

- Currently Enrolled Family
- Alumni Family
- New Family

WORD OF LIFE LUTHERAN PRESCHOOL

Application for Admission 2019-2020

- \$185 Non-Refundable Reg. Fee
- Check to Word of Life Preschool
- Cash

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 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: _____ **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 1st then 2nd choice

2.5 Year Old Teddy Bears

(Must be 30 Months upon enrollment)

___ Mon, Tues 9:00-11:30 (\$195/mo.)

___ Wed, Thurs 9:00-11:30 (\$195/mo.)

3 Year Old Guppies

(Must be 3 by Sept. 1^s)

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

___ Tues, Thurs. 9:00-11:30 (\$195/mo.)

___ Mon, Tues, Wed 12:30-3:00 (\$230/mo.)

Advanced Pre-K (4 & 5) Penguins

(Must be 5 by Feb. 1· 2018 Children who do not meet birthday requirements can still enroll if approved by Director.)

___ Mon, Tue, Wed, Thurs 9:00-1:45 (\$475/mo.)

Enrichment Programs (\$70/mo.)

___ Alphabet Bears (2 ½) – Friday 9:00-11:30

___ Book Buddies (3) – Thursday 11:30-1:45

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

___ Super Scientists (4 & 5)-Friday 9:00-11:30

PRE-K - 4 Year Old Turtles

(Must be 4 by Sept 1st.)

___ Mon, Tues, Wed, Thurs 9:00-11:30 (\$295/mo.)

___ Mon, Tues, Wed, Thurs 12:30-3:00 (\$275/mo.)

Waitlist Preference: All families must check ONE option. There is a \$10 Fee to be waitlist only.

___ If choice 1 is not available, I wish for my student to go on the waitlist only. \$10 fee will be collected after the registration lottery.

___ If choice 1 is not available, I wish to enroll my student in choice 2 and go on the waitlist for choice 1. Waitlist fee waived.

___ If choice 1 is not available, I am equally willing to enroll my student in choice 2 and not be added to choice one waitlist.

Office Use Only:

Registration Fee:

(Due with Application \$185):
(\$50 for each additional sibling)

Check #/Amount _____

Initial tuition Payment:

(Due by July. 15th or upon enrollment)

Check #/Amount _____

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 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.

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

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