

Immanuel Lutheran Church & School 632 E. Hwy N. Wentzville, MO 63385 (636)639-9887 Fax (636)639-9944

## 2024/2025

## **APPLICATION FOR PRESCHOOL ADMISSION**

### **Student Information**

Name (First/Middle/Last):		Date of Birth:		
Preferred Name:	<b>Age</b> : (as of 7/3	1) Male Female (circle)		
Parent/Guardian Informatio	<u>n</u>			
Father's Name:	Email addre	ess:	_	
Address :	City:	Zip:	-	
Home #: Cell	#: Ce	Cell Provider:		
Place of Employment:	O	Occupation:		
Business #:				
Mother's Name:	Email address	s:		
Address (only if different than above	e):	City:		
Zip: Home #:	Cell #:	Cell Provider:	_	
Place of Employment:	Oc	ccupation:		
Business #:				
Minimum \$100 registration fee <u>The remaining \$200/\$225 is due</u> Days dropped after March 1st w	<u>e by March 15th, 2024.</u> A	All registration fees are non- ref	<sup>-</sup> undable	
Office use only: Date Receive	ed: Am	ount Received:	_	
Cash: Check: #	VANCO	Receipt #		

# PRESCHOOL TUITION & REGISTRATION FEE 2024-2025 August 2024 – May 2025 PLEASE CIRCLE WHICH PROGRAM YOU ARE INTERESTED IN

### 2 YEAR OLDS OPTIONS (Minimum of 2 or more days)

### Please circle days

	Registration	<u>Monthly</u>	<u>Yearly</u>		
2 DAYS Mon / Tues / Wed / Thurs	s / Fri \$325	\$450.00	\$4,500		
3 DAYS Mon / Tues / Wed / Thurs	s / Fri \$325	\$570.00	\$5,700		
5 DAYS Mon / Tues / Wed / Thurs	s / Fri \$325	\$850.00	\$8,500		
3 YEAR OLDS OPTIONS (Must be 3 and fully potty trained by July 31st)  Registration Monthly Yearly					
Tues/Thurs	\$300	\$402.50	\$4,025		
Mon/Wed/Fri	\$325	\$530.00	\$5,300		
Mon/Tues/Wed/Thurs/Fri	\$325	\$760.00	\$7,600		
3-4 MIX OPTIONS (Must be fully potty trained by July 31st)  Registration Monthly Yearly					
Tues/Thurs	\$300	\$395.00	\$3,950		
Mon/Wed/Fri	\$325	\$515.00	\$5,150		
Mon/Tues/Wed/Thurs/Fri	\$325	\$730.00	\$7,300		
4 YEAR OLDS OPTIONS (Must be 4 and fully potty trained by July 31st)  Registration Monthly Yearly					
Tues/Thurs	\$300	\$380.00	\$3,800		
Mon/Wed/Fri	\$325	\$505.00	\$5,050		
Mon/Tues/Wed/Thurs/Fri	\$325	\$695.00	\$6,950		

Statement of Agreement: As a parent, I agree to support and cooperate with the Immanuel Lutheran School and abide by its policies, rules and regulations, striving to be a supportive part of the Christian community of students, teachers, and family as we work together in God's name. I hereby understand & agree to this refund policy & all other policies in the Preschool & Parent handbooks.

<sup>\*</sup> Parent/Guardian Signature: \_\_\_\_

### **ADDITIONAL EMERGENCY CONTACTS** (Other than parents)

1. Name:	Phone number:				
Relationship:					
2. Name:	Phone number:				
Relationship:					
PERSONAL HISTORY					
Name of Insurance Company: _					
Policy#:	Ooctor:				
Phone # :	Authorized to call doctor: YES /NO				
Hospital Preferred: Allergies:					
Please specify any health concerns:					
Pleasespecify unique health instructions:					
List all previous preschool experience, where and when?					
Family Church Information					
Member of Immanuel Lutheran Church? Yes or No (Circle one)					
Has your child been baptized?					
If not a Immanuel Lutheran Church member, please say where you are a member					