

ST. JOHN'S LUTHERAN PRESCHOOL

2020-2021

ENROLLMENT APPLICATION

1260 Webster St.

Tecumseh, NE 68450

(402) 335-3816

Date of Application_____

Previously Enrolled? Yes No

Child's Name_____ Age_____ Sex_____

Date of Birth_____

Date Baptized_____ Place Baptized_____

Child's Church (name/location)_____

FATHER (or Guardian)

Name_____ Employer_____

Address_____ Address_____

City_____ Zip_____ City_____ Zip_____

Phone_____ Phone_____

Cell Phone_____

Church Affiliation_____

MOTHER

Name_____ Employer_____

Address_____ Address_____

City_____ Zip_____ City_____ Zip_____

Phone_____ Phone_____

Cell Phone_____

Church Affiliation_____

Marital status of child's parents_____

(married & living together, separated, divorced, other)

Brothers and Sisters

Name	Age	Grade	School
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

ST JOHN'S LUTHERAN PRESCHOOL admits students of any race, color, national or ethnic origin to all the rights, privileges, programs, activities generally accorded or made available to students at the school. It does not discriminate on the basis of race, color, national or ethnic origin in administration of its educational policies, admissions policies, scholarship and loan programs, and athletic and other school-administered programs.

For the 2020-2021 school year, children must be 3 years old by August 1st and fully potty trained. Your child MUST BE ABLE to take care of his/her bathroom needs.

The following order has been adopted for admission into St. John's Lutheran Preschool:

- 1. children previously in the program**
- 2. children of St. John's Lutheran Church**
- 3. children on the waiting list**

Registration for the coming term begins in March. Children previously enrolled and children of St. John's have priority until May 1st of the current year to enroll. After that date, admission is equally open to all that apply until July 1st or until sessions are filled.

**BASED ON YOUR CHILD'S AGE PLEASE CHECK THE APPROPRIATE SESSION.
All sessions are limited to 12 children. If the sessions are full, your child will be put on a waiting list.**

<u>Session</u>	<u>Time</u>	<u>Age Requirement</u>
<input type="checkbox"/> Monday- Friday	8:30 – 11:30 a.m.	must be 5 by August 1st
<input type="checkbox"/> Monday, Wednesday, Friday	8:30 – 11:30 a.m.	must be 4 by August 1st
<input type="checkbox"/> Tuesday & Thursday	8:30 – 11:30 a.m.	must be 3 by August 1st

⇒ An ANNUAL \$30.00 registration and materials fee (non-refundable) is due upon notification of your child's enrollment. If your child enrolls in January, the registration and materials fee is \$15.00.

Tuition is due on the 5th of each month, if the tuition is not paid by the 15th a reminder will be sent, but if it is not paid by the 30th of the month your child can no longer attend preschool until tuition is paid up to date.

**** Your child is asked to bring a backpack.****

**Person(s) to whom the child may be released by the Preschool
(If no one, please write "none")**

Name _____ Name _____

Address _____ Address _____

City _____ Phone _____ City _____ Phone _____

Relationship to child _____ Relationship to child _____

Person(s) who will take responsibility for the child in case of an emergency when the parent (or guardian) cannot be reached: (at least one name MUST be given)

Name _____ Name _____

Address _____ Address _____

City _____ Phone _____ City _____ Phone _____

Relationship to child _____ Relationship to child _____

Consent to contact Physician in emergency

In the event I cannot be reached to make arrangements, I hereby give my consent to:

Contact Person or Relative	Address	Phone
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The above person has my permission to contact:

Doctor's Name	Doctor's Phone #	City
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And if necessary, take my child to the following clinic or hospital

Name	City	Phone #
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Name	City	Phone #
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Signature of Parent

Date

Continued →

Child's Medical Information

Current Health Status – all information is confidential.

Any health problems which preschool staff should know:

Allergies, if any:

Special concerns: (glasses, hearing aid, etc.)

Any activities child should NOT engage in:

Certificate of Immunizations

Please provide a copy of immunization record from your child's physician.

I certify that the above information is correct to the best of my knowledge

Signature

Date