

- Currently Enrolled Family
- Alumni Family
- New Family

WORD OF LIFE LUTHERAN PRESCHOOL

Application for Admission 2018-2019

Child's Full Name _____ **Birth Date** ____/____/____

Street Address: _____ **Apartment #** _____ **City** _____ **Zip Code** _____

Name to be used at school: _____ **Male** **Female** **Home Phone:** _____

Child's Race/Ethnic Origin (circle one): African American American Indian Asian Caucasian Hispanic **Where did you learn about Word of Life Preschool?** _____ **Would you like information on WOL Church?** _____

Mother's Name: _____ **Marital Status:** _____ **Church/Religion:** _____

Email Address: _____ **Cell Phone:** _____

Business Name & Address _____ **Work Phone:** _____

Father's Name: _____ **Marital Status:** _____ **Church/Religion:** _____

Email Address: _____ **Cell Phone:** _____

Business Name & Address _____ **Work Phone:** _____

Other children in the family:

NAME	AGE	BIRTHDATE	NAME	AGE	BIRTHDATE
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

Medical Information:

Child's Physician: Name: _____ Phone: _____

Address: _____ City: _____, IL Zip: _____

Does your child have allergies? No Yes (Please Explain): _____

Does your child have other food restrictions? No Yes (Please Explain): _____

Please describe any other Physical, emotional, or medical needs of the child: _____

CLASS PREFERENCE- Please Mark 1st then 2nd choice or Waitlist Only

2.5 YEAR OLD (Must be 30 Months upon enrollment) **Advanced PRE-K (4 & 5)** (Must be 5 by Feb. 1st)

___ Mon, Tues 9:00-11:30 (\$193/mo.) ___ Mon, Tue, Wed, Thurs, Fri 9:00-11:30 (\$335/mo.)

___ Wed, Thurs 9:00-11:30 (\$193/mo.) ___ Mon, Tues, Wed, Thurs 12:30-3:00 (\$293/mo.)

3 Year Old (Must be 3 by Sept. 1st)

___ Mon, Tue, Wed 9:00-11:30 (\$245/mo.)

___ Mon, Tues, Wed 12:30-3:00 (\$245/mo.)

Literacy Programs (\$70/mo.)

___ Alphabet Bears (2 1/2) – Friday 9:00-11:30

___ Book Buddies (3) – Thursday (check below)

9-11:30 AM or 12:30-3:00 PM

___ Lions Literacy (4 & 5) – Friday 9:00-11:30

PRE-K - 4 Year Old(Must be 4 by Sept 1st.)

___ Mon, Tues, Wed, Thurs 9:00-11:30 (\$293/mo.)

___ Mon, Tues, Wed/Thurs 12:30-3:00 (\$245/\$293/mo.)

Waitlist Only: ___ If choice 1 is not available I prefer to be waitlist only.

Completion of this form conveys a request for admission to WORD OF LIFE LUTHERAN PRESCHOOL.

The **\$85.00 non-refundable** registration fee must accompany this form. Wait listing is available at no charge.

Signature of parent/guardian _____ **date:** _____

Office Use Only:

Registration Fee:

(Due with Application \$85/student):
Check#/Amount _____

Initial tuition Payment:

(Due by Aug. 15th or upon enrollment)

Check #/Amount _____

Class Assignment:

Please see the back side to complete the Health & Emergency Authorization before

HEALTH & EMERGENCY AUTHORIZATION

Emergency Contacts (REQUIRED)

Per DCFS regulations, two local emergency contacts including full name, address and phone number must be provided. Emergency contacts will be called for picking-up a child in the event neither parent can be reached:

Name	Address	Relationship	Phone Number
1. _____	_____	_____	_____
2. _____	_____	_____	_____

(Application will be returned if Emergency Contact section above is left blank)

Authorized Individuals (OPTIONAL)

The following people are authorized to pick up my child from school:
Additional names may be listed on a separate sheet. Names can be added or removed throughout the school year. Please let people on the list know they must be ready to present an ID during pick-up.

Name	Address	Relationship	Phone Number
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Unauthorized Individuals (OPTIONAL)

The following people are not permitted to pick up my child from school and/or may pose a risk to my child's safety. The police will be called if anyone listed below enters the building without authorization.

Name	Address (if known)	Relationship	Reason
_____	_____	_____	_____
_____	_____	_____	_____

If first aid is needed for your child, it will be administered by the classroom teacher or director. An accident form will be completed for your review. In the case of a medical emergency, 911 will be called and your child will be taken to the nearest available hospital.

In the case of an individual arriving for preschool pickup who is not on the pick-up list, the staff will contact the parent for approval. If the individual is listed on the unauthorized list the staff will call 911 to report a safety risk.

By signing this form, I agree that in case of an accident or injury, first aid and/or emergency medical care may be given to my child.

Date: _____ Signature of Parent: _____