

# Prince of Peace Lutheran Preschool

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

## Application Form (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: \_\_\_\_\_

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

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

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

Name Address Phone

Name Address Phone

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

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: \_\_\_\_\_

Families Religious Affiliation: \_\_\_\_\_

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

**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.

I hereby grant permission for the Director or other staff persons to take whatever steps may be 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 Emergency Medical Care***

If a sudden illness or other serious medical emergency should occur and I cannot be reached, I hereby authorize the person in charge to call my child's physician or dentist or to take my child to the nearest emergency medical facility.

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

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

***Authorization for Transport***

If hereby authorize **PRINCE OF PEACE LUTHERAN PRESCHOOL** to transport my child as needed.

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

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

***Authorization for Upstairs***

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

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

**Parent Signature:** \_\_\_\_\_ **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

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

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

**Tuition:**

**T/Th \$115.00 monthly**

**M.W.F. \$135.00 monthly**

**Pre-K \$155.00 month**

**PRINCE OF PEACE LUTHERAN PRESCHOOL CONTRACT:**

***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.

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.

My Child's name is: \_\_\_\_\_

Class my child is in: \_\_\_\_\_ School Year: \_\_\_\_\_

Tuition Cost \$ \_\_\_\_\_

Person responsible for Tuition: \_\_\_\_\_

Address: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Special Instructions: \_\_\_\_\_

I will give the preschool two (2) week's notice if choosing to leave.

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