

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
3 YEAR OLDS
2010/2011

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 _____
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 2 day classes is \$150 per month.
Tuition for 3 day classes 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 1st, 2nd, 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.

MWF 8:45 – 11:15am _____

MWF 12:00 – 2:30pm _____

TTh 8:45 – 11:15am _____

TTh 12:00 – 2:30pm _____

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: _____

EMAIL ADDRESS FOR SCHOOL COMMUNICATION:
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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 a 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

<u>Name</u>	<u>Address</u>	<u>Phone</u>	<u>Relationship</u>
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			

I would be interested in receiving information about Messiah Lutheran Church Yes _____ No _____