

**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.

_____ Date _____
(Signature of Parent or Guardian)

_____ 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)

_____ Date _____
(Signature of Parent or Guardian)

IMMANUEL LUTHERAN PRESCHOOL

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) (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) _____ \$125 per month (4 & 5 year old class)
- Monday – Wednesday – Friday/ PM (12 - 3 pm) _____ \$125 per month (4 & 5 year old class)
- Tuesday – Thursday/AM (8 – 11 am) _____ \$100 per month (3&4 year old class)
- Tuesday – Thursday/PM (12 – 3 pm) _____ \$100 per month (3&4 year old class)

Children must be 3 or 4 by August 1st

Please include a \$25 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)