



Immanuel Lutheran School
 632 E. Hwy N. Wentzville, MO 63385 (636)639-9887
 FAX (636)639-9944 www.ilcsw.net

Application for Admission 2016/2017 PRESCHOOL

Family Name _____

Student Information

Name (First/Middle/Last) _____ Date of Birth _____

Age _____ Male/Female _____ Preferred Name _____

Parent/Guardian Information

Father's Full Name _____

Address: _____ City: _____ Zip: _____

Mother's Full Name _____

Address: _____ City: _____ Zip: _____

Parents Live Together YES NO

If NO, who has legal custody? Name _____ Relationship _____

Father's Place of Employment _____ Occupation _____

City _____ Bus. Phone (____) _____ Home Phone(____) _____

Cell Phone (____) _____ Email Address: _____
 (Please Print Clearly)

Mother's Place of Employment _____ Occupation _____

City _____ Bus. Phone (____) _____ Home Phone(____) _____

Cell Phone (____) _____ Email Address: _____
 (Please Print Clearly)

Additional Emergency Contacts:

Name: _____ Relationship _____ Phone # _____

Name: _____ Relationship _____ Phone # _____

Name: _____ Relationship _____ Phone # _____

Name: _____ Relationship _____ Phone # _____

Statement of Agreement and Support

As a parent (or legal guardian), I agree to support and cooperate with Immanuel Lutheran School-Wentzville, Missouri and abide by its policies, rules and regulations, striving to be a supportive part of the Christian community of students, teachers, and family as we work together in God's name. **I agree to pay tuition and fees according to the plan indicated in agreement with school policy.**

Parent/Guardian Signature _____ Date _____



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Personal History

Name of Insurance Company: _____ Policy#: _____

Doctor: _____ Phone #: _____

Authorized to call doctor: YES /NO

Hospital Preferred: _____ Allergies: _____

Please specify any health concerns: _____

Please specify unique health instructions: _____

Has your child had previous group or preschool experience? _____

If so, where and when? _____

How did you hear about our preschool program? _____

Siblings names and ages

The following persons have permission to pick up my child

Persons who specifically may **NOT** pick up my child

Family Church Information

Has your child been baptized? _____

If so, Date _____

Member of Immanuel _____,

If not a member, please say where you are a member)



2016/2017 PRESCHOOL Information

Class Schedules

Terrific Two's	8:30 - 2:30 PM
PS 3 & 4 All Day Classes	8:30 - 3:00 PM
PS 3 & 4 AM - Classes	8:30 -11:15 AM

Preschool Informational Packets will be mailed out in the middle of July.

It will contain:

Class Assignments

Supply List

Meet Your Teacher Dates

Preschool Policies

Should your child become ill at school, you will be notified immediately. Please have emergency phone numbers on file in the preschool office. Please Note: Your child will need to be fever, diarrhea, and vomit free (without the aid of medications) for 24 hours before he/she may return to school.

Tuition is due by the 10th of each month. Any family falling two months behind in tuition without making arrangements with our office will not be allowed to attend until their account is current or payment arrangements have been made. Notices will be sent home if a payment is missed. Please contact us if you need to make special payment arrangements.

All registration fees are non-refundable. This enrollment form is an annual, binding agreement to pay tuition. I hereby understand & agree to this refund policy.

X _____

Guardian Signature

THESE POLICIES WILL BE STRICTLY ENFORCED.



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Date Received _____

Time Received _____

School Personnel Initials _____

PRESCHOOL TUITION & REGISTRATION FEE 2016-2017

Tuition may be paid annually, semi-annually, quarterly or monthly in 10 payments. **(Aug. 22nd—May 24th)** If paid monthly payment is due by the 10th of the month. \$100.00 of the Registration Fee is due upon application, with balance to be paid before August. **PLEASE CIRCLE WHICH PROGRAM YOU ARE INTERESTED IN.**

		Aug-May	
<u>3-year old MWF</u>	<u>Registration Fee</u>	<u>Monthly</u>	<u>Tuition Yearly</u>
AM	\$190	\$190.00	\$1900
 <u>3-year old TR</u>			
AM	\$170	\$170.00	\$1700
 <u>4-year old MWF</u>			
AM	\$190	\$190.00	\$1900
 <u>3 or 4-year old TR</u>			
All Day	\$260	\$260.00	\$2600
 <u>3 or 4-year old MWF</u>			
All Day	\$325	\$365.00	\$3650
 <u>M-F Full Day</u>			
All Day	\$325	\$530.00	\$5300

Terrific Two 's (Must be 2 by August 1st) \$200

M-F 8:30 to 2:30 (Minimum of 2 or more days required)

CIRCLE ALL DAYS YOU

ARE REGISTERING FOR: M T W TH F

2 days- \$230 per month

3 days- \$330 per month

4 days- \$430 per month

5 days- \$530 per month