



# Immanuel Lutheran Church and Preschool

720 West Main Puyallup, Washington 98371  
253.848.4548 ext. 22 or [Preschool@ilcpuyallup.org](mailto:Preschool@ilcpuyallup.org)

## PRESCHOOL REGISTRATION FORM

Class Choice

2 yr. old (W 9:30-11:30am)

3 yr. old (T-Th)

Kindergarten Readiness 4 day (M-Th)

AM 9:00-11:30

PM 12:30-3:00

### STUDENT INFORMATION

\_\_\_\_\_  
Child's Full Name

\_\_\_\_\_ M \_\_\_\_\_ F \_\_\_\_\_  
Name to be used in school

\_\_\_\_\_  
Birthdate (month, day, year)

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

\_\_\_\_\_  
Home Address

\_\_\_\_\_  
Emergency Phone

\_\_\_\_\_ City \_\_\_\_\_ ZIP

\_\_\_\_\_  
Primary E-mail Address

### FATHER'S INFORMATION

### MOTHER'S INFORMATION

\_\_\_\_\_  
Father's Name

\_\_\_\_\_  
Mother's Name

\_\_\_\_\_  
Father's Home Address

\_\_\_\_\_  
Mother's Home Address

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

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

\_\_\_\_\_  
Father's Occupation

\_\_\_\_\_  
Mother's Occupation

\_\_\_\_\_  
Employer Name/Work Phone

\_\_\_\_\_  
Employer Name/Work Phone

\_\_\_\_\_  
Father's E-Mail

\_\_\_\_\_  
Mother's E-Mail

\_\_\_\_\_  
Father's Birthdate

\_\_\_\_\_  
Mother's Birthdate

### Current Marital Status of Child's Parents:

\_\_\_\_\_ Married \_\_\_\_\_ Single \_\_\_\_\_ Divorced \_\_\_\_\_ Widowed \_\_\_\_\_ Separated \_\_\_\_\_ Living Together

**Other children in the family** (Names, ages, grade)

Home Church: \_\_\_\_\_

Is your child Baptized/Dedicated? Y \_\_\_\_\_ N \_\_\_\_\_

Does your child attend Sunday School? Y \_\_\_\_\_ N \_\_\_\_\_

Please Circle: **Right Hand** Oriented or **Left Hand** Oriented



# Immanuel Lutheran Preschool Pick-Up List

Your child will only be released to a parent or to those authorized in writing by their parents/guardians. For protection of your child, identification will be required as necessary.

Name /Relation	PHONE	Pick Up <input type="checkbox"/>	Emergency <input type="checkbox"/>
Name /Relation	PHONE	Pick Up <input type="checkbox"/>	Emergency <input type="checkbox"/>
Name /Relation	PHONE	Pick Up <input type="checkbox"/>	Emergency <input type="checkbox"/>
Name /Relation	PHONE	Pick Up <input type="checkbox"/>	Emergency <input type="checkbox"/>
Name /Relation	PHONE	Pick Up <input type="checkbox"/>	Emergency <input type="checkbox"/>
Name /Relation	PHONE	Pick Up <input type="checkbox"/>	Emergency <input type="checkbox"/>
Name /Relation	PHONE	Pick Up <input type="checkbox"/>	Emergency <input type="checkbox"/>

### OUT OF STATE CONTACT

Name/Relation	Phone
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### NANNY/DAY CARE INFORMATION

If you have a nanny/day care provider transporting your child to/from preschool on a regular basis, please include their name, and contact phone number below.

Name/Relation	PHONE	Pick Up <input type="checkbox"/>	Emergency <input type="checkbox"/>
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### ADDITIONAL INFORMATION

Custody Information (Please note name address, phone number and any special instructions if applicable.) If there is a current court order on file please provide all documents to the Preschool Director.

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Permission to pickup? YES \_\_\_\_\_ NO \_\_\_\_\_

Paperwork on file with Preschool Director YES \_\_\_\_\_ NO \_\_\_\_\_

Signed \_\_\_\_\_ Date \_\_\_\_\_



# Immanuel Lutheran Preschool Health Information

This information is for emergency purposes only.

Child's Name \_\_\_\_\_

Child's food, drug or other allergies (Please be specific ) \_\_\_\_\_

My Child has the following health needs that the school should be aware of: (Seizures, ADD, Asthma, Learning Disabilities, etc.) \_\_\_\_\_

My Child sees the following specialists: (Occupational Therapist, Speech Therapist, etc.) \_\_\_\_\_

IF MY CHILD BECOMES ILL OR HAS AN ACCIDENT AND I CANNOT BE REACHED, I \_\_\_\_\_  
GIVE MY PERMISSION FOR IMMANUEL LUTHERAN CHURCH AND PRESCHOOL TO SEEK EMERGENCY TYPE MEDICAL  
ATTENTION FOR MY CHILD, \_\_\_\_\_ . IF NECESSARY I AUTHORIZE  
EMERGENCY TREATMENT BY ANY LICENSED PHYSICAN OR HOSPITAL.

Preferred Hospital \_\_\_\_\_

Family Doctor \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

Health Insurance Carrier \_\_\_\_\_ Policy # \_\_\_\_\_

Is your child current with his/her immunizations? YES \_\_\_\_\_ NO \_\_\_\_\_

In the event that we are unable to reach you, in case of illness or emergency, please indicate your primary emergency contact choice other than a parent/guardian.

Name \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_

This is effective for the current school year. (September1-June 31) \_\_\_\_\_

School Year

(Parent or Guardian's Signature)

Date



## Immanuel Lutheran Preschool General Questions

1. By whom was our Preschool program recommended? \_\_\_\_\_  
\_\_\_\_\_
2. What do you feel will be the advantage of your child attending a Christian Preschool? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
3. Is your child able to be in a new or different situation without any undue show of fear? \_\_\_\_\_  
\_\_\_\_\_
4. Can your child take care of his/her toilet needs? \_\_\_\_\_
5. Has your child attended another preschool? YES \_\_\_\_\_ NO \_\_\_\_\_ WHERE \_\_\_\_\_
6. What do you expect your child to acquire through the preschool experience?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
7. Has there been a divorce, death, illness, or other event in the family which might affect your child?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
8. What else would you like your child's teacher to know about your child?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
9. What year will your child go to Kindergarten? \_\_\_\_\_ School Name \_\_\_\_\_
10. What school district do you reside in? \_\_\_\_\_ Puyallup \_\_\_\_\_ Sumner \_\_\_\_\_ Fife \_\_\_\_\_ Franklin Pierce \_\_\_\_\_ Tacoma  
\_\_\_\_\_ University Place \_\_\_\_\_ Other \_\_\_\_\_



# Immanuel Lutheran Preschool Permission Form

## PHOTO RELEASE STATEMENT

I authorize the use of media in the form of still photography, audio and video for activities involving my child during events and activities conducted by Immanuel Lutheran Church and Preschool. Such media shall be used via, but is not limited to, our church website (ilcpuyallup.org), Preschool Facebook Page, newsletters and mailings, brochures, church services and activities and bulletin boards.  YES  NO

I authorize the use of above media for classroom use and exchange only .

## PRAYER PARTNERS

I give permission for my child to be a part of Immanuel Lutheran Preschool Prayer Partners. This is a program designed for our church members to pray for your child and your family.  YES  NO

## PERMISSION TO PUBLISH PHONE & ADDRESS

I give my permission for my child's address, phone number and family email to be published on a class roster and distributed to preschool families ONLY.  YES  NO

Please respect the intention that class rosters are for Preschool use only (play dates, carpools, etc.). Our rosters are distributed to Preschool families only. If there are any changes to your information, please let the Preschool Director know as soon as possible.

## BOOK BUDDY BAG AGREEMENT

Book Buddy Bags (BBB) is a canvas bag chosen by your child on their snack helper days. This bag could include books, games and stuffed animals to be shared at home. BBB's need to be returned completely intact by class time on the MONDAY/TUESDAY following your child's snack helper day.  YES  NO

## SIGNATURE

\_\_\_\_\_  
Child's Name

\_\_\_\_\_  
Parent/Guardian (Signature)

\_\_\_\_\_  
Date

# Immanuel Lutheran Preschool Housekeeping

## FINANCIAL INFORMATION

**WITHDRAWAL PROCESS AND WITHDRAWAL FEE:** In order to withdraw, families must follow the ILC withdrawal process. If a student withdraws after August 15th, but prior to the start of school, a 10% withdrawal fee of the supply/activity fee will be charged before the refund is issued. If a student withdraws after the start of school, tuition is pro-rated on a daily basis.

**CLASSROOM PLACEMENT:** I/we understand that the school has full discretion in the class placement of my/our student and pledges to work closely with the parents, current classroom staff and future classroom staff in this placement.

**REGISTRATION & ENROLLMENT:** Your child will be enrolled in Immanuel Lutheran Preschool only after the preschool has received a completed registration form, a non-refundable registration fee of \$60.00, Supply/Activity Fee of \$90.00 (3 day program) or \$125.00 (4 day program) and a current **immunization form**. Automatic tuition payments are mandatory unless other arrangements have been made with the Preschool Director.

**MULTIPLE CHILDREN DISCOUNTS:** If you have two or more children enrolled in Immanuel Lutheran Preschool, it is our policy to charge only ONE non-refundable registration fee of \$60.00 per family. The second student enrolled in preschool will also receive a 5% reduction in tuition each month.

**PREPAYMENT OF TUITION:** If you prepay tuition for the entire year, prior to the start of school in September you will receive a 5% discount.

**SCHOLARSHIPS:** Scholarships are available on request. All scholarship paperwork must be submitted to the Preschool Director and will be brought to the preschool board on regularly scheduled meeting days. Scholarships are awarded at the Preschool Boards discretion.

Signature and Date

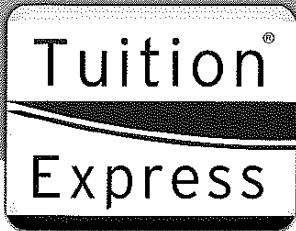
## OFFICE USE ONLY

RETURNING STUDENT	YES	NO	DATE RECEIVED: _____
PERMISSION TO PUBLISH	YES	NO	TUITION EXPRESS _____
BOOK BUDY BAG	YES	NO	CHECK/CASH: _____
T-SHIRT	YES	NO	NON-REFUNDABLE REGISTRATION FEE: _____
BIBLE OR BOOK	BIBLE	BOOK	SUPPLY/ACTIVITY FEE: _____
<input type="checkbox"/> YEAR ONE			FULL YEAR TUITION PAYMENT: _____
<input type="checkbox"/> YEAR TWO			MULTIPLE CHILDREN DISCOUNT: _____
<input type="checkbox"/> YEAR THREE			SCHOLARSHIP APPLICATION: _____
CINCH PACK	YES	NO	SCHOLARSHIP APPROVAL: _____ YES _____ NO
IMMUNIZATIONS ON FILE	YES	NO	
RETURNING FAMILY 2 AUTO PAYMENTS FOR REGISTRATION & SUPPLY/ACTIVITY FEE:	YES	NO	

### CLASSROOM PLACEMENT:

PRESCHOOL 3 YR OLD	AM	PM
KINDERGARTEN READINESS 3 DAY	AM	PM
KINDERGARTEN REDINESS 4 DAY	AM	PM

NOTES: \_\_\_\_\_



Automated Payment Processing
Safe - Convenient - Easy

We are excited to offer the safety, convenience and ease of Tuition Express - an automatic payment processing system that allows on-time tuition and fee payments to be made from your bank account.

ELECTRONIC FUNDS TRANSFER AUTHORIZATION FOR BANK ACCOUNT AUTHORIZATION

I (we) hereby authorize (business name) to initiate debit entries to my (our) Checking or Savings Account indicated below. To properly affect the cancellation of this agreement, I (we) are required to give 10 days written notice.

Credit Union Members: Please contact your Credit Union to verify account and routing numbers for automatic payments.

Your Name Phone #

Address City State Zip

Bank or Credit Union Name

Bank or Credit Union Address City State Zip

Checking Savings

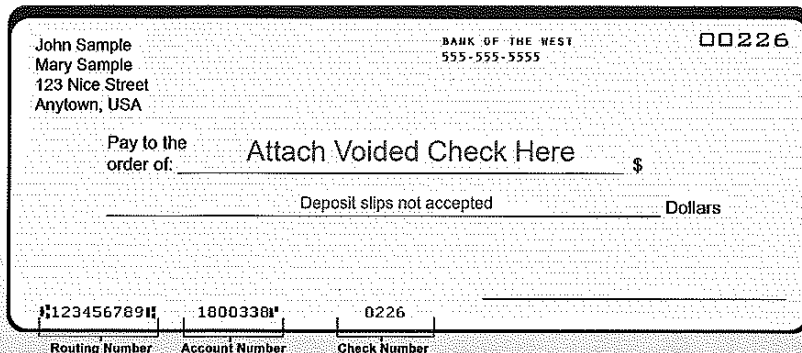
Routing Transit Number (see sample below) Account Number (see sample below)

Signature Date

Check if you wish to make online payments

For Official Use Only

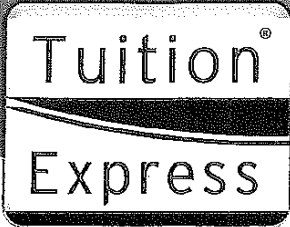
Date Received
Employee Signature



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*Automated Payment Processing  
Safe – Convenient – Easy*

We are excited to offer the safety, convenience and ease of Tuition Express® – an automatic payment processing system that allows on-time tuition and fee payments to be made with your credit card.

**ELECTRONIC FUNDS TRANSFER AUTHORIZATION FOR CREDIT CARD AUTHORIZATION**

I (we) hereby authorize \_\_\_\_\_ (business name) to initiate recurring credit card charges to the below referenced credit card account. To properly affect the cancellation of this agreement, I (we) are required to give 10 days written notice.

**PLEASE CONTACT CENTER REPRESENTATIVES FOR CREDIT CARD TYPES ACCEPTED BY CENTER.**

Cardholder Name \_\_\_\_\_ Phone # \_\_\_\_\_

Cardholder Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Account Number \_\_\_\_\_ Expiration Date \_\_\_\_\_

Cardholder Signature \_\_\_\_\_ Date \_\_\_\_\_

Check if you wish to make online payments

<b>For Official Use Only</b>
Date Received
Employee Signature

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