



PRESCHOOL ENROLLMENT FORM

Instructions

- 1 - Download form to desktop
- 2 - Open form in Adobe Acrobat
- 3 - Fill out form
- 4 - Save form as:
COL PRESCHOOL Enrollment FORM_2017-18_Students Last Name
- 5 - Email to: schooloffice@colwsp.org
or
Print (Horizontal or landscape) and bring into school with your payment

Note: All forms must be filled in Electronically

PRESCHOOL ENROLLMENT FORM – 2017/2018

Registration Fee (non-refundable) must be submitted with this form to be considered registered. Make checks payable to “Crown of Life Lutheran School.”

Student Last Name	Student First Name	Student Middle Name	Date of Birth 00/00/0000	Gender M/F	Baptized Yes/No

Ethnic Affiliation Mixed Race/Biracial Native American Latino/Hispanic African American Caucasian Asian/Pacific Islander Other _____

FIRST CONTACT Father Mother

Father First Name _____ **Father Last Name** _____

Address _____ City _____ State _____ Zip _____

Home Phone _____ Work Phone _____ Cell _____ (accepts texts) Yes No

Email _____ Church Affiliation (Name, synod, city) _____

Place of Employment _____ Occupation _____

Mother First Name _____ **Mother Last Name** _____

Address _____ City _____ State _____ Zip _____

Home Phone _____ Work Phone _____ Cell _____ (accepts texts) Yes No

Email _____ Church Affiliation (Name, synod, city) _____

Place of Employment _____ Occupation _____

Family Status Married Divorced Step Parent Single Parent **Student(s) live with** Parents Father Mother Other _____

If there is a separation or divorce custody situation of which we should be aware, please explain and provide a copy of custodial agreement. We cannot deny a parent access to the child without court documentation on file. _____

PICK-UP PERMISSION

I hereby give my permission for my child to leave Crown of Life with the persons named below. I will notify Crown of Life in writing of any changes.

Name _____ Phone _____ Relationship to Student(s) _____

Name _____ Phone _____ Relationship to Student(s) _____

ONLY persons named above will be able to pick up your child without your written permission.

Parent/Guardian Name (Please Print)

Signature of Parent/Guardian

EMERGENCY & MEDICAL CONSENT

Emergency Contact 1 _____ Phone _____ Relationship to Student(s) _____

Address _____ City _____ State _____ Zip _____

Emergency Contact 2 _____ Phone _____ Relationship to Student(s) _____

Address _____ City _____ State _____ Zip _____

List any allergies, medical problems, or dietary needs _____

Will medications need to be given during school hours? *(If yes, a permission form needs to be completed.)* Yes No Does student wear glasses? Yes No

MEDICAL CONTACT INFORMATION

Medical Insurance Provider _____ Policy # _____ Group # _____

Physician Name _____ Phone _____

Address _____ City _____ State _____ Zip _____

Dentist Name _____ Phone _____

Address _____ City _____ State _____ Zip _____

Hospital Name _____ Phone _____

Address _____ City _____ State _____ Zip _____

RELEASE

In case of an accident or illness, permission is hereby given to treat this student as required. I/We accept the responsibility for all costs thus incurred, and waive any claim against the school, association, its staff or chaperones for any and all causes which may arise in connection with the above.

Parent/Guardian Name (Please Print)

Signature of Parent/Guardian

PERMISSION FOR USE RELEASE

I give permission for my child's work to be used in school related activities, displays and publications. Yes No Parent's Initials _____

I give permission for my child's photo to be published electronically and/or on paper. Yes No Parent's Initials _____

The staff at Crown of Life Lutheran Preschool shall not disclose a child's record to any person other than the child, the child's parent(s) or guardian(s), the child's legal representative, employees of Crown of Life, and the commissioner unless the child's parent or guardian has given written consent or as otherwise required by the law.

How did you hear about Crown of Life School? Parade Flyer Website Facebook Egg Hunt/Trunk or Treat Family/Friend _____
Name

I declare that the information on this form is, to the best of my knowledge, correct and complete. If there is a change to any of the above information, I will notify the school office immediately at 651-451-3832.

Signature of Parent/Guardian

Date

Parent First Name _____ Parent Last Name _____

Put an X in each box for the session you would like to enroll in. Minimum of two different day session. Note: Session minimum is 4 students.

Student 1 – Name _____

SESSION	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
MORNING 8:00 – 11:00 am					
AFTERNOON 12:30 – 3:10 pm					

Student 2 – Name _____

SESSION	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
MORNING 8:00 – 11:00 am					
AFTERNOON 12:30 – 3:10 pm					

Student 3 – Name _____

SESSION	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
MORNING 8:00 – 11:00 am					
AFTERNOON 12:30 – 3:10 pm					

MONTHLY TUITION*

\$20	X	_____	=	_____
<i>Half Day</i>		<i># of Days per Week</i>		<i>Total Weekly HALF Day Tuition</i>

\$36	X	_____	=	_____
<i>Full Day</i>		<i># of Days per Week</i>		<i>Total Weekly FULL Day Tuition</i>

_____ **+** _____ **=** _____ **X** **40** **=** _____
Total Weekly HALF Day Tuition *Total weekly FULL Day Tuition* *Total Tuition per Week* *# Weeks in School Year* *Total Yearly Tuition*

_____ **/** **10** **=** _____
Total Yearly Tuition *# months in school year* *Monthly Payments*

*Tuition will not be refunded for days missed or for days the school is closed due to holidays, conferences, weather, etc.

Upon acceptance of my child's/children's enrollment into Crown of Life Lutheran Preschool, I agree to pay the tuition and fees as outlined on the above schedule.

Signature of Parent/Guardian

Date

FEES & DEPOSITS

\$80 Registration Fee (non-refundable) per child is due at registration.

All Tuition will be processed through our Tuition Management Program. There are three payment options available:

- 1 – Tuition paid in full at time of registration
- 2 – Monthly tuition payments (September-May) will be automatically withdrawn from your account using the Authorization form included.
- 3 – Tuition will be paid each month (September-May) with a check made out to Crown of Life.

OFFICE USE ONLY

Registration Fee Paid	
_____	_____
AMOUNT PAID	DATE