



Prince of Peace Lutheran School
January - May 2021

Teacher/Class Assigned: _____

4 Year Old Preschool Classes (9:00am - 12:00pm)

Independent Potty skills are a requirement for this program

___ 2-Day (Tues-Thurs) ___ 3-Day (Mon-Wed-Fri) ___ 4-Day (Tues-Wed-Thurs-Fri) ___ 5-day (Monday-Friday)

How did you hear about our School? _____

Are you new to Prince of Peace?

If yes ... ↓ If no ... continue →

Are you a returning Student?

If yes ... ↓ If no ... continue →

Are you an Alumni Family?

If yes ... continue ↓

Has your child ever attended school before:

___ yes ___ no If yes ... ↓

Teacher Name: _____

Name of Child _____

Year Attended: _____

Name of School and Teacher: _____

Teacher Name: _____

=====
Date of Birth _____ (Child must turn four by 9/30/20) Sex ___ Nickname: _____

Child's Last Name: _____ 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? _____

Your Church Home _____ My Child is Baptized ___ YES ___ NO

___ I am looking for a church home and would like information about Prince of Peace ___ BY MAIL ___ BY PHONE

I am currently a member of Prince of Peace Lutheran Church ___ YES ___ NO

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 CLASSROOM AND UNDERSTAND THAT I WILL NEED TO PROVIDE MY CHILD'S SNACK.** *If emergency medication needs to be kept at School, additional forms and information are required to be completed before your child can attend our program. These forms may be obtained in the School Office.*

↓ PLEASE READ CAREFULLY AND SIGN UPON ACCEPTANCE. ALSO, KEEP A COPY FOR YOUR RECORDS. THANK YOU. ↓

I understand that upon receipt of a **non-refundable registration fee** of \$90.00, and an Advance Tuition Payment, my child is enrolled. The first payment is collected in advance and is **due at the time of registration**. This payment will be applied to my account and used as my final payment. 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. Once received, my advance tuition payment will be applied and used as my final payment. Payments are due on the first day of each month beginning January 1, 2021. A late fee of \$25.00 will be charged for any payment received after the 10th of each month.

Parent Signature: _____ Date: _____

[For Office Use] Registration date: _____ Check # _____ Cash _____ Amount _____ Reg Fee: _____
Advance tuition received: _____ Check # _____ Birth Certificate Number: _____ Initial _____