

**Application for Enrollment 2010/2011**  
**St. John Lutheran Preschool**  
**1107 Lake Road West Fork, Hamlin, NY 14464**  
**585-964-2550 / fax 585-964-8933**

Please complete this form and return it to the church office. The enrollment fee of \$75.00 must be received before your child is placed on the roster and is non-refundable and it does not apply to the tuition balance. Monthly tuition payments are due on the 15<sup>th</sup> of the September – May. Withdrawal policy: Tuition payment is expected until the date of written notification of withdrawal is received.

Please mark your choice for the 2010/2011 Preschool year.

**Three Year Old Class**  
**2 Day - Tuesday / Thursday**  
**\$750.00**  
**\_\_ 9 AM to 11:30 AM**

**Four Year Old Class**  
**3 Day - Monday, Wednesday, Friday**  
**\$950.00**  
**\_\_ 9 AM – 11:30 AM**

**Four Year Old Class**  
**5 Day Monday – Friday**  
**\$1,300.00**  
**\_\_ 12:30 PM to 3:00 PM**

**CHILD INFORMATION**

**Name of child:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_ **M/F**

**Address:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Allergies, dietary or medical needs (Written documentation by a Physician must be provided):**

**PARENT INFORMATION**

**Father:** \_\_\_\_\_

**Occupation:** \_\_\_\_\_

**Employer:** \_\_\_\_\_

**Work Phone:** \_\_\_\_\_

**Address if different than child's:** \_\_\_\_\_

**Mother:** \_\_\_\_\_

**Occupation:** \_\_\_\_\_

**Employer:** \_\_\_\_\_

**Work Phone:** \_\_\_\_\_

**Address if different than child's:** \_\_\_\_\_

**Marital Status:**  
**(Married/Separated/Divorced/Single)**

**(Married/Separated/Divorced/Single)**

**Family's Church Name and Address:** \_\_\_\_\_

(Continued on back side)

**FAMILY INFORMATION:**

Other children in family (names and ages):

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If there has been a separation\* or divorce\*; with whom is the child living?

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*\*A copy of Court documentation must be provided in regards to custody issues.  
(These papers will remain in your child's file in the office).*

If child is living with someone other than parents, please complete:

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

Address: \_\_\_\_\_

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

Relationship: \_\_\_\_\_

Name of person authorized to remove your child from preschool or in the event that parents cannot be reached in an emergency:

Name and address: \_\_\_\_\_

Relationship: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Name and address: \_\_\_\_\_

Relationship: \_\_\_\_\_ Phone Number: \_\_\_\_\_

(For your child's protection we will ask for a Driver's license / Photo ID to identify people who will be picking up your child from Preschool for the first time. Only those listed on this form will be allowed to leave with your child.)

Doctor's Name: \_\_\_\_\_

Dentist's Name: \_\_\_\_\_

Address: \_\_\_\_\_

Address: \_\_\_\_\_

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

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

I agree if the Staff of St. John Lutheran Preschool is unable to make contact, the emergency will be treated at the emergency room of the nearest or most convenient hospital. Since the care and treatment of any child is primarily a parental / guardian responsibility, I understand that every effort will be made to contact either parent / guardian first in case my child \_\_\_\_\_ becomes ill or is injured at preschool. \_\_\_\_ (Initial)

I give permission for my child, \_\_\_\_\_, to participate in St. John Lutheran Preschool field trips. (A notice will be sent home before each field trip indicating time and destination of trip.) \_\_\_\_ (Initial)

I give St. John Lutheran Preschool permission for my child \_\_\_\_\_, allowing their picture to be released on the Church's web site and in the local papers when involving the St. John Preschool's activities or events. \_\_\_\_ (Initial)

We pledge our support of the early childhood education program provided by St. John Lutheran Preschool. We also accept our financial responsibility and agree to pay the fees and tuition on or before the 15<sup>th</sup> of the month it is due. \_\_\_\_ (Initial)

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Signature of Parent/Guardian

Date