

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

Registration Form 2020/2021
(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 \$115.00 monthly (ages 2-3 year olds)

M.W.F. \$135.00 monthly (ages 3- young 4 year olds)

Pre-K \$155.00 month (ages older 4-5 olds, starting Kindergarten in 2021)

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 1st 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 10th 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: _____