

**IMMANUEL LUTHERAN KINDERGARTEN**  
**1001 Immanuel Lutheran Drive**  
**Boonville, Missouri 65233**  
**660-882-2208**  
**REGISTRATION AND APPLICATION FORM 2020-2021**

(Please print or type)

**Name of Student** \_\_\_\_\_  
(Last) (First) (Middle)

**Address** \_\_\_\_\_  
(Street) (City) (Zip) (Home Phone)

**Age** \_\_\_\_\_ **Date of Birth** \_\_\_\_\_

**Full Name of Father** \_\_\_\_\_  
(Cell Phone Number)

**Employer** \_\_\_\_\_  
(Name) (Address) (Phone)

**Full Name of Mother** \_\_\_\_\_  
(Cell Phone Number)

**Employer** \_\_\_\_\_  
(Name) (Address) (Phone)

**Names of brothers and sister and their respective ages:**

( )	( )
age	age
( )	( )
age	age

**Name of Home Church** \_\_\_\_\_

**Address** \_\_\_\_\_ **Pastor** \_\_\_\_\_

To be completed by child care facility **Admission Date** \_\_\_\_\_

**Discharge Date** \_\_\_\_\_  
(Form to be retained for one year after discharge)

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**PROMPTNESS IN RETURNING THIS APPLICATION may help with class placement.**

We would like to encourage you to return this form at your earliest convenience. Enrollment is limited to 16 students. Applications will be numbered and dated as they are received. All applications will be reviewed prior to final admission to ensure that our kindergarten can fulfill the needs of the enrolling child.

Immanuel Kindergarten will follow the Boonville Public School schedule. Class will be Monday through Friday 8:00 a.m. – 3:00 p.m.

Fee schedule: \$100 refundable book deposit included with this application. Checks will not be deposited until July, unless a request is made to deposit immediately. Tuition of \$250 is due each month beginning in September (Sept.1, Oct. 1, Nov. 1, Dec. 1, Jan. 1 Feb. 1, March 1, April 1, May 1). The total for the year is \$2,350.00

**Children must be 5 years by August 1<sup>st</sup>** *Front/Back*

**Immanuel Lutheran Kindergarten  
QUESTIONNAIRE**

Name of Child \_\_\_\_\_ Nickname \_\_\_\_\_ Birthday \_\_\_\_\_

Birth Certificate Number \_\_\_\_\_ Social Security Number \_\_\_\_\_

Name of Parent(s) \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

Cell Phone Numbers: \_\_\_\_\_  
(Mom) (Dad)

E-mail address \_\_\_\_\_

Does your child have any handicaps: (if so, please explain) \_\_\_\_\_

Allergies: \_\_\_\_\_

Would you be willing to provide a car for field trips? \_\_\_\_\_  
(Must be equipped with seatbelts)

Would your place of employment allow our kindergarten class to tour their facilities? Are you aware of any other place(s) to visit on our field trips?

Do your parents have any hobbies or talents that you would be willing to share with our class? (Explain)

Why do you wish to enroll your child in Immanuel Lutheran Kindergarten?

Names of two persons to contact in case of emergency (other than your own)?

Name \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_

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Name of your child's doctor \_\_\_\_\_ Phone No. \_\_\_\_\_

Hospital Preference \_\_\_\_\_

In the event of an emergency where the parent(s) or persons listed in case of emergency cannot be reached, I hereby give my consent for my child to receive medical treatment as deemed necessary by attending physician.

\_\_\_\_\_  
(Signature of Parent or Guardian) Date \_\_\_\_\_

\_\_\_\_\_ has my permission to go on field trips during the school year.

\_\_\_\_\_  
(Signature of Parent or Guardian) Date \_\_\_\_\_