



720 West Main Puyallup, Washington 98371  
 253.848.4548 ext. 22 or  
 Preschool@ilcpuyallup.org

- 2 yr. old (W)
- 3 yr. old (T-W-TH)
- Kindergarten Readiness 4 day (M-Th)
- AM 9:00-11:30
- PM 12:15-2:45

## PRESCHOOL REGISTRATION FORM

### STUDENT INFORMATION

_____	_____ M _____ F _____
Child's Full Name	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



## ILC 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. Please print clearly and include area code for phone numbers.

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"/>
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

In case of local cell phone outage or emergency

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. They will be our first point of contact unless otherwise stated.

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



## ILC 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? Is there a custody agreement on file that we need to be aware of?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
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 \_\_\_\_\_



## ILC 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 .

### PERMISSION TO PUBLISH PHONE & ADDRESS

I give my permission for our families address, phone number and /or email to be shared with other families on a current class roster for the sole purpose of playdates, carpools, birthday parties, etc. Distribution is limited to currently enrolled 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. If items are not returned we reserve the right to ask for replacement items at the preschool families expense.  YES  NO

### SIGNATURE

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

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

\_\_\_\_\_  
Date



# ILC 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 ILC Preschool only after the preschool has received a completed registration form, a non-refundable registration fee of \$75.00, Supply/Activity Fee of \$100.00 (3 day program) or \$150.00 (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 ILC Preschool, it is our policy to charge only ONE non-refundable registration fee of \$75.00 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 submitted to the preschool board on regularly scheduled meeting days. Scholarships are awarded at the Preschool Boards discretion.

Signature and Date

## OFFICE USE ONLY

RETURNING FAMILIY            YES    NO

PERMISSION TO PUBLISH    YES    NO

BOOK BUDY BAG            YES    NO

BIBLE OR BOOK            BIBLE    BOOK

YEAR ONE

YEAR TWO

YEAR THREE

IMMUNIZATIONS ON FILE    YES    NO

RETURNING FAMILY 2 AUTO    YES    NO  
PAYMENTS FOR REGISTRATION  
& SUPPLY/ACTIVITY FEE:

DATE RECEIVED: \_\_\_\_\_

TUITION EXPRESS \_\_\_\_\_

CHECK/CASH: \_\_\_\_\_

NON-REFUNDABLE REGISRATION FEE: \_\_\_\_\_

SUPPLY/ACTIVITY FEE: \_\_\_\_\_

FULL YEAR TUITION PAYMENT: \_\_\_\_\_

MULTIPLE CHILDREN DISCOUNT: \_\_\_\_\_

SCHOLARSHIP APPLICATION: \_\_\_\_\_

SCHOLARSHIP APPROVAL:    \_\_\_\_\_ YES    \_\_\_\_\_ NO

### CLASSROOM PLACEMENT:

<b>2'S CLASS (WEDNESDAY)</b>	<b>AM</b>	
PRESCHOOL 3 DAY CLASS	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®—a payment processing system that allows secure, on-time tuition and fee payments to be made from either your bank account or credit card.

## ELECTRONIC FUNDS TRANSFER AUTHORIZATION FOR **BANK ACCOUNT** and **CREDIT CARD**

I (we) hereby authorize (business name) \_\_\_\_\_ to initiate credit card charges to the below-referenced credit card account (**Section A**) OR, initiate debit entries to my (our) checking or savings account, indicated below (**Section B**). 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. Check with the center for accepted credit card types.

### COMPLETE ONE SECTION ONLY

#### SECTION A (Credit Card)

Cardholder Name	Phone #
Cardholder Address	City State Zip
Account Number	Expiration Date
Cardholder Signature	Date

#### SECTION B (Bank Account)

Your Name	Phone #
Address	City State Zip
Bank or Credit Union Name	Bank or Credit Union Address City State Zip
Routing Transit Number (see sample below)	Account Number (see sample below) <input type="checkbox"/> Checking <input type="checkbox"/> Savings
Authorized Signature	Date

#### For Official Use Only

Date Received
Employee Signature



A service of

