



3- AND 4-YEAR OLD PRESCHOOL APPLICATION FOR ADMISSION 2022-2023

FOR OFFICE USE ONLY			
Start Date:	_____		
Registration	Special Events		
Ck# _____	Ck# _____		
School Year	Summer	Sibling	
Discount			

**Student Information:**

Child's Complete Name _____	Prefers to be called _____	Gender _____	Birth Date _____
Complete Home Address _____			
Child lives with: (<i>check</i>)	<input type="checkbox"/> Mother <input type="checkbox"/> Father	<input type="checkbox"/> Stepparent <input type="checkbox"/> Legal Guardian	<input type="checkbox"/> Other _____

Parent/Guardian Information: (if address is different than above, please list)

Please "★" primary phone

Father/ Legal Guardian Name _____
 Complete Home Address _____
 Email Address _____ Cell Phone _____
 Employer _____ Work Phone _____

Mother/ Legal Guardian Name _____
 Complete Home Address _____
 Email Address _____ Cell Phone _____
 Employer _____ Work Phone _____

WHO DO WE CALL FIRST IN CASE OF EMERGENCY? _____

SIBLINGS AT REDEEMER? (Please list names)

PROGRAMS

Full Day (6:30-6:00)

Part Day (8:30-3:00)

Requested Days of Care:

Mon Tues Wed Thurs Fri Approx. drop off/ pick up _____

Age Group:

3-year-olds PreK

Is your Child Potty Trained? Yes No Working on it

Emergency Information:

Allergies & Medical Conditions: *(intolerance to food, medication, asthma, seizures, etc.)*

Child's Physician: _____ Phone Number: _____

Hospital Preference: _____

Child's Dentist: _____ Phone Number: _____

Emergency Contact/Authorized Pick-Up Information: *(in the event parents cannot be reached)*

Name: _____ Relation to Child: _____

Primary Phone: _____ Secondary Phone: _____

Name: _____ Relation to Child: _____

Primary Phone: _____ Secondary Phone: _____

Name: _____ Relation to Child: _____

Primary Phone: _____ Secondary Phone: _____

Additional Person(s) Authorized to Pick up Child

Name: _____ Relation to Child: _____

Primary Phone: _____ Secondary Phone: _____

Name: _____ Relation to Child: _____

Primary Phone: _____ Secondary Phone: _____

Person(s) NOT Authorized to PICK UP Child ***

Name: _____ Relation to Child: _____

Name: _____ Relation to Child: _____

*****Appropriate paperwork such as divorce decree shall be attached if a parent is not allowed to pick up the child.**

Is there a custody order affecting this child? Yes No
(If yes, we must have a certified copy of the court order.)

Billing Information:

Primary Responsible "bill to" person: _____

Address: _____ Primary Phone: _____

I agree to pay the tuition presented to me on Redeemer's Financial Commitment form. I understand that if my account is referred to an attorney for collection, upon said referral I agree to pay attorney's fees in the amount of thirty-three and one-third (33 1/3 %) of the total outstanding indebtedness (which includes, but is not limited to, principal, accrued interest and late charges) then due, and all costs of collection. I agree to pay the aforesaid attorney's fees and costs of collection whether or not the attorney files suit.

Signature

Date

General Questions

What is your church affiliation? _____

Are you actively involved? Yes No

How did you hear about our facility? _____

Name of prior childcare or preschool facility _____

Dates Attended _____

Redeemer Lutheran Child Development Center admits students of any race, color, sex, national and ethnic origin to all the rights, privileges, programs and activities generally accorded or made available to students at the school. It does not discriminate on the basis of race, color, sex, national and ethnic origin in administration of its educational policies, admissions policies, and other school programs.

In order to ensure your child is getting the most out of his/ her time with us, please share any additional information which may help us work more effectively with your child. Please include

my child. My **NON-REFUNDABLE** registration fee is enclosed. Applications submitted without the registration fee will be returned.

Signature of Parent or Guardian

Date