



720 West Main Puyallup, Washington 98371
 253.848.4548 ext. 1
 Preschool@ilcpuyallup.org

- 2 yr. old (W)
- 3 yr. old (T-W-TH)
- Kindergarten Readiness 4 day (M-Th)
- AM 9:00-11:30
- PM 12:15-2:45

PRESCHOOL REGISTRATION FORM

STUDENT INFORMATION

_____	_____ M _____ F _____
Child's Full Name	Name to be used in school
_____	_____
Birthdate (month, day, year)	Home Phone
_____	_____
Home Address	Emergency Phone
_____	_____
City _____ ZIP _____	Primary E-mail Address _____

FATHER'S INFORMATION

MOTHER'S INFORMATION

_____	_____
Father's Name	Mother's Name
_____	_____
Father's Home Address	Mother's Home Address
_____	_____
Cell Phone _____ Cell Phone Carrier _____	Cell Phone _____ Cell Phone Carrier _____
_____	_____
Father's Occupation	Mother's Occupation
_____	_____
Employer Name/Work Phone	Employer Name/Work Phone
_____	_____
Father's E-Mail	Mother's E-Mail
_____	_____
Father's Birthdate	Mother's Birthdate

Current Marital Status of Child's Parents:

_____ Married _____ Single _____ Divorced _____ Widowed _____ Separated _____ Living Together

Other children in the family (Names, ages, grade)

Home Church: _____

Which hand does your child favor:

RIGHT LEFT



ILC Preschool Pick-Up List

Your child will only be released to a parent or to those authorized in writing by their parents/guardians. protection of your child, identification will be required as necessary.

Please print clearly and include area code for phone numbers.

Name /Relation	PHONE	Pick Up <input type="checkbox"/>	Emergency <input type="checkbox"/>
Name /Relation	PHONE	Pick Up <input type="checkbox"/>	Emergency <input type="checkbox"/>
Name /Relation	PHONE	Pick Up <input type="checkbox"/>	Emergency <input type="checkbox"/>
Name /Relation	PHONE	Pick Up <input type="checkbox"/>	Emergency <input type="checkbox"/>
Name /Relation	PHONE	Pick Up <input type="checkbox"/>	Emergency <input type="checkbox"/>
Name /Relation	PHONE	Pick Up <input type="checkbox"/>	Emergency <input type="checkbox"/>
Name /Relation	PHONE	Pick Up <input type="checkbox"/>	Emergency <input type="checkbox"/>
Name /Relation	PHONE	Pick Up <input type="checkbox"/>	Emergency <input type="checkbox"/>
Name /Relation	PHONE	Pick Up <input type="checkbox"/>	Emergency <input type="checkbox"/>
Name /Relation	PHONE	Pick Up <input type="checkbox"/>	Emergency <input type="checkbox"/>
Name /Relation	PHONE	Pick Up <input type="checkbox"/>	Emergency <input type="checkbox"/>

OUT OF STATE CONTACT

In case of local cell phone outage or emergency

Name/Relation	PHONE
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NANNY/DAY CARE INFORMATION

If you have a nanny/day care provider transporting your child to/from preschool on a regular basis, please include their name, and contact phone number below. They will be our first point of contact unless otherwise stated.

Name/Relation	PHONE	Pick Up <input type="checkbox"/>	Emergency <input type="checkbox"/>
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ILC Preschool Health Information

This information is for emergency purposes only.

Child's Name _____

Child's food, drug or other allergies (Please be specific) _____

My Child has the following health needs that the school should be aware of: (Seizures, ADD, Asthma, Learning Disabilities, etc...) _____

My Child sees the following specialists: (Occupational Therapist, Speech Therapist, etc.) _____

IF MY CHILD BECOMES ILL OR HAS AN ACCIDENT AND I CANNOT BE REACHED, I _____
GIVE MY PERMISSION FOR IMMANUEL LUTHERAN CHURCH AND PRESCHOOL TO SEEK EMERGENCY TYPE MEDICAL
ATTENTION FOR MY CHILD, _____ . IF NECESSARY I AUTHORIZE
EMERGENCY TREATMENT BY ANY LICENSED PHYSICIAN OR HOSPITAL.

Preferred Hospital _____

Family Doctor _____ Phone _____

Address _____

Health Insurance Carrier _____ Policy # _____

Is your child current with his/her immunizations? YES _____ NO _____

In the event that we are unable to reach you, in case of illness or emergency, please indicate your primary emergency contact choice other than a parent/guardian.

Name

Address

Phone

This is effective for the current school year. (September 1-June 31) _____

School Year

(Parent or Guardian's Signature)

Date



ILC Preschool General Questions

1. By whom was our Preschool program recommended? _____

2. What do you feel will be the advantage of your child attending Preschool? _____

3. Is your child able to be in a new or different situation without any undue show of fear? _____

4. Can your child take care of his/her toilet needs? _____
5. Has your child attended another preschool? YES _____ NO _____ WHERE _____
6. What do you expect your child to acquire through the preschool experience?

7. Has there been a divorce, death, illness, or other event in the family which might affect your child? Is there a custody agreement on file that we need to be aware of?

8. What else would you like your child's teacher to know about your child?

9. What year will your child go to Kindergarten? _____ School Name _____
10. What school district do you reside in? _____ Puyallup _____ Sumner _____ Fife _____ Franklin Pierce _____ Tacoma
_____ University Place _____ Other _____



ILC Preschool Housekeeping

PHOTO RELEASE STATEMENT

I authorize the use of media in the form of still photography, audio and video for activities involving my child during events and activities conducted by Immanuel Lutheran Church and Preschool. Such media shall be used via, but is not limited to, our church website (ilcuyallup.org), Preschool Facebook Page, newsletters and mailings, brochures, church services and activities and bulletin boards. YES NO

I authorize the use of above media for classroom use and exchange only .

FINACIAL INFORMATION

WITHDRAWL PROCESS AND WITHDRAWAL FEE: In order to withdraw, families must contact the Preschool Director by phone, email or text and stating their intentions to withdraw. If a student withdraws after August 1st, but prior to the start of school, a \$75.00 withdrawal fee will be charged or subtracted from the refund of any supply/activity fee already collected. If a student withdraws after the start of school, tuition will be pro-rated on a daily basis.

CLASSROOM PLACEMENT: I/we understand that the school has full discretion in the class placement of my/our student and pledges to work closely with current classroom staff and future classroom staff in this placement.

REGISTRATION & ENROLLMENT: Your child will be enrolled in ILC Preschool only after the preschool has received a completed registration form, a non-refundable registration fee of \$100.00, Supply/Activity Fee of \$150.00 and a current **immunization form**. Automatic tuition payments are mandatory unless other arrangements have been made with the Preschool Director.

MULTIPLE CHILDREN DISCOUNTS: If you have two or more children enrolled in ILC Preschool, it is our policy to charge only ONE non-refundable registration fee of \$100.00 per family. The second /lower tuition student enrolled in preschool will also receive a 5% reduction in tuition each month.

PREPAYMENT OF TUITION: Prepayment for the year must be paid prior to the start of school in September. Your prepayment discount will be 5%. If you have multiple children your 5% will be taken for both students after the multiple children discount has been applied. Registration and supply/activities fees are not discounted.

SCHOLARSHIPS: Scholarships are available on request. All scholarship paperwork must be submitted to the Preschool Director and will be submitted to the preschool board on regularly scheduled meeting days. Scholarships are awarded at the Preschool Boards discretion.

SIGNATURE

Child's Name

Parent/Guardian (Signature)

Date



Automated Payment Processing Safe – Convenient – Easy



ELECTRONIC FUNDS TRANSFER AUTHORIZATION FOR **BANK ACCOUNT** and **CREDIT CARD**

I (we) hereby authorize (business name) _____ to initiate credit card charges to the below-referenced credit card account (**Section A**) OR, initiate debit entries to my (our) checking or savings account, indicated below (**Section B**). To properly affect the cancellation of this agreement, I (we) are required to give 10 days written notice. Credit union members: please contact your credit union to verify account and routing numbers for automatic payments. Check with the center for accepted credit card types.

COMPLETE ONE SECTION ONLY

SECTION A (Credit Card)

Cardholder Name	Phone #
Cardholder Address	City State Zip
Account Number	Expiration Date
Cardholder Signature	Date

SECTION B (Bank Account)

Your Name	Phone #			
Address	City State Zip			
Bank or Credit Union Name	Bank or Credit Union Address	City	State	Zip
Routing Transit Number (see sample below)	Account Number (see sample below)	<input type="checkbox"/> Checking	<input type="checkbox"/> Savings	
Authorized Signature	Date			

For Official Use Only

Date Received
Employee Signature

