, *please complete a class change card.* Please note our new class schedule.

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 \_\_\_\_\_

**Enrollment Information**

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

Father's Name: \_\_\_\_\_

Employer: \_\_\_\_\_ Phone \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Mother's Name: \_\_\_\_\_

Employer: \_\_\_\_\_ Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

<b>EMAIL ADDRESS FOR SCHOOL COMMUNICATION:</b>
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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.

I would be interested in receiving information about Messiah Lutheran Church Yes\_\_\_\_No\_\_\_\_