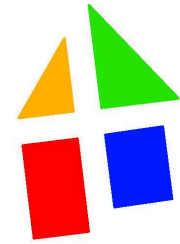


Enrollment Agreement

Children are eligible for preschool if they are 3 before August 1st and are toilet trained. Students may enroll 2–5 days per week in either a half-day (8:00 a.m.–12:30 p.m.) or full-day (8:00 a.m.–3:00 p.m.) program.



Chapel of the Cross Lutheran Preschool

To support kindergarten readiness:

- Three-year-olds must attend a minimum of 2 days per week.
- Four-year-olds must attend a minimum of 3 days per week.
- If enrolling for 3 days, one day must be Monday or Friday.

Program Selection

- Half-Day Program (8:00 a.m. – 12:30 p.m.)
- Full-Day Program (8:00 a.m. – 3:00 p.m.)
- Before Care (7:30 a.m. – 8:00 a.m.)
- After Care (3:00 p.m. – 4:30 p.m.)

Check the days your child will be attending:

Monday	Tuesday	Wednesday	Thursday	Friday

Student Information

Child's Full Name: _____

Address _____

City _____ State _____ Zip _____

Date of Birth: _____

Parent/Guardian 1 Information

Parent/Guardian 2 Information

Name _____ Name _____

Occupation _____ Occupation _____

Cell phone number _____ Cell phone number _____

Email address _____ Email address _____

Does your family currently attend a church? If yes, please list: _____

We would like information about the Lutheran faith.

Is your child baptized? Yes No

We would like to speak with a pastor about baptism.

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

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 . . .) _____

Have there been any developmental delays, evaluations, or concerns regarding your child? If yes, please explain. _____

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

Has your child ever been asked to leave an early childhood program? If yes, please explain. _____

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

_____ **Please initial to indicate that all of the following statements are true regarding your child:**

My child is fully toilet independent. He or she is able to:

- Communicate the need to use the restroom to an adult.
- Use the toilet without assistance.
- Manage clothing independently before and after toileting.
- Clean him or herself independently after using the restroom.