

Word of Life Lutheran Preschool
Application for Admission 2026-2027

(Registration fee is \$100 per family per school year.
Please note WOL preschool reserves the right to
change classes based on staffing, enrollment, or
unforeseen circumstances.)

Currently Enrolled Family
 Alumni Family
 New Family

\$100 Registration Fee
(not refundable)
 Cash or Check to Word of
Life Preschool

Child's Full Name _____ Birth Date ____/____/____
Street Address _____ Apartment # _____ City _____ Zip Code _____
Name to be called and written at school: _____ Male _____ Female _____
Child's Race/Ethnic Origin (circle one): African American Asian Asian-Indian 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: _____ Primary Phone: _____
Employer Name & Location: _____ Work Phone: _____
Father's Name: _____ **Marital Status:** _____ **Church/Religion:** _____
Email Address: _____ Primary Phone: _____
Employer Name & Location: _____ 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 Your Class Preference

2.5-Year-Old (Teddy Bears)

(Must be 30 Months upon enrollment)

___ Tue & Thu 9:00-11:30 AM (\$210/mo.)

___ Tue, Thu, Fri 9:00-11:30 AM (\$290/mo.)

3-Year-Old (Guppies)

(Must be 3 by Sept. 1st)

___ Mon, Tue, Wed 9:00-12:00 PM (\$330/mo.)

___ Mon, Tue, Wed 9:00-2:00 PM (\$505/mo.)

___ Mon, Tue, Wed, Thu 9:00-12:00 PM (\$420/mo.)

___ Mon, Tue, Wed, Thu 9:00-2:00 PM (\$655/mo.)

___ Fridays Literacy Class 9:00-12:00 PM (\$90/mo.)

4- Year-Old (Turtles)

(Must be 4 by Sept. 1st)

___ Mon, Tue, Wed, Thu 9:00-12:00 PM (\$395/mo.)

___ Mon, Tue, Wed, Thu 9:00-2:00 PM (\$610/mo.)

___ Fridays Literacy Class 9:00-12:00 PM (\$90/mo.)

PreK (Penguins)

(4.5 or older by Sept 1st and demonstrates readiness. Admitted with pre-approval by Director)

___ Mon, Tue, Wed, Thu 9:00-12:00 PM (\$395/mo.)

___ Mon, Tue, Wed, Thu 9:00-2:00 PM (\$610/mo.)

___ Fridays Literacy Class 9:00-12:00 PM (\$90/mo.)

Snack Fee

(one-time fee pays for the school year)

2 days- \$35

3 days- \$45

4 days- \$55

5 days- \$65

Office Use Only:

Registration Fee:

(Due with Application \$100):
(\$50 for each additional sibling)

Check#/Amount _____

Initial tuition Payment:

Due July 1, 2026

Check #/Amount _____

Class Assignment:

Class Waitlist & \$10 Fee:

Comments:

Please complete and sign the Health & Emergency Authorization on the following page before returning the application.

HEALTH & EMERGENCY AUTHORIZATION

Emergency Contacts (REQUIRED)

Per DCFS regulations, two local emergency contacts **other than parents must be provided.** Include full name, address, and phone number. 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.

Name of Student: _____ **Date:** _____

Parent Signature: _____ **Relation to Child:** _____