

ST. PAUL'S LUTHERAN PRESCHOOL
Where Every Child is Special

117 E. Arch Street, Fleetwood, PA 19522 • 610-944-0922 • preschool@spelcfleetwood.com

2017-2018 Registration Form

Student's Name _____ M or F Birth date _____

Address _____

Class Choice

- Preschool Program (2½ years as of August 31, 2017) \$105.00/monthly
 Pre-K Program (4 years as of August 31, 2017) \$140.00/monthly
 Kindergarten Readiness (for those entering kindergarten in Fall of 2018) \$140.00/monthly

Mother's Name _____

Father's Name _____

Address _____

Address _____

Home Phone _____

Home Phone _____

Work Phone _____

Work Phone _____

Cell Phone _____

Cell Phone _____

Email Address _____

Email Address _____

I give _____/do not give _____ permission to St. Paul's Lutheran Preschool to distribute my address and phone number on a class directory.

I give _____/do not give _____ permission for St. Paul's Lutheran Preschool to take group/individual pictures of my child, to be used for the Preschool's educational programs, public relations, and/or the St. Paul's Lutheran Preschool website.

Parent/ Guardian Signature

Date

Home Information Sheet

Student's Name _____ Birth Date _____

| Siblings | Age | Sex |
|----------|-------|-------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

Other persons in the home _____

Pets _____

Additional Information:

How would you describe your child? _____

Do you have any concerns regarding behavior or development? _____

Has your child experienced anything exciting or traumatic lately? _____

What do you expect out of your child's preschool experience? _____

Medical Information

Family Physician _____ Phone _____

Medical Insurance Provider _____

Policy Number _____ Group ID _____

Policy Holder's Name _____

Family Dentist _____ Phone _____

Hospital preference _____

Does your child have any medical problems? _____

Does your child have any problems with vision, speech or hearing? _____

Does your child receive any therapies for speech, physical, occupational, or other needs? _____

Does your child have any known allergies? _____

Does your child take any medications regularly? _____

School Emergency Procedures

St. Paul's Lutheran Preschool has adopted the following procedures to provide care for your child if he/she becomes sick or injured at the school:

In case of emergency and/or the child needs medical or hospital care:

1. The school will call home. If there is no answer...
2. The school will call the mother, father work/cell numbers. If there is no answer...
3. The school will call the other emergency contact numbers and child's physician.
4. If none of the above answer, the school will call the ambulance, if necessary, to transport the child to a medical facility you have stated.
5. Based upon the medical judgment of the attending physician, the child may be admitted into the medical facility.

*The school will continue to call the parents, guardian, emergency contacts and/or physician until one is reached.

If I cannot be reached and the school authorities have followed the above procedures, I agree to assume all ambulance and medical expenses required to treat my child. I also, hereby, consent to any treatment, surgery, diagnostic procedure or anesthesia the attending physician deems necessary to treat the medical emergency.

Signed _____

Date _____

Emergency Contacts

Student's Name _____ Birth Date _____

If neither parent/guardian can be reached, contact:

Name _____ Relationship _____

Address _____

Phone _____ Cell Phone _____

Is this person authorized to pick up your child? _____

Name _____ Relationship _____

Address _____

Phone _____ Cell Phone _____

Is this person authorized to pick up your child? _____

Name _____ Relationship _____

Address _____

Phone _____ Cell Phone _____

Is this person authorized to pick up your child? _____

Name _____ Relationship _____

Address _____

Phone _____ Cell Phone _____

Is this person authorized to pick up your child? _____

Financial Policy

- There will be a non-refundable registration fee of \$25.00 due at time of registration to reserve the space in the class.
- The first month's tuition will be due in May. If we do not receive payment by then, we reserve the right to give the spot to another child.
- Starting in September, tuition will usually be due on the first Tuesday of each month. **Payments will be handed directly to the student's teacher.** There will be a \$10.00 late fee charged if tuition is not paid within seven days of due date.
- The last payment will be due in April. There are nine payments total.
- There will be no refunds for days missed. This includes vacations or sick days. We prepare for your child whether they are present or not.

Parent/ Guardian Signature

Date

For Office Use Only

Registration Fee Received

_____ Total Amount Paid _____ Check Number _____ Cash