



Prince of Peace
Lutheran School

8306 Old Keene Mill Rd, Springfield, VA 22152

Phone: 703-451-6177

Email: school@poplc.org

Website: www.poplc.org/school

REGISTRATION FORM: 2024-25 SCHOOL YEAR

Half Day Classes

Preschool: 9:00am - 12:00pm, September to May Kindergarten: 8:45am - 12:00pm, end of August to mid-June

Classes Options (please circle one):

	2 day	3 day	3 day	5 day	Age requirements	Independent potty skills required
2s Class	T & Th	M, W, F			2 by April 30, 2024	No
3s Class	T & Th	M, W, F	T, W, Th	Mon - Fri	3 by Sept 30, 2024	Yes
4s Class		M, W, F	T, W, Th	Mon - Fri	4 by Sept 30, 2024	Yes
Kindergarten				Mon - Fri	5 by Sept 30, 2024	Yes

Extended Day "Lunch Box" Program

Our extended day program provides before and after school care from 8:00am to 4:00pm. It is an optional addition to a child's half day class enrollment. This mixed age program is for children ages 3 to 5 and is designed as a safe and relaxed space for children to extend their school day. Independent daytime and naptime potty skills are required. The expectation is for children to be enrolled for the duration of the school year. Once enrolled, parents are welcome to use as few or as many hours as they need. This program runs during our preschool calendar year from Sept – May, and if enrolled, it starts on your child's first full day of school.

If space is available, **I would like to enroll my child in the extended day program* Y / N**

**the extended day program is only available on the days your child is enrolled in a half day class.*

Child Information

Name: _____

Date of Birth: _____ Boy/Girl: _____

Address: _____

Primary E-Mail Address: _____

Primary Phone Number: _____

Allergies: _____ Severe or Life-Threatening?

Does your child take Prescription medicines? List: _____

Note: If your child will need to have any kind of medication administered while in school, a Written Medication Consent Form must also be on file in the School Office. This includes Epi-Pen and Rescue Inhalers.

Does your child have an IEP? _____

If so, please provide a copy

Mother's Information

Primary contact? _____

Name: _____

Cell #: _____ Work #: _____

Email: _____

Occupation: _____ Employer: _____

Father's Information

Primary contact? _____

Name: _____

Cell #: _____ Work #: _____

Email: _____

Occupation: _____ Employer: _____

Family Information

Name and birthdates of any other children in your family

Primary Language spoken at home: _____ Is there a second language? _____

Family Church: _____

I am looking for a church home and would like more info about Prince of Peace: ___Yes ___No

How did you hear about our school? _____

Has your child been in school before? _____

Name of School and Teacher: _____

Emergency Contact(s) / Authorized Person(s) to Pick Up Your Child

Name: _____ Relationship to Child: _____

Phone # _____

Name: _____ Relationship to Child: _____

Phone # _____

Name: _____ Relationship to Child: _____

Phone # _____

note: adults should always have their IDs available at pickup

Illness

Prince of Peace Lutheran School agrees to notify the parent/guardian whenever the child becomes ill, and the parent/guardian agrees to pick up the child as soon as possible. _____ (Please initial)

Medical Attention

I give permission to Prince of Peace Lutheran School to take whatever emergency (i.e. first aid, disaster evacuation, etc.) measures that are judged necessary for the care and protection of my child while under the supervision of the school. In case of a medical emergency, I understand that my child will be transported to an appropriate medical facility by the local emergency unit for treatment if the local emergency resource (police, rescue squad) deems it necessary. The child will be transported at my expense. It is understood that in some medical situations, the staff will need to contact the local emergency resource before the parent, child's physician and/or other adult acting on the parent's behalf.

_____ (Please initial)

Insurance Carrier: _____ Subscriber Name: _____

ID #: _____ Physician: _____ Phone: _____

Photographs

Photos are taken for educational and/or promotional purposes. Photos are also placed on the school website and Facebook page. Children's names are never placed in the newspaper or on the internet.

_____ (I consent to use my child's photo online)

_____ (I DO NOT Consent)

Due with this form: Non-Refundable Registration Fee of \$200⁰⁰ (Checks made payable to: Prince of Peace Lutheran School)

Following enrollment, an advance tuition payment equal to one month's tuition is due May 1, or at the time of registration, whichever comes later. The advance tuition payment is non-refundable after July 1.

Parent / Guardian Signature

Date

For Office Use

Registration Fee Paid: _____

Check # _____

Entrance Date: _____