



Lord of Life Preschool 2026-2027

Registration Form

To Register: Please return this form with a \$90.00 registration fee, \$25 each Additional sibling
Registration checks are not refundable

For office use: Reg Fee Pd:_____ Date:_____ Ck#:_____ \$:_____ Email:_____

Today's Date: ____ / ____ / ____ Childs Full Name: _____

Name child goes by (if different): _____ Does your child have an IEP? _____ 504? _____

Birthdate: ____ / ____ / ____ Age as of Sept. 1, 2026 3 ____ 4 ____ 5 ____

Has your child completed Preschool Screening ___ Yes ___ Not Yet

Is your child independently toilet trained? ___ Yes ___ Not Yet

Parent/Guardian Info:

Child's Primary address: _____

City: _____ State: _____ Zip code: _____ Home/Primary phone (_____) _____

Contact #1 Name: _____

Primary Daytime Phone: (____) _____

Email (please print clearly) _____ @ _____

Home address (if different than above) _____

Contact #2 Name: _____

Primary Daytime Phone: (____) _____

Email (please print clearly) _____ @ _____

Home address (if different than above) _____

Check session desired: all classes can be taken on own, or in addition to another

<u>Class</u>			<u>Cost/month x 9</u>
____ M / W	9:00 am-Noon	3 year old's	\$185.00
____ M / W	9:00 am-Noon	3 & 4 year old's	\$185.00
____ T / Th	9:00 am-Noon	3 & 4 year old's	\$185.00
____ M / T / W / Th	9:00 am-Noon	3 & 4 year old's	\$370.00
____ M / T / W / Th	9:00 am-1:30 pm	K-Prep	\$430.00
____ M / T / W / Th	8:00 am -9:00 am	Before School Care	\$65 2 days \$90 4 days (circle days desired)
____ M / T / W / Th	Noon-1:30 pm	Lunch Bunch	\$70 2 days \$95 4 days (circle days desired)

Must be 3 years of age and potty trained to begin our program. Children accepted year round.

Classes may be canceled due to low enrollment.



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Preschool Individual Form

Child's Full name: _____

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

Child lives with (please circle): Both parents | Mom | Dad | Grandparent(s) | Other _____

Names and ages of siblings and 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: _____

What would you like your child to learn at preschool? _____



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Payment Authorization Form

For Office Use Only	Student #:	Date:
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Parent Information:

Last Name: _____ First Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Name of Student: _____

Effective Date of Authorization: ____ / ____ / ____

Type of Authorization:

_____ New Authorization _____ Change Payment Amount

<p>Date of monthly Payment (check one): ____ 1st of the month ____ 15th of the month</p> <p>2 days = \$185/month 4 days M/W & T/Th = 9 am-NOON \$370/month K-Prep M-Th 9-1:30 pm = \$430/month (9 monthly payments)</p>	<p>Before school: \$65/2 days or \$90/4 days Circle Days Desired M T W T H Total: _____</p> <p>Lunch: \$70/2 days or \$95/4 days Circle Days Desired M T W T H Total: _____</p>	<p>FOR OFFICE USE ONLY:</p> <p>Month of first withdrawal: _____</p> <p>Month of last withdrawal: _____</p> <p>Total each month: _____</p>
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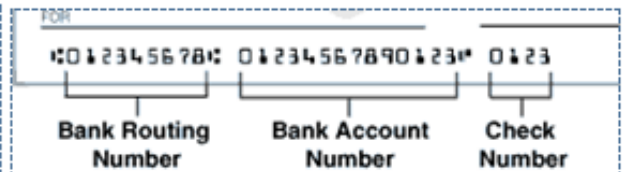
AGREEMENT : I authorize Lord of Life Church to process debit entries to my account according to the dates listed. I understand that written notice must be provided 15 days prior to the monthly withdrawal date in order to terminate authorization.

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: _____



Lord of Life Preschool 2026-2027 Permission 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 Lord of Life 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 Lord of Life 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 Lord of Life 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.

Change of clothes/bathroom assistance:

It is a requirement that all students are potty trained before entering preschool at Lord of Life, however we do understand that kids occasionally may have accidents. We require that students always keep a change of clothing in their backpacks in case of an accident. Please indicate by checking yes or no to the following permission statements: This will be retained and kept with student files.

_____ Yes, I give Lord of Life Preschool staff permission to assist my child with a change of clothes after a bathroom accident. Staff may also assist my child with buttons/zippers as necessary.

_____ No, I do not give Lord of Life Preschool staff permission to assist my child. I understand I will be called and must come care for my child within 20 minutes of receiving the call.

Date ____/____/____ Parent Signature _____



Preschool Emergency Contact & Allergy Alert Form 2026-2027

Child's Name: _____ Date of Birth: ____/____/____

Home Address: _____

_____ Phone #: _____

1st Person to contact in case of emergency:

Name: _____ Phone #: _____

Relationship to Child: _____

2nd Person to contact in case of emergency:

Name: _____ Phone #: _____

Relationship to Child: _____

ANYONE **NOT** AUTHORIZED FOR PICK UP: _____

DOES THIS CHILD HAVE **ANY KNOWN ALLERGIES?:** YES/NO

IF YES, PLEASE LIST: _____

In accordance with state licensing requirements, the child's primary physician and dentist information must be filled in for this form to be considered complete.

Child's Primary Doctor: _____ Phone #: _____

Clinic Address: _____

Child's Primary Dentist: _____ Phone #: _____

(Family dentist is ok if child has never been seen.)

Dentist Address: _____

Preferred Hospital: _____

This form was completed by: _____ Date: ____/____/____



Health Care Summary Form 2026-2027

MUST BE COMPLETED BY HEALTH CARE SOURCE

Child's Name: _____ Date of Birth: ____/____/____

Home Address: _____

_____ Phone #: _____

Parent(s) or Guardian(s): _____

Date of last physical exam?: _____

How long have you been seeing this child?: _____

How frequently do you see this child when he/she is **NOT** ill?: _____

Does this child have any allergies?: _____

Is a modified diet necessary?: _____

Is any condition present that might result in an emergency?: _____

What is the status of the child's:

Vision: _____

Hearing: _____

Speech: _____

Please list any important health concerns and if it requires special attention at school:

Other information that could be helpful to the preschool staff: _____

Signature of health source: _____ Date: ____/____/____

Address: _____