



Chapel of the Cross Lutheran Preschool

Registration Form

Child's Name _____ M____ F____

Child's Birthdate (month/date/year) _____

Address _____

City _____ State _____ Zip _____ Phone (____) _____

Parent / Guardian Name _____

Marital Status of parents: Married ____ Divorced ____ Separated ____ Single ____

Email address (es) to be used for school communication

1. _____ 2. _____

Father Information

Occupation _____

Cell phone (____) _____

Date of birth _____

Church membership _____

Mother Information

Occupation _____

Cell phone (____) _____

Date of birth _____

Church membership _____

Is your child baptized? Yes _____ No _____ If so, where? _____

Baptismal date _____

Where does your family attend church? _____

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 1st or 5 after August 1st 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