



# Chapel of the Cross Lutheran Preschool

## Registration Form

### Church Home

Where does your family attend church? \_\_\_\_\_

Is your child baptized? Yes \_\_\_\_\_ No \_\_\_\_\_ If so, where? \_\_\_\_\_

Baptismal date \_\_\_\_\_

How did you hear about Chapel of the Cross Lutheran Preschool? \_\_\_\_\_

### Child's Personal History

\_\_\_\_\_ Please initial to indicate that the following statements are true about your child:

Children must be completely toilet independent before attending school. Your child should be able to tell an adult when they need to use the toilet. He or she should be able to take care of their bathroom needs without assistance. They should be able to clean themselves after going to the bathroom. They should be able to get themselves dressed.

Does your child have any allergies or health concerns? If so, please list them. Attach additional information, if necessary. \_\_\_\_\_

Has your child reached developmental milestones at expected ages? If no, please explain. \_\_\_\_\_

Do you have any concerns about your child's development or skills? If yes, please explain. \_\_\_\_\_

Does your child currently receive any special services? (Speech, OT, PT, etc.) If yes, please explain. \_\_\_\_\_

Please indicate below any information that you think is important for us to know about your child or family. \_\_\_\_\_

Children are eligible for preschool if they are 3 or 4 before August 1<sup>st</sup> or 5 after August 1<sup>st</sup> and are toilet trained. Children may attend preschool 2, 3 or 5 days per week for full day (8:00 a.m. -3:00 p.m.). Three-year olds must attend a minimum of 2 days per week; four-year olds must attend a minimum of 3 days per week. Fees are listed in your packet.

**Please indicate your choice below:**

- \_\_\_\_\_ Full Day Preschool – all five (5) days
- \_\_\_\_\_ Full Day Preschool – Monday, Wednesday & Friday
- \_\_\_\_\_ Full Day Preschool – Tuesday and Thursday

Extended Care is available at an additional cost

- \_\_\_\_\_ Before Care Needed (from 7:00 – 8:00 a.m.)
- \_\_\_\_\_ After Care Needed (from 3:15 – 6:00 p.m.)
- \_\_\_\_\_ Both Before and After Care Needed

**INITIAL BELOW TO INDICATE YOUR UNDERSTANDING AND ACCEPTANCE:**

\_\_\_\_\_ Space will be reserved for your child upon availability and payment of a \$150.00 non-refundable application fee to be used towards the first month's tuition. Please make checks payable to "Chapel of the Cross Lutheran Church"

\_\_\_\_\_ I agree to pay the scheduled tuition for the program I have indicated on the form.

\_\_\_\_\_ I have received and read my Parent Handbook and agree to abide by these policies and procedures.

\_\_\_\_\_  
Parent or Guardian Signature

\_\_\_\_\_  
Date