

2022-2023 Preschool Registration

Registration is now open!

* Required

Student Information

1. Student First Name *

2. Student Preferred Name *

Please enter the student's preferred name or nickname i.e. Katie rather than Katherine.

3. Student Middle Name *

4. Student Last Name *

5. Student Street Address 1 *

6. Student Street Address 2

7. City *

Mark only one oval.

Columbia City

Fort Wayne

Churubusco

South Whitley

8. Zip Code *

9. Student Date of Birth *

Example: January 7, 2019

10. Student Gender *

Mark only one oval.

Female

Male

11. Student lives with: *

Mark only one oval.

Mother

Father

Both

Neither

12. Student's Church Affiliation *

13. Tell me anything else I should know about your child.

Parent 1
Information

Please enter the information of the parent who should be contacted first i.e. a parent that is more available during the day or the parent with whom the child lives.

14. Mother or Father? *

Mark only one oval.

Mother

Father

15. Parent 1 First Name *

16. Parent 1 Last Name *

17. Parent 1 Occupation *

18. Parent 1 Phone Number *

19. Parent 1 Email Address *

Parent 2 Information

20. Mother or Father? *

Mark only one oval.

Mother

Father

21. Parent 2 First Name

22. Parent 2 Last Name *

23. Parent 2 Occupation *

24. Parent 2 Phone Number *

25. Parent 2 Email Address *

Childcare Information

26. Name of Primary Child Care Provider *

27. Child Care Provider Phone Number *

28. Child Care Provider Email Address *

Child Pickup

29. List of Persons approved for Child Pick- up *

Please list the full name and phone number of those approved to pick up your child. This information can always be amended if a situation changes.

Household Information

30. List all family members who live with the child. *

Please list all family members who live with the child, including name, gender, age, and relationship to the child.

31. List all household pets and their names *

32. Photo Release Agreement *

By clicking "I agree" I grant permission and consent for Grace Lutheran Preschool staff to take and appropriately distribute photos of my child. All photos will be shared to my email in a digital folder.

Mark only one oval.

I agree

I disagree

**Financial
Agreement
&
Enrollment**

A nonrefundable registration of \$35 must be paid to guarantee placement in class. Please send the registration fee to Grace Lutheran Church. Checks can be made out to "Grace Lutheran Church" and in the memo line please write "Preschool." Please make sure to indicate who your child is when sending in the registration fee.

If monthly payments are not received by the 5th of each month, a \$5 late fee will be assessed. Please communicate with staff if you have any problems with payments. Late fee exceptions may apply for certain circumstance.

Cost of 3 year old class: \$85 / month
Cost of 4 year old class: \$100 / month
Cost of 4 year old class (All day for 3 days): \$150.00/ month

33. Select the appropriate class. *

Mark only one oval.

- 3 year old class (Tuesdays and Thursdays, 8:30 AM to 11:30 AM)
- 3 year old class (Tuesdays and Thursdays, 12:30 PM to 3:30 PM)
- 4 year old class (Mondays, Wednesdays, and Fridays, 8:30 AM to 11:30 AM)
- 4 year old class (Mondays, Wednesdays, and Fridays, 12:30 PM to 3:30 PM)
- 4 year old class (Mondays, Wednesdays, and Fridays, 8:30 AM to 3:30 PM)-

34. How did you hear about Grace Lutheran Church Preschool? *

Mark only one oval.

- Returning Parent or Family
- Family/ Friends
- Daycare/ Babysitter
- Facebook
- Website
- Other: _____

**Medical
Information**

Please note that any medical information you share is strictly confidential and shared only with the Grace Lutheran Church Preschool Staff.

35. List Non- Parent Emergency Contats *

List any who should be called in case of an emergency, in addition to the parent information listed above.

36. Student's Primary Care Physician *

37. Student's Primary Care Physician Phone Number *

38. Medications *

Please list every medication that your child currently uses. Children may not keep any medications in their possession, except when it is necessary to have immediate access to it, such as an inhaler, EpiPen, etc.

39. Allergies *

Please list any allergies your child has, and their severity i.e. a rash versus anaphylactic shock.

40. Immunizations

Please attach a complete copy of your child's immunization records. You may be able to request this from your doctor as a PDF or scan a hard copy to upload. If you have any issues with this, email pregracelutheran@gmail.com or call the office at 260.244.7118 ext. 101.

Files submitted:

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