



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 | \$340.00 |
| ____ 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? _____



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 keep a change of clothing in their backpacks at all times 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: _____