

### Registration Form: 2025-26 School Year

Classes Available	2.5 Year Old	3 Year Old	4 Year Old	Kindergarten
2 Days	T Th	T Th		
3 Days	M W F	M W F -or- T W Th	M W F -or- T W Th	
5 Days		M T W Th F	M T W Th F	
Kindergarten				M T W Th F
Age Requirement	2 by April 30, 2025	3 by Sept 30, 2025	4 by Sept 30, 2025	5 by Sept 30, 2025
Independent Potty Skills Required?	No	Yes	Yes	Yes
Class Hours & Months	9:00am - 12:00pm September to May	9:00am - 12:00pm September to May	9:00am - 12:00pm September to May	8:45am - 12:00pm late August to mid-June

Please indicate your morning class selection(s) - \*Age & Days\* - in order of preference:

Class Choice: 1<sup>st</sup>

Class Choice: 2<sup>nd</sup>

Class Choice: 3<sup>rd</sup>

Extended Day	3 Year Old to Kindergarten		
Age Requirement	3 by Sept 30, 2025	Independent Potty Skills Required?	Yes (both day- and night-time skills)
Program Hours & Months	8:00am - 9:00am 12:00pm – 4:30pm September to May	<i>Note:</i> This program follows the preschool calendar for all students. 3 year old students begin in the extended day program on their first full day of school after their abbreviated sessions are complete.	
Program Description	Offered as an optional addition to a child’s morning class enrollment, it is available on the same days as their morning class. This mixed age program is designed as a safe and relaxed space for children to extend their school day. 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.		

\*If you are enrolling your child in the Extended Day Program, please indicate (circle) your preferred days:

M   T   W   Th   F

#### Child Information

Name: \_\_\_\_\_ Name at School: \_\_\_\_\_

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 to the school.

**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: \_\_\_\_\_ Second language: \_\_\_\_\_

Church currently attending: \_\_\_\_\_

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

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 a photo ID available at pickup and ready to show to staff members*

### **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 (the child's parent/guardian) 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 may be placed on the school website, Facebook, and/or Instagram page. Children's names are never included with photos.

\_\_\_\_\_ (I Consent to use my child's photo online)

\_\_\_\_\_ (I Do Not Consent)

*To secure an available space, a non-refundable Registration Fee of \$200 is due with this form*

*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. This advance tuition payment is non-refundable after July 1.*

\_\_\_\_\_  
Parent / Guardian Signature

\_\_\_\_\_  
Date

### ***For Office Use***

Registration Fee Paid: \_\_\_\_\_  
Date

\_\_\_\_\_  
method of payment  
(cash, check#, ACH online, CC online)

School Entrance: \_\_\_\_\_  
Date