



Immanuel Lutheran Church and Preschool

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 12:30-3:00

PRESCHOOL REGISTRATION FORM

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.

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

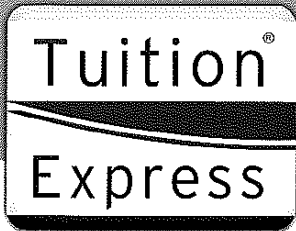
OFFICE USE ONLY

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 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 - 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

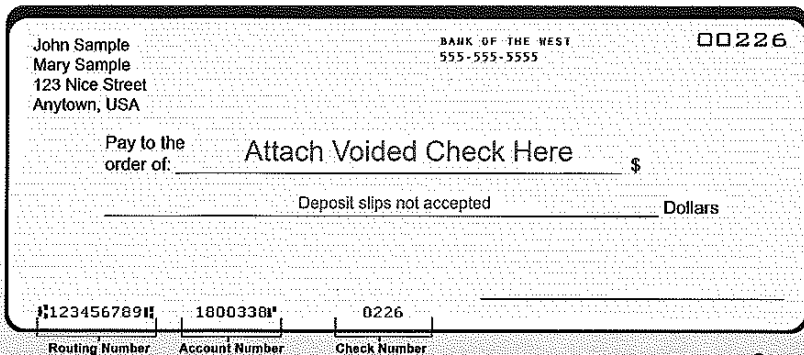
Routing Transit Number (see sample below) Account Number (see sample below)

Signature Date

Check if you wish to make online payments

For Official Use Only

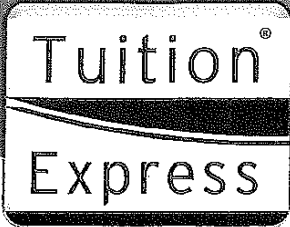
Date Received
Employee Signature



A service of



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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

For Official Use Only
Date Received
Employee Signature

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