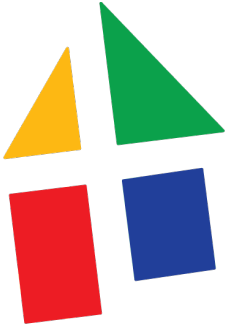


Chapel of the Cross Lutheran Preschool



Children are eligible for preschool if they are 3 before August 1st or 5 after August 1st 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 is available at an additional cost. Check below if Before Care is needed.

_____ Before Care needed (from 7:00 am – 8:00 am)

Initial below to indicate your understanding and acceptance:

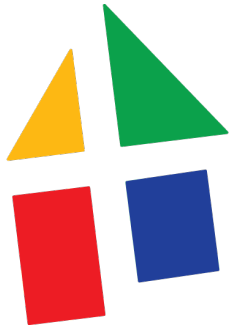
_____ Space will be reserved for your child upon availability and payment of the non-refundable application fee. Please make checks payable to "Chapel of the Cross Lutheran Church".

_____ 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.
