

ENROLLMENT APPLICATION – 2024-2025
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)

Child's Name _____ M _____ F _____ a.m. _____ p.m.

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

Child's Address _____

Home Phone _____

Attending Church at _____
(Name) (Location)

Mother/Stepmother/Guardian (circle one)

Name _____

Address (if different from above)

Cell Phone _____

Email Address _____

Occupation _____

Business Name & Phone

Father/Stepfather/Guardian (circle one)

Name _____

Address (if different from above)

Cell Phone _____

Email Address _____

Occupation _____

Business Name & Phone

Other siblings' names and ages: _____

I agree to the option of dividing the yearly tuition into monthly payments due by the 10th 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 - \$170.00

3/4 Class - \$155.00

Office Use Only:

Registration Fee Paid: _____

Date: _____

Time: _____

Birth Certificate: _____

Shot Record: _____

FAITH LUTHERAN CHURCH PRESCHOOL POLICY

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

- I. TUITION INFORMATION:
 - a. TUITION: Four and five year old class is \$1000.00/year or \$100.00/month. Three and four year old class is \$765/year or \$85.00/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 10th 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. Online payment also available.
 - c. LATE TUITION PAYMENTS: The following are procedures dealing with late tuition payments. If tuition is one month behind a note 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. 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 _____

(Continued on next page)

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 any medications your child is taking: _____

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: _____

Name: _____

Address: _____

Address: _____

Phone #: _____

Phone #: _____

Relation to Child: _____

Relation to Child: _____

Name: _____

Name: _____

Address: _____

Address: _____

Phone #: _____

Phone #: _____

Relation to Child: _____

Relation to Child: _____

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

Consent to Emergency Treatment:

I consent to medical treatment for my child in the event the preschool staff deems it appropriate and necessary to the well-being of my child. I understand that emergency services may be contacted prior to myself in an emergency situation.

Preferred Hospital _____

Parent Signature: _____ Date: _____