



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.



Peace Lutheran Church
Preschool

www.peacecoonrapids.org/preschool.htm

20 Northdale Blvd
Coon Rapids, MN 55448
763-754-2383
preschool@peacecoonrapids.org

2009/2010 REGISTRATION FORM

- *Children registering for the 3 year old classes **must** be 3 on or before September 1, 2009
- *Children registering for the 3 year old **Friday** class **must** be 3 on or before December 1, 2009.
- *Children registering for Pre-Kindergarten classes **must** be 4 on or before September 1, 2009.

Registration Date: _____

Check Session Desired:

Pre-Kindergarten Classes

3 day: M/W/F _____
2 day T/TH AM _____

3 year old Classes

1 day: Fridays _____
2 day: M/W _____
2 day T/TH _____

For office use only.	
Registration Fee Paid \$ _____	Check # _____
Cash \$ _____	
Received by: _____	
The registration fee must be included to make this application complete. \$50 1 st child/\$25 for 2 nd child/ \$75 family maximum.	

Child's Name _____
Last
First
Middle
 How would you like your child's name to be shown in the classroom? _____

Address _____ Phone (____) _____
Street
City
Zip

Date of Birth _____ Gender : Male _____ Female _____
Month
Day
Year
 Home E-Mail _____

Parents Information

Father's Name _____	Mother's Name _____
Home Phone (____) _____	Home Phone (____) _____
Cell Phone (____) _____	Cell Phone (____) _____
Address _____	Address _____
Occupation _____	Occupation _____
Business Phone (____) _____	Business Phone (____) _____
Work Hours _____ to _____	Work Hours _____ to _____
Who is the child's legal guardian: _____	

General Information

Who will be bringing your child to school? _____
 Day Care Provider _____ Phone _____
 What is the best way to reach parents when a child is at preschool? _____
 Child lives with: Both Parents _____ Father _____ Mother _____ Other _____
 List names and ages of other children living at home: _____
 Other adults living at home _____
 Allergies (including medicines) _____
 Do you consider your child _____ Right handed _____ Left handed _____ Unsure
 Has your child gone through the school district Preschool Screening? _____ Yes _____ Not yet
 _____ I would like information regarding early childhood screening through AH District 11?

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: _____

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? _____

Parent Signature: _____ Date _____

The registration fee of \$50 for 1st child/\$25 for 2nd 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 2009/2010 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 15th of the upcoming month. I also understand that if my monthly tuition payment is not in by the 20th 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 _____