



Dear Parents,

Thank you for considering Peace Lutheran Preschool. Peace Lutheran Preschool is a ministry of Peace Lutheran Church and is designed as an enrichment program for preschool children ages 33 months to 6 years old. Our preschool curriculum is based on developmentally appropriate practices with a focus on social development and Christian teachings.

Before registering, please note the following information:

1. Our program runs September through the middle of May.
2. Special events & field trips are planned throughout the year. An additional fee may be required for these events. (Scholarships are available.)
3. Special events & field trips are planned for different times. We have activities planned during daytime hours, as well as evenings and weekends. The daily preschool schedule may be altered for such events.
4. Parents may be requested to participate in an event. If a parent cannot attend the event, a grandparent and/ or other adult are invited and encouraged to participate. If a parent or other adult cannot participate in an event or field trip; the preschool staff will arrange a “chaperone” for the preschool child for the scheduled event.
5. Tuition fees are charged on a “yearly” basis. Our school schedule is adjusted for holidays, staff training days, field trips and special events. These days have been taken into consideration in the overall tuition rates and do not affect any changes in particular tuition for that month.

Thank you again for considering Peace Lutheran Church Preschool. If you have any questions, please contact the Director at 763-754-2383.



**Spiritual Information:**

Is your child a member of a church?  Yes  No if yes/ Where? \_\_\_\_\_

Is your child baptized?  yes  no if yes/ Date \_\_\_\_\_

Check which times best describes when your child prays:  Daily  Occasionally

Mealtimes  Bedtimes  Other When? \_\_\_\_\_

Does your child attend Sunday School?  Yes  No Church?  Yes  No

If yes where? \_\_\_\_\_

How can our school help you in the spiritual growth of your child? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Social Development:**

Has your child had previous group experience? If so where? \_\_\_\_\_

\_\_\_\_\_

Does your child have playmates  yes  no if yes how many? \_\_\_\_\_

How does your child get along with other children? \_\_\_\_\_

Is he/she usually shy?  Aggressive?  Friendly?  Cautious?  Outgoing?

Other comments: \_\_\_\_\_

What are your child's favorite toys/activity? \_\_\_\_\_

Does your child have any fears? \_\_\_\_\_

What do you expect for your child from preschool? \_\_\_\_\_

\_\_\_\_\_

What behavior do you consider the most difficult to deal with? \_\_\_\_\_

\_\_\_\_\_

Types of home discipline \_\_\_\_\_

Areas in which you would like the preschool to help your child develop: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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*Child's name, address and phone number will be printed on a class list and shared with classmates' parents for purposes of facilitating carpooling, emergency transportation, childcare, and social contacts. It will not be published outside of the school.*

Yes you can add my child's name to the class list

No please do not include my child's name on the class list

**How did you hear about Peace Lutheran Church Preschool?**

**Referred by:**  Church member  Past/Current Family  Friend

Other if other/ Where? \_\_\_\_\_

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

The registration fee of \$50 for 1<sup>st</sup> child/\$25 for 2<sup>nd</sup> child/ \$75 family maximum (\$10% discount for members of Peace Lutheran Church) is required to complete this application.

Please make checks payable to : **Peace Lutheran Church Preschool**

# EMERGENCY AUTHORIZATION FORM

Child's Name: \_\_\_\_\_ Birth date \_\_\_\_\_

Parents/Guardian \_\_\_\_\_

### Phone Numbers:

Home: \_\_\_\_\_ Mom's Cell: \_\_\_\_\_ Dad's Cell: \_\_\_\_\_

Father's Work: \_\_\_\_\_ Mother's Work: \_\_\_\_\_

Daycare provider: Name \_\_\_\_\_ Phone \_\_\_\_\_

### Medical:

Child's Doctor: \_\_\_\_\_ Phone: \_\_\_\_\_

Address(Clinic) \_\_\_\_\_

Street

City

Zip

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

Address(Clinic) \_\_\_\_\_

Street

City

Zip

Any Allergies or special medical problems? \_\_\_\_\_

Are there any restrictions of activities? \_\_\_\_ Yes \_\_\_\_ No if yes, please explain \_\_\_\_\_

### Authorization to pick up child from school.

Children will be released only to those individuals authorized by parents or legal guardian. Any changes of who will be picking up a child should be promptly reported to the school's office or the child's teacher. Photo identification will be required by anyone who does not regularly pick up the child.

(please give phone numbers for ALL names listed)

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

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

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

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

Anyone specifically not allowed to pick up your child? \_\_\_\_\_

Please list at least two(2) people who could be called in case of emergency illness and may pick up your child from the center if parents cannot be reached.

1. Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Relationship: \_\_\_\_\_

2. Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Relationship: \_\_\_\_\_

We give Peace Lutheran Preschool permission to act in an emergency situation if we cannot be reached or are delayed in arriving. The child will be transported to Mercy Hospital Center for emergency treatment.

\_\_\_\_\_  
Mother's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Father's Signature

\_\_\_\_\_  
Date

# Parent Agreement

## Peace Lutheran Church Preschool

1. This is to acknowledge that I have received a copy of Peace Lutheran Church Preschool's Parent Handbook for the 2010/2011 school year. I also understand that it is my responsibility to read, understand and become familiar with, and comply with the standards that have been established.
2. I am responsible for and agree to pay a registration fee for each child and understand that this registration fee is non refundable.
3. I understand that tuition payments are due by the 15<sup>th</sup> of the upcoming month. I also understand that if my monthly tuition payment is not in by the 20<sup>th</sup> of the prior month, a \$25.00 late fee will be charged. If the tuition is not paid by the last day of the prior month , enrollment will be terminated.
4. I understand that the school will be closed throughout the year for holidays and staff development days. I also understand that the preschool daily schedule may be adjusted for special events and field trips. This has been taken into consideration in the overall tuition rates and do not affect any changes in tuition for that particular month.
5. I understand that one (1) month written notice is required for withdrawal for any reason or I will be charged as scheduled.
6. I hereby grant permission for my child to use all the school equipment (including the play ground) and participate in all activities of this preschool.
7. I give my permission for my child's picture to be taken by the preschool staff to be shared with the class and parents.
8. I understand that parental permission will be obtained in writing, before any occasion of research, assessment or public relations activity involving children at this preschool.
9. I give permission to Peace Lutheran Church Preschool to obtain emergency medical treatment for my child should it become necessary when I cannot be reached. In case of an emergency, I understand that my child will be transported to Mercy Hospital.

**My signature indicates that I have read and understand the above conditions, and that I agree to comply with these terms.**

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

Child(ren)'s name \_\_\_\_\_