

Immanuel Lutheran School

632 E. Hwy N. Wentzville, MO 63385
(636)639-9887 Fax (636)639-9944



2023/2024

PRESCHOOL APPLICATION FOR ADMISSION

Student Information

Name (First/Middle/Last): _____ Date of Birth: _____

Preferred Name: _____ Age: ____ (as of 7/31) Male Female (**circle**)

Parent/Guardian Information

Father's Name: _____ Email address: _____

Address : _____ City: _____ Zip: _____

Home #: _____ Cell #: _____ Cell Provider: _____

Place of Employment: _____ Occupation: _____

Business #: _____

Mother's Name: _____ Email address: _____

Address (only if different than above): _____ City: _____

Zip: _____ Home #: _____ Cell #: _____ Cell Provider: _____

Place of Employment: _____ Occupation: _____

Business #: _____

THIS FORM AND \$100 registration fee is DUE 01/24/23.

The remaining \$200/\$225 registration fee and payment intention form is due by April 6th, 2023. All registration fees are non-refundable.

Office use only: Amount Received: _____ Date Received: _____

Cash: _____ Check: # _____ VANCO _____ Receipt # _____

(SEE OTHER SIDE)

" PRESCHOOL TUITION & REGISTRATION FEE 2023-2024
 August 2023 – May 2024
PLEASE CIRCLE WHICH PROGRAM YOU ARE INTERESTED IN

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

Please circle days

	<u>Registration</u>	<u>Monthly</u>	<u>Yearly</u>
2 DAYS Mon / Tues / Wed / Thurs / Fri	\$325	\$430.00	\$4,300
3 DAYS Mon / Tues / Wed / Thurs / Fri	\$325	\$545.00	\$5,450
5 DAYS Mon / Tues / Wed / Thurs / Fri	\$325	\$820.00	\$8,200

3 YEAR OLDS OPTIONS (Student must be fully potty trained)

	<u>Registration</u>	<u>Monthly</u>	<u>Yearly</u>
Tues/Thurs	\$300	\$378.60	\$3,786
Mon/Wed/Fri	\$325	\$495.20	\$4,952
Mon/Tues/Wed/Thurs/Fri	\$325	\$720.00	\$7,200

4 YEAR OLDS OPTIONS (Student must be fully potty trained)

	<u>Registration</u>	<u>Monthly</u>	<u>Yearly</u>
Tues/Thurs	\$300	\$360.00	\$3,600
Mon/Wed/Fri	\$325	\$475.00	\$4,750
Mon/Tues/Wed/Thurs/Fri	\$325	\$660.00	\$6,600

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.

*** Parent/Guardian Signature: _____**

(SEE OTHER SIDE)

ADDITIONAL EMERGENCY CONTACTS (Other than parents)

1. Name: _____ Phone number: _____

Relationship: _____

2. Name: _____ Phone number: _____

Relationship: _____

PERSONAL HISTORY

Name of Insurance Company: _____

Policy#: _____ Doctor: _____

Phone #: _____ Authorized to call doctor: YES /NO

Hospital Preferred: _____ Allergies: _____

Please specify any health concerns: _____

Please specify 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
