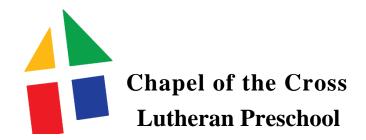


## **Registration Form**

## **Church Home** Where does your family attend church? \_\_\_\_\_ Is your child baptized? Yes \_\_\_\_\_ No \_\_\_\_ If so, where? \_\_\_\_\_ Baptismal date How did you hear about Chapel of the Cross Lutheran Preschool? **Child's Personal History** Please initial to indicate that 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. Does your child have any allergies or health concerns? If so, please list them. Attach additional information, if necessary. 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.



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 or 5 days per week for full day (8:00 a.m. -3:00 p.m.) or half day (8:00a.m. - 11:30 a.m.). Three-year olds must attend a minimum of 2 days per week; four-year olds must attend a minimum of 3 days per week. Fees are listed in your packet.

Please indicate your choice below:			
Full Day Preschool – all	Full Day Preschool – all five (5) days		
Full Day Preschool – Mo	onday, Wednesday, Fric	lay	
Full Day Preschool – Tu	esday and Thursday		
Half Day Preschool – all	(5) days		
Half Day Preschool – Mo	Half Day Preschool – Monday, Wednesday, Friday		
Half Day Preschool – Tu	esday and Thursday		
Extended Care is available at an addit	tional cost		
Before Care Needed	(from 7:00 – 8:00 a.r	m.)	
After Care Needed	(from 3:15 – 6:00 p.r	m.)	
Both Before and After Ca	are Needed		
INITIAL BELOW TO INDICATE YOU	R UNDERSTANDING A	AND ACCEPTANCE:	
Space will be reserved for your refundable application fee. Ple Lutheran Church"	•	• •	
I agree to pay the scheduled tu	ition for the program I h	ave indicated on the form.	
I have received and read my Paper policies and procedures.	arent Handbook and ag	ree to abide by these	
Parent or Guardian Signature		Date	