

# Chapel of the Cross Lutheran Preschool



Children are eligible for preschool if they are 3 before August 1<sup>st</sup> or 5 after August 1<sup>st</sup> and are toilet trained. Children may attend preschool 2, 3, 4, or 5 days per week for full-day (8:00 am – 3:00 pm) or half-day (8:00 am – 12:30 pm). In order to prepare the children for kindergarten, our program requires that three year-olds attend a minimum of 2 days per week and four year-olds attend a minimum of 3 days per week. If you select 3 or 4 days, one day **MUST** be Monday or Friday. Fees are listed in your packet.

**Please indicate your choice below:**

- |                                     |                                     |
|-------------------------------------|-------------------------------------|
| _____ Full Day Preschool all 5 days | _____ Half Day Preschool all 5 days |
| _____ Full Day Preschool 4 days     | _____ Half Day Preschool 4 days     |
| _____ Full Day Preschool 3 days     | _____ Half Day Preschool 3 days     |
| _____ Full Day Preschool 2 days     | _____ Half Day Preschool 2 days     |

**Check the days your child will be attending:**

Monday	Tuesday	Wednesday	Thursday	Friday

If attending 3 or 4 days, one day MUST be Monday or Friday.

**Before Care and After Care are available at an additional cost. Check below if Before Care or After Care is needed.**

- \_\_\_\_\_ Before Care needed (from 7:30 am – 8:00 am)
- \_\_\_\_\_ After Care needed (from 3:00 pm – 4:30 pm)

**Initial below to indicate your understanding and acceptance:**

- \_\_\_\_\_ Space will be reserved for your child upon availability and payment of the non-refundable application fee. Please make checks payable to "Chapel of the Cross Lutheran Church".
- \_\_\_\_\_ I agree to pay the scheduled tuition for the program I have indicated on the form.
- \_\_\_\_\_ I have received and read my Parent Handbook and agree to abide by these policies and procedures.

\_\_\_\_\_  
Parent or Guardian Signature

\_\_\_\_\_  
Date



# Chapel of the Cross Lutheran Preschool

Lutheran Church - Missouri Synod

907 Jungermann Road, St Peters, MO 63376

Phone: (636) 928-5885

preschool@chapelofthecrosslutheran.org

## Registration Form

Child's Name \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_

Child's Birthdate \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Parent/Guardian Name \_\_\_\_\_

Marital Status of parents: Married \_\_\_\_\_ Divorced \_\_\_\_\_ Separated \_\_\_\_\_ Single \_\_\_\_\_

Email addresses to be used for school communication:

\_\_\_\_\_

Father's information

Occupation \_\_\_\_\_

Cell Phone (\_\_\_\_\_) \_\_\_\_\_

Mother's information

Occupation \_\_\_\_\_

Cell Phone (\_\_\_\_\_) \_\_\_\_\_

Does your family attend church? If so, where? \_\_\_\_\_

If not, are you interested in talking with a pastor about the Lutheran faith? \_\_\_\_\_

Is your child baptized? Yes \_\_\_\_\_ No \_\_\_\_\_

If not, are you interested in talking with a pastor about baptism? \_\_\_\_\_

How did you hear about Chapel of the Cross Lutheran Preschool? \_\_\_\_\_

\_\_\_\_\_

### **Please initial to indicate the following statements are true about your child:**

Children must be completely toilet independent before attending school. Your child should be able to tell an adult when they need to use the toilet. He or she should be able to take care of their bathroom needs without assistance. They should be able to clean themselves after going to the bathroom. They should be able to get themselves dressed.

**Please turn over - more information on back**

## Child's Personal History

Does your child have any allergies or health concerns? If so, please list them. Attach additional information, if necessary (doctor plans for use of epi-pen...)

---

---

Has your child reached developmental milestones at expected ages? If no, please explain.

---

---

Do you have any concerns about your child's development or skills? If yes, please explain.

---

---

Does your child currently receive any special services? ( Speech, OT, PT, etc) If yes, please explain.

---

---

Please indicate below any information that you think is important for us to know about your child or family.

---

---