



Prince of Peace Lutheran School  
January - May 2021

Teacher/Class Assigned: \_\_\_\_\_

**3 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) \_\_\_ 5-day (Mon-Fri)

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 \_\_\_\_\_

Name of School and Teacher: \_\_\_\_\_

Year Attended: \_\_\_\_\_

Teacher Name: \_\_\_\_\_

=====  
Date of Birth \_\_\_\_\_ (Child must turn three 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 fee, 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 10<sup>th</sup> of each month.

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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