

**Immanuel Lutheran Preschool  
QUESTIONNAIRE**

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

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

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

Cell Phone Numbers: \_\_\_\_\_  
(Mom) (Dad) (e-mail address)

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

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

Would your place of employment allow our preschool 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 Preschool?

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.  
Immanuel Preschool staff has my permission to take photos and videos of my child. \_\_\_\_\_ (initial)

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

**IMMANUEL LUTHERAN PRESCHOOL**

**1001 Immanuel Lutheran Drive**

**Boonville, Missouri 65233**

**660-882-2208**

**REGISTRATION AND APPLICATION FORM 2017/2018**

(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) (e-mail address)

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

**Full Name of Mother** \_\_\_\_\_  
(Cell Phone Number) (e-mail address)

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

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

\_\_\_\_\_ ( ) \_\_\_\_\_ ( )  
age age  
\_\_\_\_\_ ( ) \_\_\_\_\_ ( )  
age age

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

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

**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 20 children per class. Applications will be numbered and dated as they are received.

Please indicate your choice:

- Monday – Wednesday – Friday/ AM (8 - 11am) \_\_\_\_\_ \$100 per month (4 & 5 year old class)
- Monday – Wednesday – Friday/ PM (12 - 3 pm) \_\_\_\_\_ \$100 per month (4 & 5 year old class)
- Tuesday – Thursday/AM (8 – 11 am) \_\_\_\_\_ \$80 per month (3& 4 year old class)
- Tuesday – Thursday/PM (12 – 3 pm) \_\_\_\_\_ \$80 per month (3&4 year old class)

**Children must be 3 or 4 by August 1<sup>st</sup>**

**Please include a \$20 non-refundable registration fee with this application unless otherwise specified.**

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

**Discharge Date** \_\_\_\_\_

(Form to be retained for one year after discharge)

**IMMANUEL LUTHERAN CHURCH  
LETTER OF INTENT TO PAY**

I, \_\_\_\_\_, understand that the tuition for  
\_\_\_\_\_ is \_\_\_\_\_ a month and is due on the 1<sup>st</sup> of  
each month beginning Sept. 1<sup>st</sup> and ending May 1<sup>st</sup>.

I further understand that there will be a fee of \$15.00 if this amount is not paid  
by the 10<sup>th</sup> of the month and more than 2 months delinquent could result in  
interruption of enrollment at Immanuel Lutheran School

I agree to the above terms and acknowledge that I am solely responsible for  
making the above payments.

In the event of emergencies and nonpayment I understand that I should contact  
a Board member to make payment arrangements.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Print Name

**Consumer Authorization for Direct Payment via ACH  
(ACH Debits)**

*Direct Payment via ACH is the transfer of funds from a consumer account for the purpose of making a payment.*

I (we) hereby authorize **Immanuel Lutheran Church** to electronically debit my (our) account (and, if necessary, electronically credit my (our) account to correct erroneous debits\*) as follows:

**Depository Name** \_\_\_\_\_

**Routing Number** \_\_\_\_\_

**Account Number** \_\_\_\_\_

**Checking Account** \_\_\_\_\_ or **Savings Account** \_\_\_\_\_ (select one)

Amount of debit(s) authorized: \_\_\_\_\_

(choose one)

Date(s) and frequency of debit(s): **For 9 months beginning Sept. 2nd / 10<sup>th</sup>, 2017, and every month on that date of the month ending in May 2018 (last payment).**

I understand that this authorization will remain in full force and effect until I (we) notify Immanuel Lutheran Church that I (we) wish to revoke this authorization or the term above expires. I (we) understand that Immanuel Lutheran Church requires at least (1 week) prior notice in order to cancel this authorization.\*\*

**Name(s)** \_\_\_\_\_

(Please Print)

**Date** \_\_\_\_\_ **Signature(s)** \_\_\_\_\_

\*The NACHA Operating Rules do not require the consumer's express authorization to initiate Reversing Entries to correct erroneous transactions. However, Originators should consider obtaining express authorization of debits or credits to correct errors.

\*\* Written debit authorizations must provide that the Receiver may revoke the authorization only by notifying the Originator in the time and manner stated in the authorization.