

**ENROLLMENT APPLICATION - 2021-2022**

**FAITH LUTHERAN PRESCHOOL**

**1700 S. Halleck St. 219-987-3430**

**DeMotte, IN 46310**



Application for: \_\_\_\_\_ 3/4 year old class (Tuesday & Thursday)  
\_\_\_\_\_ 4/5 year old class (Monday, Wednesday, & Friday)

\_\_\_\_\_ a.m. \_\_\_\_\_ p.m.  
Child's Name \_\_\_\_\_ M \_\_\_\_\_ F \_\_\_\_\_

Child's Birth Date \_\_\_\_\_ Is your child right-handed or left-handed (circle)?

Child's Address \_\_\_\_\_

Home Phone \_\_\_\_\_

Attending Church at \_\_\_\_\_  
(Name) (Location)

Mother/Stepmother/Guardian (circle one) Father/Stepfather/Guardian (circle one)

Name \_\_\_\_\_ Name \_\_\_\_\_

Address (if different from above) \_\_\_\_\_ Address (if different from above) \_\_\_\_\_

\_\_\_\_\_

Cell Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Email Address \_\_\_\_\_ Email Address \_\_\_\_\_

Occupation \_\_\_\_\_ Occupation \_\_\_\_\_

Business Name & Phone \_\_\_\_\_ Business Name & Phone \_\_\_\_\_

\_\_\_\_\_

Other siblings' names and ages: \_\_\_\_\_

\_\_\_\_\_

I agree to the option of dividing the yearly tuition into monthly payments due by the 10<sup>th</sup> of each month. Yes \_\_\_\_\_ No \_\_\_\_\_

The above information is correct to the best of my knowledge.

Parent/Legal Guardian Signature: \_\_\_\_\_ Date \_\_\_\_\_

Admission fees to be paid upon registration:

4/5 Class - \$ 160.00

3/4 Class - \$145.00

Office Use Only: Registration Fee Paid: _____ Date: _____ Time: _____ Birth Certificate: _____ Shot Record: _____
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## FAITH LUTHERAN CHURCH PRESCHOOL POLICY

I, the undersigned, have read and agreed to the following Preschool Policies:

### 1. TUITION INFORMATION:

- a. **TUITION:** Four and five year old class is \$810.00/year or \$90.00/month. Three and four year old class is \$675/year or \$75.00/month. Tuition is due in full each month regardless of your child's attendance.
- b. **PAYMENT POLICY:** For your convenience we have divided the school's yearly tuition into monthly payments. You may choose to pay monthly by signing the registration form as such. All monthly payments are due by the 10<sup>th</sup> of each month. Please note: If any payment is made after the tenth of the month, a \$5.00 fee will be added for each week it is overdue. Please try your best to remit payments on time. Please contact the child's teacher or church secretary if you are having difficulties in paying your tuition. Please make checks payable to: Faith Lutheran Church.
- c. **LATE TUITION PAYMENTS:** The following are procedures dealing with late tuition payments. If tuition is one month behind a letter from the Preschool Administrator will be sent detailing notification of late fees and procedures to follow payments. If tuition is two months behind the Board of Education Chairperson will contact said person to discuss financial help. If tuition is three months behind said child will be suspended until payment is paid in full.
- d. **RETURNED CHECK FEE:** An assessed fee of \$25.00 will be added to your monthly tuition payment upon return of an insufficient funds check. Payments must then be made in cash, or with a money order, for the remainder of the year.

### 2. PICK UP POLICY: The preschool has a strict "pick-up" policy. Forms of identification may be needed before a child will be released from school. Please note the following:

- a. Every family will be issued two "pick-up name" cards. Your child will not be released from school unless this card is shown, including parents. These cards can be placed in your vehicle where they can be clearly seen. Details of our drop off/pick up procedure will be discussed at orientation.
- b. Please call if you are going to be late due to an emergency. There will be a late charge of \$5.00 for every fifteen minutes after said scheduled pick-up time if a call has not been received. When a child is picked up late, a sign out slip will be signed by the parent and teacher to acknowledge time of late pick-up and charges will be added to tuition.
- c. If parents are over thirty minutes late and have not contacted the school and the Preschool has tried to contact the parents and/or emergency persons, the Preschool will contact the local police department.

Parent/Guardian Signature \_\_\_\_\_

Date \_\_\_\_\_

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# EMERGENCY FORM

## Faith Lutheran Preschool

Child's Name: \_\_\_\_\_ Date of Birth \_\_\_\_\_ Age: \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Mom/Stepmom Cell: \_\_\_\_\_

Dad/Stepfather Cell: \_\_\_\_\_

Doctor: \_\_\_\_\_ Phone #: \_\_\_\_\_

Dentist: \_\_\_\_\_ Phone #: \_\_\_\_\_

Please list any allergies and health problems that the staff should be aware of:

\_\_\_\_\_  
\_\_\_\_\_

Please list below up to four adults (18 yrs or older) to whom your child may be released with if we are unable to contact you. (\*Identification may need to be seen to release the child.)

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone #: \_\_\_\_\_

Relation to Child: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone #: \_\_\_\_\_

Relation to Child: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone #: \_\_\_\_\_

Relation to Child: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone #: \_\_\_\_\_

Relation to Child: \_\_\_\_\_

*A copy of your child's birth certificate and shot records are required at time of registration.*

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_