



2020-2021 Enrollment Application and Admission Agreement

For office use

Date Received:	\$250 Registration Fee Paid by:
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Child's Information

Child's Last Name	Child's First Name	Child's Middle Name	Male or Female	Date of Birth
Street Address		City	Zip Code	Place of Birth
Church Student Attends		Date of Baptism	Church: Where Baptized	
Age Upon Enrolling	School District where Student Lives:	Previous School Attended (if applicable):	Race: (Please Check One – For Statistical Purposes Only) <input type="checkbox"/> White <input type="checkbox"/> American Indian <input type="checkbox"/> Black/African American <input type="checkbox"/> Asian/Pacific Islander <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Multi-Racial	

Family Information

Parent's Marital Status	If Divorced or Separated, Describe the Custodial Situation			
Father's Last Name	First	Middle	Home Phone Number	
Home Address	City	State	Zip	Cell Phone Number
Father's e-mail Address:				Contact via e-mail? <input type="checkbox"/> Yes <input type="checkbox"/> No
Father's Employer	Employer's Address			Work Phone Number
Mother's Last Name	First	Middle	Home Phone Number	
Home Address	City	State	Zip	Cell Phone Number
Mother's e-mail Address:				Contact via e-mail? <input type="checkbox"/> Yes <input type="checkbox"/> No
Mother's Employer	Employer's Address			Work Phone Number
Father's Church Membership	Regular Church Attendance? Yes No		Mother's Church Membership	Regular Church Attendance? Yes No
Sibling's Name	Date of Birth	Sibling's Name	Date of Birth	
Sibling's Name	Date of Birth	Sibling's Name	Date of Birth	

Health Information

Please Check All Medical Challenges That Apply:

- Hearing Loss Eye Glasses Bee Sting Allergy Food Allergy Environmental Allergy Asthma Diabetes Autism
- Seizures Migraines or Frequent Headache Heart Disease Kidney/Bladder/Bowel Disease Frequent Nosebleeds
- ADHD Other Diagnosed Illness or Behavior (please list below)

Comments:

Does Your Child Have Any Special Physical, Emotional, or Other Needs? Yes No

Comments:

Is Your Child Currently Taking Any Medications? Yes No

Will your child need to take medication during the school day? Yes No

Specify:

Program Offered

Our program is designed for children ages 3-6. Children must be at least 3 years of age and potty-trained for preschool.

All classes meet from 8:30am – 11:30am. The Immanuel Lutheran Preschool school year operates Labor Day – Memorial Day. Closures include days in September prior to Labor Day and days in May following Memorial Day (if any); federal holidays; and the following Holiday Breaks: the week of Thanksgiving, 2 weeks for Christmas, Good Friday and the week following Easter. Please see the Immanuel Preschool Calendar for exact closure dates. A summer program is offered during the months of June, July and August. Separate summer registration forms are required and will be available in the spring prior.

Immanuel Lutheran Preschool admits students of any gender, race, color, national and ethnic origin to all the rights, privileges, programs and activities generally accorded or made available to students of this preschool. The preschool does not discriminate on the basis of gender, race, color, national or ethnic origin in the administration of its education policies, admission policies, scholarship programs, or other school administered programs.

Please check the option you would like your child to be enrolled in:

3 mornings/week = Mondays/Tuesdays/Wednesdays \$3,105 or \$345/month

8:40am – 11:40am OR 9:00am – 12:00pm

2 mornings/week = Thursdays/Fridays \$2,160 or \$240/month

8:40am – 11:40am OR 9:00am – 12:00pm

How did you hear about us?

Tuition Fees

Please initial that you have read and understand each of the following:

_____ Tuition is determined by an annual fee and is broken into 9 monthly installment payments. Payments are paid one month in advance and begin in August for September and end in April for May. Tuition payments received after the 10th of each month are considered delinquent. A \$30 late fee will be charge.

_____ A \$30.00 service fee will apply to each monthly tuition payment returned by the bank for non-payment. Full tuition will be due and payable when two (2) or more checks are returned by the bank for non-payment or the child's enrollment will be terminated.

_____ Any change in fees by Immanuel Lutheran Preschool will come with a written notification and posting for at least 30 days prior to the increase going into effect.

Refunds and Withdrawal Policy

Please initial that you have read and understand each of the following:

_____ All registration fees are non-refundable.

_____ Tuition dollars will not be refunded nor make-up days offered for holidays, illness, absences, vacations or any other absences.

_____ A child enrolls for a full term. If he/she must be withdrawn, we require a two-week notice. Any tuition balance after the two weeks' notice will be refunded. A child will be considered enrolled for the remainder of the term after April 1st and will be responsible for the remaining tuition. Any subsequent re-enrollment will entail an additional registration fee.

Instructions

Please complete and sign this Enrollment Application and Admission Agreement form, attach the **\$250 Registration Fee** and return both to the preschool office. Applications are not complete until the Registration Fee is paid. New students must attach a copy of their birth certificate to the application. All students must be in compliance with Health and Immunization requirements of the State of California. Parents agree to complete and return the remaining required paperwork prior to the first day of attendance.

Signatures

I hereby make application for admission to Immanuel Lutheran Preschool for the above named student. My/Our signature(s) certify all information supplied was voluntary and is accurate and complete and that incorrect information may result in non-acceptance or dismissal from school.

I agree to pay the tuition for the above student in monthly payments of \$ _____/month.

By signing below, I also understand that the licensing agency (California Department of Social Services, Community Care Licensing, Orange, County Office) has the right to interview children and staff without prior consent and review records for copying whenever necessary.

(Signature of Parent/Guardian)

(Date)

(Signature of Parent/Guardian)

(Date)