

Lord of Life Preschool

Registration Form 2018-2019

To Register: Please return this form with a \$50.00 registration check made out to Lord of Life.
Registration checks are not refundable

Office use:

Reg Fee Pd _____ Date: _____ Ck # _____ \$ _____ Pkt _____ E _____

Copy for Lab Coat Kids File

Today's Date _____ Child's Full Name _____

Name child goes by (if different) _____ Male _____ Female _____

Birthdate ____ / ____ / ____ Age as of Sept. 1, 2018 3 ____ 4 ____ 5 ____

Has your child completed Preschool Screening ____ Yes ____ Not Yet

How did you learn about Lord of Life Preschool?

____ Friend ____ We have attended in the past ____ Website ____ Location ____ Other: _____

Child's Primary address _____

City _____ Zip code _____ Home/Primary phone (____) _____ [] cell

Mother's name: _____

Mother's primary daytime phone: (____) _____ [] work [] cell

Email (please print clearly) _____ @ _____

Home address (if different than above) _____

Father's name: _____

Father's primary daytime phone: (____) _____ [] work [] cell

Email (please print clearly) _____ @ _____

Home address (if different than above) _____

It is the policy of Lord of Life that it shall not discriminate based on race, color, or national or ethnic origin in access to its programs and services and that the staff and volunteers of Lord of Life shall act in a racially non-discriminatory manner with respect to access to its programs and services.

<u>Check session desired:</u>				<u>Cost/month</u>	<u>Class Size</u>
				Sept— May	Class Size limited
_____	M/W	9:00-12:00	3 yr olds	Must be 3 by Sept. 1 and potty trained	18
_____	T/TH	9:00-12:00	3 yr olds		\$130.00
_____	M/W	9:00-12:00	4 yr olds	Must be 4 by Sept. 1	20
_____	MTWTh	9:00-1:00	4/5 yr olds	Must be 5 by Sept. 1	20
<u>Lab Coat Kids:</u>					
_____	W	12:00-2:00	4/5 yr olds	\$45.00	20

***Classes may be canceled due to low enrollment.*

Lord of Life Preschool
Preschool Individual Form

Please list previous experiences in which your child has been separated from their parents:

Siblings with ages: _____

Child lives with (please circle):

Both parents Mom Dad Grandparent(s) Other _____

Names and ages of other children at home: _____

Any concerns or fears that your child has that you want their teachers to know about:

Any known allergies/medical conditions (A special medical form may be required to have detailed information on file):

Special needs or interests that you want us to know about: _____

Any serious illness in the last year: _____

Your expectations as a parent, about preschool:

Persons authorized to pick up my child from Preschool:

Name: _____ relationship to child: _____ phone: _____

Name: _____ relationship to child: _____ phone: _____

Name: _____ relationship to child: _____ phone: _____

Parent signature _____ **Date** _____

Lord of Life Preschool Authorization Form

For Office Use Only

Student #:

Date:

Name of School: Lord of Life Preschool

Effective date of authorization: / /

Name of Student: _____

Type of Authorization:

New Authorization

Change Payment Amount

Change Payment Date

Change Banking Information

Last Name	First Name	
Address		
City	State	Zip

Date of First Payment: 9/____/2018 Date of Last Payment (optional): 5/____/2019	Date of monthly Payment (check one): <input type="checkbox"/> 1st of the month <input type="checkbox"/> 15th of the month 2 day/week=\$130/month 4 day extended=\$250/month Lab Coat Kids=\$45/month	Pay in Full option (3% discount for the year): 2 day/week= \$1134.90 4 day extended= \$2182.50 Lab Coat Kids=\$392.00
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AGREEMENT: I authorize Lord of Life Church to process debit entries to my account according to the dates listed. I understand that written notice must be provided 15 days prior to the monthly withdrawal date in order to terminate authorization.

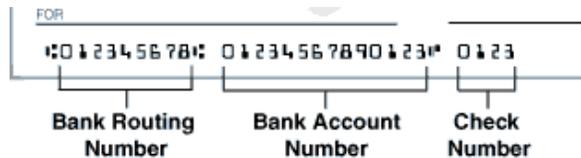
Authorized Signature _____ Date: _____

Please attach a **VOIDED** check here **OR** include your bank info below.

Please debit payments from my (check one):

Checking Account

Savings Account (contact your financial institution for routing #)



Routing Number _____

Valid routing number must start with 0, 1, 2, or 3

Account Number _____

Check here if you are using the same checking account that your registration fee check was written from. Account numbers can be taken from that check. No voided check needed.

Lord of Life Preschool Permissions Form

Student Name _____

Handbook

I have received and read the Lord of Life Preschool Parent Handbook.

Yes

Photo Usage

We frequently take photographs and videos to be used for preschool program videos, the LOL website and Preschool Facebook page to give parents a sneak peek into our preschool days. We also may use photos for public purposes, including preschool promotion and publicity. When such photos are used, names of students are NEVER used.

I give LOL Preschool permission to use photographs of my child for internal and promotional use knowing that personal information of my child will NOT be used.

I do not give permission for my child's photos to be used by LOL Preschool in any way. I realize that by checking this box my child will not be included in any preschool videos that may be created for the Christmas program and/or end of the year program and Graduation ceremony.

Class List Distribution

We can provide a class list including children's name, address, phone, and parent's name to distribute to parents for scheduling playdates, sending out birthday party invitations, etc. This would be available upon request and the class list will not be given out to anyone other than school families.

Yes, you may include our family info

No, please do not include us

Date ____/____/____ Parent Signature _____