

**PRESCHOOL ENROLLMENT APPLICATION**  
**Immanuel Lutheran Church and Preschool**  
**720 West Main Puyallup, Washington 98371**  
**253-848-4548 ext. 32 ILCpreschool@qwestoffice.net**

Please complete all forms in full for EACH child applying for enrollment. A non-refundable Registration Fee, current immunization records and June tuition prepayment are required at the time of application for all students.

ENROLLING FOR GRADE:  PS3s  PS4s  PreK

Preferred Class Time:  AM  PM

REFERRAL VERIFICATION: If you were referred and introduced to Immanuel Lutheran Preschool by a specific family, please complete the following:  
 Name of Referring Family: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

First and Last Names

**CHILD'S INFORMATION** (Complete separate forms for each child applying)

Child's Full Name \_\_\_\_\_ Gender:  Male  Female

Nickname: \_\_\_\_\_ Birth Date: \_\_\_\_\_ Current Age \_\_\_\_\_

Child's Address: \_\_\_\_\_

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

**PARENT INFORMATION**

**FATHER/GUARDIAN**

**MOTHER/GUARDIAN**

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

Address (if different): \_\_\_\_\_

Place of Employment: \_\_\_\_\_

Home Phone (if different): \_\_\_\_\_

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

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

Cell Phone Carrier: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Birth Date: \_\_\_\_\_

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

Address (if different): \_\_\_\_\_

Place of Employment: \_\_\_\_\_

Home Phone (if different): \_\_\_\_\_

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

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

Cell Phone Carrier: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Birth Date: \_\_\_\_\_

Who does the child reside with?  Both Parents  Mother  Father  Guardian

**Is there a Sitter/Nanny?**  Yes  No **If yes, Name and Phone:** \_\_\_\_\_

In the case of divorce, who has legal custody of the child? \* \_\_\_\_\_

(\*Please note: The preschool office needs to be notified as to any restrictions regarding who may take the student from the school premises.)

Custody/Visiting Arrangements: \_\_\_\_\_

**Restrictions:** Visiting rights denied to: \_\_\_\_\_

(Copy of restraining order attached)

Parents' Marital Status:  Married  Separated  Divorced  Widowed  Single

**EMERGENCY CONTACTS**

Other persons responsible for child and permitted to remove child in case of emergency or injury, if parents cannot be reached, notify:

	<u>Name</u>	<u>Address</u>	<u>Phone</u>	<u>Relationship</u>
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____
4.	_____	_____	_____	_____
5.	_____	_____	_____	_____

**NOTE:** Parent/guardian must give written notification in the event someone other than persons listed above will pick up child from school.

**OUT-OF-STATE EMERGENCY CONTACT**

	<u>Name</u>	<u>Address</u>	<u>Phone</u>	<u>Relationship</u>
1.	_____	_____	_____	_____

STUDENT'S FULL NAME \_\_\_\_\_

**FAMILY INFORMATION**

Has your child had previous experience in a preschool setting?  Yes  No If yes, where? \_\_\_\_\_

Has your child had play experience with other children?  Yes  No Ages? \_\_\_\_\_

Does your child know any children enrolled in our program?  Yes  No Name (s)? \_\_\_\_\_

By nature is your child  Friendly  Active  Passive/Quiet Please explain: \_\_\_\_\_

Child's interests and activities: \_\_\_\_\_

How did you learn about our Preschool? \_\_\_\_\_

Are you new to this area?  Yes  No How long have you lived here? \_\_\_\_\_

Siblings: Please list below all other children and birth dates

\_\_\_\_\_  
\_\_\_\_\_

**CHURCH AFFLIATION**

Name of church attending: \_\_\_\_\_  Member  Regular Attendee

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

City State Zip Code

Pastor's Name: \_\_\_\_\_ Church Phone Number: \_\_\_\_\_

Does your child attend Sunday School?  Yes  No

**OTHER INFORMATION**

What special skills, talents, gifts, or business expertise do you have that you are willing to share with the preschool?

\_\_\_\_\_

Would you like your business published in the Immanuel Lutheran Preschool Business Directory?  Yes  No

Name of Business: \_\_\_\_\_ Phone Number: \_\_\_\_\_

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

Description of Business: \_\_\_\_\_

\_\_\_\_\_

In the event we need help in the classroom, would you be willing to volunteer some time?  Yes  No

Days:  Tuesday  Wednesday  Thursday

Class Session:  AM  PM

Fundraiser:

Book Orders:

All classroom volunteers are subject to a background check submitted through the Washington State Patrol.


What public school district do you reside in?  Puyallup  Sumner  Fife  Franklin Pierce  University Place

Tacoma  Other \_\_\_\_\_

Is your child going to Kindergarten the following school year?  Yes  No School Name? \_\_\_\_\_

**Returning Families:** Would you like another preschool t-shirt?  Yes  No

**PHOTO RELEASE STATEMENT:** I hereby grant Immanuel Lutheran Church & Preschool rights to use and publish pictures and other media used to capture my child's likeness, or in which my child may be included in whole or in part. I also consent to the use of any printed OR electronic matter in conjunction therewith. I hereby release Immanuel Lutheran Church & Preschool and their legal representatives from any liability. I also authorize alterations, optical illusions, or use in composite form or otherwise, that may occur or be reproduced in the taking of said photographs or in any subsequent processing thereof, as well as any publication thereof at all. I do realize my child is being photographed and do give permission to Immanuel Lutheran Church & Preschool to do this freely and in good will.

 \_\_\_\_\_ Relation \_\_\_\_\_ Date \_\_\_\_\_  
Signature

**MEDICAL INFORMATION**

Child's Doctor: \_\_\_\_\_ Phone Number \_\_\_\_\_  
Address: \_\_\_\_\_  
Primary Medical Insurance: \_\_\_\_\_

**Allergies:** It is important that we are aware of any allergies that your child has. Please indicate below.

Food: \_\_\_\_\_  
Drug: \_\_\_\_\_  
Other: \_\_\_\_\_

Does your child require an epi-pen on site?  Yes  No Epi-pens require a doctor's prescription and are the only medication Immanuel Lutheran Preschool will keep on site.

**HEALTH INFORMATION & RECORDS**

Is your child current with his/her immunization records?  Yes  No


Is your child exempt from immunizations?  Yes  No If yes, a current exemption form must be on file with the school.

**MEDICAL CONDITIONS:** Please indicate any additional illnesses or medical issues below. Please list any condition that affects your child physically or emotionally.


<u>Condition</u>	<u>Description</u>	<u>Method of Treatment</u>

Does your child have any other disability or problems that should be given special consideration? \_\_\_\_\_

I have read and reviewed the information above and hereby give permission for members of the staff of Immanuel Lutheran Preschool to seek emergency medical treatment (911 Puyallup Fire & Rescue) for my child in the event I cannot be contacted.


 \_\_\_\_\_ Date \_\_\_\_\_  
(Signature of Parent and/or Legal Guardian)

**PERMISSION TO PUBLISH PHONE & ADDRESS:** I give permission for my child's address and phone number to be published on a class roster and distributed to preschool families ONLY.

 \_\_\_\_\_ Relation \_\_\_\_\_ Date \_\_\_\_\_  
Signature

**BOOK BUDDY BAG AGREEMENT:** Book Buddy Bags (BBB) are chosen by your child on their classroom helper days. Bags include books, games and stuffed animals to be shared at home. BBB's need to returned completely intact by class time on the following Tuesday.

\_\_\_\_ I DO wish for my child to participate in the Book Buddy Bag program.  
\_\_\_\_ I DO NOT wish for my child to participate in the Book Buddy Bag program.

 \_\_\_\_\_  
Signature and Date

**AUTOMATIC TUITION DEPOSIT & CREDIT CARD PAYMENT INFORMATION**

Immanuel Lutheran Preschool is able to accept your tuition payments through monthly automatic funds transfer (AFT). Simply fill out section **ONE** (ALL Enrollments) and section **TWO or THREE** (Checking/Savings or Credit Card) of the attached application form. Your annual tuition will be divided equally for 10 months. Your initial payment of June prepayment and the non-refundable registration fee will process at the time of registration. The first payment will begin in September and the last payment will be in May. Please attach a voided check or savings deposit slip. There are no fees attached to this service. You can make changes to this payment option at any time during the year. Please see AFT information on the back of the application page. Automatic tuition payments are mandatory unless other arrangements have been made with the Preschool Administrator.

STUDENT'S FULL NAME \_\_\_\_\_

**WITHDRAWAL PROCESS AND WITHDRAWAL FEE:** In order to withdraw, families must follow the ILC withdrawal process. If a student withdraws after August 15th, but prior to the start of school, a 10% withdrawal fee of the June tuition prepayment will be charged before the tuition is refunded. If a student withdraws after the start of school, tuition is 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 the parents, current classroom teacher and future classroom teacher in this placement.

**REGISTRATION & ENROLLMENT:** Your child will be enrolled in Immanuel Lutheran Preschool only after the preschool has received a completed registration form, a non-refundable registration fee of \$85.00, June tuition pre-payment of \$140.00 and a current immunization record.

**MULTIPLE CHILDREN DISCOUNTS:** If you have two or more children enrolled in Immanuel Lutheran Preschool, it is our policy to charge only one non-refundable registration fee of \$85.00 per family. The second student enrolled in preschool will receive a 5% reduction in tuition each month.

**PREPAYMENT OF TUITION:** If you prepay tuition for the entire year, prior to the start of school in September you will receive a 5% discount.

**SCHOLARSHIPS:** Are available on request. All scholarships paperwork must be submitted to the Preschool Administration and brought to the preschool board on regularly scheduled meeting days. Scholarships are awarded at the Preschool Boards discretion.



\_\_\_\_\_  
Signature and Date

## FOR OFFICE USE ONLY

RETURNING STUDENT                      YES              NO              DATE RECEIVED \_\_\_\_\_

PERMISSION TO PUBLISH              YES              NO              TUITION PAYMENT OPTIONS

BOOK BUDDY BAG                      YES              NO              AUTO PAY \_\_\_\_\_

T-SHIRT                                      YES              NO              CHECK/CASH \_\_\_\_\_

BIBLE OR BOOKS                      B              BK              SCHOOL YEAR \_\_\_\_\_

Year 1 2 3

## CLASSROOM PLACEMENT

PS3    AM              PM              REGISTRATION FEE \_\_\_\_\_

PS4    AM              PM              JUNE TUITION \_\_\_\_\_

PRE-K    AM              PM              IMMUNIZATION \_\_\_\_\_

**NOTES:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



# Member Enrollment and Authorization Form

Return completed enrollment form to the Lutheran school receiving your payment.

Complete this section for **ALL ENROLLMENTS** (Please print in black ink)

<b>Check the appropriate box:</b> <input type="checkbox"/> New enrollment/authorization * <input type="checkbox"/> Change in bank account * <input type="checkbox"/> Change in authorized amount	Last Name	First Name	M.I.
	Mailing Address		
	City	State	Zip
	Home Telephone #	Work Telephone #	

**SCHOOL TUITION PAYMENTS**

School Name Immanuel Lutheran Preschool	Street Address 720 West Main	
City Puyallup	State WA	ZIP Code 98371
(a) Total annual tuition for all family members	\$ 1400.00	Date of first payment: Sept 6 <sup>th</sup>
(b) Number of payments (see below)	10	Date of last payment: May 6 <sup>th</sup>
(c) Amount of each payment (a ÷ b)	\$ 140.00 /	Registration Fee Only \$85.00 <input type="checkbox"/>
Contact your school for information on: <ul style="list-style-type: none"> <li>• Payment duration options (e.g. 10 months or 12 months)</li> <li>• Date the first and last payments are due</li> <li>• Date that monthly transaction must occur</li> </ul>		June Tuition Prepayment Only \$140.00 <input type="checkbox"/>

Complete this section if you want payments to come from your **CHECKING OR SAVINGS ACCOUNT**

Payments should be taken from: <input type="checkbox"/> Checking (attach a voided check) <input type="checkbox"/> Savings (attach a savings deposit slip)  Routing Number _____ <i>Valid Routing # must start with 0, 1, 2, or 3</i>  Account Number _____	<b>REQUIRED:</b> I authorize Thrivent Financial for Lutherans and Vanco Services, LLC to automatically withdraw payments from my account. I have attached a voided check or savings deposit slip. This authority will remain in effect until I give reasonable notification to terminate the authorization.  Account Holder Signature _____ Date _____
<b>* ATTACH A VOIDED CHECK OR SAVINGS DEPOSIT SLIP FOR A NEW ENROLLMENT OR CHANGE IN BANK ACCOUNT ONLY</b>	

Complete this section if you want payments to come from your **CREDIT CARD**

Please charge my contribution to my (check one): <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> American Express <input type="checkbox"/> Discover Card	
Credit Card Number: _____	Expiration Date: _____
Name on Card: _____	
Billing Address (if different from above): _____	
<b>REQUIRED:</b> I authorize Thrivent Financial for Lutherans and Vanco Services, LLC to charge my credit card in accordance with the information above. This authority will remain in effect until I give reasonable notification to terminate the authorization.  Signature (as it appears on the credit card) _____ Date _____	

**\*\*\* REQUIRED \*\*\* MUST BE COMPLETED BY CONGREGATION / INSTITUTION**

Institution Code \_\_\_\_\_ Student Number \_\_\_\_\_ Verifier Initials \_\_\_\_\_