

# Abiding Savior Lutheran Preschool Enrollment Application for 2018 - 2019



Please attach your **non-refundable \$200 application/activity/supply fee**, payable to Abiding Savior Lutheran Preschool, to this completed application to secure enrollment.

## Child's Information:

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ M / F (circle)  
 Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Baptized: Yes \_\_\_ No \_\_\_ Place of Baptism: \_\_\_\_\_  
 If no, are you interested in information about baptism? Yes / No

## Parent / Guardian Information:

Mother or Guardian 1: \_\_\_\_\_ Occupation: \_\_\_\_\_  
 Place of Employment: \_\_\_\_\_ Church Affiliation: \_\_\_\_\_  
 Daytime Phone: \_\_\_\_\_ Evening Phone: \_\_\_\_\_  
 Email: \_\_\_\_\_

Father or Guardian 2: \_\_\_\_\_ Occupation: \_\_\_\_\_  
 Place of Employment: \_\_\_\_\_ Church Affiliation: \_\_\_\_\_  
 Daytime Phone: \_\_\_\_\_ Evening Phone: \_\_\_\_\_  
 Email: \_\_\_\_\_

## Please check your preferred program:

\_\_\_ Preschool Morning (8:30 – 12:00)  
 \_\_\_ Three Quarter Day (8:30 – 3:00)  
 \_\_\_ Full Day (8:30 – 6:00)

## Please check your preferred days:

\_\_\_ (2 days) Tuesday/Thursday  
 \_\_\_ (3 days) Monday/Wednesday/Friday  
 \_\_\_ (5 days) Monday – Friday

## Discounted Early Riser Monthly Rate (7:30 – 8:25 drop off)

\_\_\_ 2 days/week (\$16/month) \_\_\_ 3 days/week (\$24/month) \_\_\_ 5 days/week (\$40/month)

Hourly rate for Lunch Bunch, occasional Early Care and occasional Aftercare is \$6/hour or portion thereof.

Will your child be napping? Yes No

## Tuition for 2018 – 2019

2018-19	Morning	3/4 Day	Full Day
2 day	\$2,480.00	\$3,480.00	\$4,480.00
3 day	\$3,720.00	\$5,220.00	\$6,720.00
5 day	\$5,650.00	\$7,650.00	\$9,650.00

## Child's Personal Information

1. What is your child's concept of God?

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2. Has your child had a previous group or preschool experience? Yes No

Where? \_\_\_\_\_ When? \_\_\_\_\_

3. Is your child toilet trained? Yes No

4. Does your child have siblings? Yes No If yes, please list names and ages:

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5. Does your child have allergies? Yes No If yes, please list:

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6. Are there any medical problems of which we should be aware?

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7. Are there any special food or eating instructions?

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8. Each child is a unique creation. Is there anything that you feel will help us to know and better understand your child? Also, if at any time during the year there are changes in your child's life, please let us know that also. Thank you for your cooperation!

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Each year we are required to send a School Statistics Summary to the district office of the Lutheran Church Missouri Synod, which includes a section on enrollment by ethnic origin. Please circle your child's ethnic origin to help us accurately fill out our report. This information is for statistical purposes only and in no way influences our enrollment decisions. Thank you.

**American Indian or Alaska Native**

**Asian, Black or African American**

**Hispanic or Latino**

**White**

**Two or more races**

**Native Hawaiian**

**Other Pacific Islander**

**Other**

I understand that I am responsible for familiarizing myself with the policies and regulations as instituted by the State of Florida (DCF) and Abiding Savior Lutheran Preschool applicable to licensed Early Childhood Preschool and Child Care Programs, as incorporated in the Parent Handbook. I will cooperate fully in meeting these obligations to the best of my ability on behalf of my child. Further, I authorize the Abiding Savior Lutheran Preschool Director and/or staff to contact any or all persons listed above, if necessary, to fulfill their responsibilities while caring for my child.

Parent or Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_