## St. Paul Lutheran Preschool

### Student Enrollment Form

Student’s Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_ { } Male { } Female

 Last First M.I.

Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_

 Street City State Zip

Home Phone (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_\_ Date of Birth \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Age on August 1st \_\_\_\_\_\_\_\_\_

 Mo Day Yr

# FAMILY INFORMATION

Mother’s Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_\_ Work (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_\_

 First Last (if different than child’s)

Email \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Employer \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Father’s Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_\_ Work (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_

 First Last (if different than child’s)

Email \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Employer \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Marital status ( ) married ( ) separated ( ) divorced ( ) widowed ( ) single parent

* If divorced or separated, please indicate student’s primary residence ( ) with Mother ( ) with Father
* May the non-custodial parent pick up the child? \_\_\_\_\_\_\_\_\_ If no, legal documentation from the court is required

 Yes or No

Are there any special instructions on how to reach you while your child is in our care? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**PICK UP / DROP OFF**

I give permission for my child to leave St. Paul Lutheran Preschool with the following persons named below. It is the responsibility of the parents to notify the Preschool, in writing, of any changes.

Name Relationship Phone #

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Person(s) NOT authorized to pick up child:

***Important: Please let us know immediately if you move, change phone numbers,***

 ***jobs, etc. so that we may keep our records current***

**AGREEMENTS AND AUTHORIZATIONS *(Please initial each section and sign below)***

Please complete both sides of this form.

\_\_\_\_\_ I/we give permission for my child to play on the playground, walk outside the church, and participate in chapel activities in the St. Paul Lutheran Church sanctuary. The Preschool is not responsible for children or siblings playing on the playground equipment during non-school hours.

\_\_\_\_\_ I/we give permission for my child to be screened during childcare hours. Screening may include vision, hearing, height, weight, and development.

\_\_\_\_\_ I/we give permission for my child to accompany the St. Paul Lutheran Preschool staff and volunteers on any field trips throughout the current school year. I realize that the staff of St. Paul will provide me with advance notice of the field trip, as well as give me the opportunity to volunteer. I understand that these will be local and within walking distance of the Preschool.

\_\_\_\_\_ I/we give permission for my child to be photographed and/or video-taped for educational purposes, such as presentations, newspaper publicity, bulletin boards, or class directories that may be posted to the Church/Preschool website.

\_\_\_\_\_ I/we give permission to have our name, address, telephone # and email address posted in a Parent Directory.

\_\_\_\_\_ I/we have been made aware that St. Paul Lutheran Preschool, as part of the curriculum will give informal and formal assessments on each child. These assessments are made available to the parents during parent-teacher conferences or when requested. All assessments and information regarding children are always kept confidential and are only discussed with parents.

\_\_\_\_\_ I/we have read and understand the policies outlined in the 2018-2019 Parent Handbook. The 2018-2019 Parent Handbook is posted and available to download on the Preschool website, [www.treynorpreschool.com](http://www.treynorpreschool.com) and is available in hard copy from the Preschool staff.

\_\_\_\_\_ I/we agree to abide by the policies of St. Paul Lutheran Preschool while my child is enrolled.

Parent/Guardian Signature(s) Date

Please list specifically those items listed above to which you do not agree:

**TUITION AGREEMENT INFORMATION**

**Please check the class your child will be attending:**

Monday, Wednesday, Friday morning or afternoon at a cost of $160 per month

\_\_\_\_\_\_\_Monday, Tuesday, Wednesday, Thursday and Friday mornings at a cost of $270 per month

Tuesday, Thursday morning program at a cost of $110 per month

Tuition is due the first week of each month, beginning in September and concluding in May. No monthly invoices or statements will be issued, unless you contract with the Extended Preschool program.

There will be no reduction in tuition for scheduled holidays, two staff professional development days, snow days or absences, even extended absences unless pre-approved by the Director.

***St. Paul Lutheran Church members will receive a $25 discount off the first month’s tuition*.**

**LATE FEE CHARGES.** If the tuition is not paid by the 15th of the month, a late fee of $10.00 will be assessed. The Preschool Administrator will send a letter assessing the $10.00 fee and requesting payment by the 30th of the month. If unusual circumstances arise, parents should visit with the Director to explain the situation.

**RETURNED CHECKS/ELECTRONIC PAYMENTS.** In the event a check or electronic payment is returned by the bank, an additional fee of $25.00 will be assessed. After the second such occurrence, tuition will be accepted only in cash.

**I have read, understand and agree with all of the financial listed items. I accept full responsibility for the payment of all fees.**

Parent/Guardian Signature(s) Date