



**Immanuel Lutheran School**  
 632 E. Hwy N. Wentzville, MO 63385 (636)639-9887  
 FAX (636)639-9944 [www.ilcsw.net](http://www.ilcsw.net)

# Application for Admission 2020/2021 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 \_\_\_\_\_



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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 2020-2021

PLEASE CIRCLE WHICH PROGRAM YOU ARE INTERESTED IN

			Registration	Monthly (Aug-May)	Yearly
3 or 4-year old TR					
All Day	8:30-3:00PM		\$300	\$300.00	\$3000
3 or 4-year old MWF					
All Day	8:30-3:00PM		\$325	\$410.00	\$4100
M-F Full Day					
All Day	8:30-3:00PM		\$325	\$575.00	\$5750
Terrific Two's (Must be 2 by August 1st)					
M-F 8:30 to 2:30 (Minimum of 2 or more days required)			\$325	2 days- \$365 per month 3 days- \$475 per month 5 days- \$715 per month	

CIRCLE ALL DAYS YOU ARE REGISTERING FOR: M T W TH F

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, it is highly encouraged to sign up for automatic payments. A minimum of \$100.00 (per child) of the Registration Fee is due upon application, with balance to be paid before May 17th, 2020.

**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 & all other Policies in the Preschool & Parent handbooks.**

### Statement of Agreement

As a parent, I agree to support and cooperate with the Immanuel Lutheran School 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.

X  
 Parent/Guardian Signature

Date

**THESE POLICIES WILL BE STRICTLY ENFORCED**

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