

Prince of Peace Lutheran Preschool  
2300 E.15<sup>th</sup> Street Casper, Wyoming 82609  
(307) 265-7016

**Registration Form 2023/2024**

*(Please Print)*

**Child's Name:** \_\_\_\_\_ [ ] Male [ ] Female

**Nickname:** \_\_\_\_\_ **Class:** [ ] T/Th [ ] MWF [ ] AM Pre-K [ ] PM Pre-K

**Date of Birth:** \_\_\_\_\_ Pre-Registration Fee: **\$ 50.00 Yes/No**

**Mother's Name:** \_\_\_\_\_

Home Address: \_\_\_\_\_ Zip Code: \_\_\_\_\_

E-mail Address: \_\_\_\_\_ Primary Phone: \_\_\_\_\_

Place of Work: \_\_\_\_\_ Work Phone: \_\_\_\_\_

**Father's Name:** \_\_\_\_\_

Home Address: \_\_\_\_\_ Zip Code: \_\_\_\_\_

E-mail Address: \_\_\_\_\_ Primary Phone: \_\_\_\_\_

Place of Work: \_\_\_\_\_ Work Phone: \_\_\_\_\_

**Child resides with:** \_\_\_\_\_

Other Children in Family: Name: \_\_\_\_\_ Age: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_

**Persons Authorized to Pick child up from preschool:** \_\_\_\_\_ Mother \_\_\_\_\_ Father  
\_\_\_\_\_ Other (Please print below)

Name Address Phone

Name Address Phone

Name Address Phone

*Only written permission will permit us to release your child to any other person.*

**In Case of Emergency Contact (When parents can't be reached):**

Name \_\_\_\_\_ Phone: \_\_\_\_\_

Name \_\_\_\_\_ Phone: \_\_\_\_\_

Child's Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

Child's Dentist: \_\_\_\_\_ Phone: \_\_\_\_\_

Does your child have any food allergies? (Circle one) **YES No**

**If yes, please explain:** \_\_\_\_\_

**An immunization form must be completed within 30 days of enrollment by your child's physician showing proof of current immunizations**

Child's fears: \_\_\_\_\_

Child's dislikes: \_\_\_\_\_

Family's Religious Affiliation: \_\_\_\_\_

Other Pertinent Information: \_\_\_\_\_

**Child's Name:** \_\_\_\_\_

**Please read the following carefully:**

I hereby grant permission for my child to take part in the devotions and Bible stories which are part of the program at Prince of Peace Lutheran Preschool.

Signature of Parent:

\_\_\_\_\_  
Date: \_\_\_\_\_

***Authorization for Emergency Medical Care***

If a sudden illness or other serious medical emergency should occur and I cannot be reached, I hereby grant permission for the Director or other staff persons to take whatever steps necessary to obtain emergency care if warranted.

These steps may include, but are not limited to the following:

1. Attempt to contact parent or guardian
2. Attempt to contact the child's physician
3. Attempt to contact parent through persons listed on the emergency information provided to staff.
4. If we cannot contact you or your child's physician, we will do any of the following:
  - a. Call another physician,
  - b. Call an ambulance,
  - c. Have the child taken to the emergency room of the nearest hospital accompanied by a staff person
5. Any expense incurred under 4 above will be borne by the child's family

Signature of Parent:

\_\_\_\_\_  
Date: \_\_\_\_\_

***Authorization for Transport***

If hereby authorize **Prince of Peace Lutheran Preschool** to transport my child as needed.

Signature of Parent:

\_\_\_\_\_  
Date: \_\_\_\_\_

***Authorization for Upstairs***

**Prince of Peace Lutheran Preschool** will be using the upstairs rooms every day for chapel, snack time, bring your own lunch day, and occasional gross motor activities. I am aware of this preschool routine and give permission for my child to go upstairs during these activities.

Signature of Parent:

\_\_\_\_\_  
Date: \_\_\_\_\_

***Authorization for Social Media***

**Prince of Peace Lutheran Preschool** has a Facebook page. We will post announcements and show activities that the children are involved in during the year. We will not use the preschooler's name and will not use pictures of children that the parents do not want on Facebook.

(Circle One)

We **DO** want to be on Facebook

We **DO NOT** want to be on Facebook

Signature of Parent:

\_\_\_\_\_  
Date: \_\_\_\_\_

***Authorization for Use of Child's Photo***

As you know, we use your child's pictures and names (first name only) on their cubbies, sign-in cards, bulletin boards, coat hooks, and in different places in the classrooms. We also occasionally use children's pictures on the screen in our church sanctuary when doing a preschool program. It is required by DFS that we have your permission to do this. I hereby grant permission for Prince of Peace Preschool to use my child's photos for these times.

Signature of Parent:

\_\_\_\_\_  
Date: \_\_\_\_\_

If the newspaper or TV comes to school, we will always get your permission before allowing them to take your child's pictures.

**Tuition:**

**T/Th \$125.00 monthly** (ages 2-3 year olds)

**M.W.F. \$145.00 monthly** (ages 3- young 4 year olds)

**Pre-K \$165.00 month** (ages older 4-5 olds, starting Kindergarten in 2023)

**Prince of Peace Lutheran Preschool Contract for 2020/2021 School Year**

I, \_\_\_\_\_  
Agree to pay the monthly tuition to Prince Of Peace Lutheran Preschool by the 1<sup>st</sup> day of the month, September through May. (Not all months will have 4 weeks, some have 5 and some have 3, the monthly tuition remains the same for all months).

Unless different arrangements have been made with the director, those paying tuition after the 10<sup>th</sup> of each month will be charged an additional \$15.00 service charge for the late payment.

NSF checks will be made up with cash and a \$10.00 bank charge. After two (2) NSF checks, cash will be expected for the rest of the year's tuition.

We understand that sometimes a child cannot finish the school year, if this happens, you need to give the preschool 2 weeks notice.

I understand that a non-refundable deposit of \$50 must accompany these 3 pages to reserve my child's spot for the school year.

Child's name is: \_\_\_\_\_ Child's Class: \_\_\_\_\_  
Tuition Cost \$ \_\_\_\_\_ School Year: \_\_\_\_\_  
Person responsible for Tuition: \_\_\_\_\_

Signature of Parent: \_\_\_\_\_ Date: \_\_\_\_\_