



Application for Admission 2017/2018 PRESCHOOL

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 # _____

The following persons have permission to pick up my child:

Persons who specifically may NOT pick up my child:

Parent/Guardian Signature _____ Date _____



Immanuel Lutheran School

632 E. Hwy N. Wentzville, MO 63385 (636)639-9887

FAX (636)639-9944

www.ilcsw.net

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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? _____

Family Church Information

Has your child been baptized? _____

If so, Date _____

Member of Immanuel Lutheran Church? Yes or No (Circle one)

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



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PRESCHOOL TUITION & REGISTRATION FEE 2017-2018

PLEASE CIRCLE WHICH PROGRAM YOU ARE INTERESTED IN

			Aug-May		
			Registration Fee	Monthly	Tuition
3-year old MWF Yearly					
AM	8:30-11:30AM		\$200	\$200.00	\$2000
3-year old TR					
AM	8:30-11:30AM		\$180	\$180.00	\$1800
4-year old MWF					
AM	8:30-11:30AM		\$200	\$200.00	\$2000
3 or 4-year old TR					
All Day	8:30-3:00PM		\$270	\$270.00	\$2700
3 or 4-year old MWF					
All Day	8:30-3:00PM		\$325	\$375.00	\$3750
M-F Full Day					
All Day	8:30-3:00PM		\$325	\$540.00	\$5400
Terrific Two's (Must be 2 by August 1st)					
M-F	8:30 to 2:30 (Minimum of 2 or more days required)		\$200	2 days- \$240 per month	
CIRCLE ALL DAYS YOU ARE REGISTERING FOR:				3 days- \$340 per month	
	M T W TH F			4 days- \$440 per month	
				5 days- \$540 per month	

With this signed agreement, I understand that tuition may be paid annually, semi-annually, quarterly or monthly in 10 payments. (August—May) 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 June 30th, 2017.

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

* Supply lists & meet your teacher dates will be mailed out mid July *