

# KING OF KINGS LUTHERAN PRESCHOOL

## ENROLLMENT FORM

Child's Name \_\_\_\_\_

Address \_\_\_\_\_

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

Phone \_\_\_\_\_ Gender \_\_\_\_\_ Birthdate \_\_\_\_\_

Email \_\_\_\_\_

Mother's Name \_\_\_\_\_

Address (if different from above) \_\_\_\_\_

Present Employer \_\_\_\_\_ Work phone \_\_\_\_\_

Employer's Address \_\_\_\_\_

Hours of employment \_\_\_\_\_

Mother's Cell phone \_\_\_\_\_

Father's Name \_\_\_\_\_

Address (if different from above) \_\_\_\_\_

Present Employer \_\_\_\_\_ Work phone \_\_\_\_\_

Employer's Address \_\_\_\_\_

Hours of employment \_\_\_\_\_

Father's Cell phone \_\_\_\_\_

EMERGENCY CONTACTS: Give the name, address, and phone number of another person(s) that we may call in an emergency.

Name \_\_\_\_\_ Name \_\_\_\_\_

Address \_\_\_\_\_ Address \_\_\_\_\_

Phone \_\_\_\_\_ Phone \_\_\_\_\_

Relationship \_\_\_\_\_ Relationship \_\_\_\_\_

PHYSICIAN (to be called in a serious emergency): \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

Emergency hospital \_\_\_\_\_

SPECIAL MEDICAL INSTRUCTIONS, ALLERGIES, ETC. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**CLASS PLACEMENT PREFERENCE**

- \_\_\_\_\_ 2-Day (T/TH) 9:00-11:30 a.m. Tuition \$125.00/month  
**Child must be three years old by August 1, 2020**
  
- \_\_\_\_\_ 2-Day (T/TH) 9:00 a.m.-3:00 p.m. Tuition \$250.00/month  
**Child must be three years old by August 1, 2020**
  
- \_\_\_\_\_ 3-Day Pre-K (MWF) 9:00-11:30 a.m. Tuition \$165.00/month  
**Child must be four years old by August 1, 2020**
  
- \_\_\_\_\_ 3-Day Pre-K (MWF) 9:00 a.m.-3:00 p.m. Tuition \$340.00/month  
**Child must be four years old by August 1, 2020**
  
- \_\_\_\_\_ 5-Day Pre-K (MTWRF) 9:00 a.m.-11:30 a.m.. Tuition \$230.00/month  
**Mixed ages 3-5**
  
- \_\_\_\_\_ 5-Day Pre-K (MTWRF) 9:00 a.m.-3:00 p.m.. Tuition \$500.00/month  
**Mixed ages 3-5**

Enrollment Fee \$80.00 **(non-refundable – due at time of enrollment.)**

I understand that all tuition payments are to be made in advance: weekly or monthly, or my child will not be allowed to attend school. All tuition payments are due by the 10<sup>th</sup> of each month. A late fee of \$15.00 will be assessed after the 15<sup>th</sup> of each month.

Signed \_\_\_\_\_ Date \_\_\_\_\_  
(Parent or Guardian)

**FIELD TRIP PERMIT**

My child \_\_\_\_\_ may, under supervision of the King of Kings Lutheran Preschool, go on field trips which may necessitate leaving the school grounds. I understand that I will be notified in advance of any plans to leave the school grounds.

**In addition, all children must be in a car seat, according to state law. There will be no exceptions!**

Signed \_\_\_\_\_ Date \_\_\_\_\_