

FAITH LUTHERAN PRESCHOOL REGISTRATION

W244 N6383 Weaver Dr., Sussex, WI 53089
262-246-3266 www.faithsussex.org preschool@faithsussex.org

CHILD'S INFORMATION

Child's full name _____ Name child goes by _____

Date of birth _____ M F Home Phone _____

Home Address _____

FAMILY INFORMATION

All parents/guardians are permitted to visit during center hours and are allowed to pick up child unless access is prohibited or restricted by court order. Attach court order, if any.

Father's information

Name _____ Occupation _____

Address if different from child's _____

Place of Employment _____

Work phone _____ Cell phone _____

Home phone _____ Email _____

Please check number where reachable when child is in Care.

Mother's information

Name _____ Occupation _____

Address if different from child's _____

Place of Employment _____

Work phone _____ Cell phone _____

Home phone _____ Email _____

Please check number where reachable when child is in Care.

Guardian information

Name _____ Phone _____

Address _____

Work Phone _____ Cell phone _____

Home phone _____ Email _____

Please check number where reachable when child is in Care.

Authorized Persons (*Persons other than parents/guardians authorized to pick up child.*)

Please submit address and phone where reachable when child is in Care.

Name _____ Relationship _____

Address _____ Phone _____

Name _____ Relationship _____

Address _____ Phone _____

PERSONAL HISTORY

Siblings (*please indicate birthdays*)

Hand preference Right Left

Has your child had previous group or preschool experience? Yes No

If yes, where & when? _____

Has your child had the opportunity to socialize with other children? Often Occasionally

Please comment _____

Allergies _____

Any medical problems we should be aware of, include medications and possible side effects

Is your child able to use the restroom without assistance? _____

Does your child have any bladder or bowel irregularities? _____

Any special food or eating instructions? _____

Anything else you may think is important or medically relevant regarding your child's health

What is your child's concept of God? _____

Church where you are an active member? _____

Has your child been baptized? _____

Any additional information such as discipline, child's communication, comforting, and so on?

How did you become aware of our program? _____

EMERGENCY CONTACT (other than parents)

Please submit information where person is reachable while child is at Care.

Yes, this person is authorized to pick up the child No not authorized to pick up child

Name _____ Relationship _____

Home phone _____ Cell phone _____

Address _____

Child's Physician _____ Physician's phone _____

Physician's address _____

Hospital preference _____

AUTHORIZATION

Yes No I hereby give my consent for emergency medical care or treatment to be given only if I cannot be reached immediately.

Yes No I have had an opportunity to review the policies of this child care center and a summary of the Wisconsin Rules for Licensing Child Care Centers.

Yes No I give permission for my child to participate in field trips and other activities during operating hours. Transported Walking

Yes No I have been informed of the number of pets in the center and their degree of contact with the enrolled children. Note: If pets are added after a child is enrolled, parents shall be notified in writing prior to the pet's addition to the center.

Yes No I give permission for my child to be photographed and/or videotaped during classroom and other school related activities at Faith Lutheran Preschool to be displayed in school and its publications (bulletin board, posters, video shown at our open house, etc.).

Signature of Parent and Date

TIMES AND DAYS OF THE WEEK

I wish my child to be enrolled in:

3 Year Old Preschool 8:45-11:45am

(for month of September 8:45-11:15 to allow for a more gradual school adjustment)

\$70 per day each month (e.g. Tuesday/Thursday would be \$140 a month)

Monday Tuesday Wednesday Thursday Friday

4 Year Old Preschool 8:45-11:45am

\$70 per day each month (e.g. Monday/Wednesday/Friday would be \$210 a month)

Monday Tuesday Wednesday Thursday Friday

A snack fee based on the number of days your child attends will be included in the first month's tuition billing.

2 days / week = \$60 annual fee

4 days / week = \$120 annual fee

3 days / week = \$90 annual fee

5 days / week = \$150 annual fee

Children at the center by 7:30am will receive a healthy breakfast. Breakfast fees are the same as snack fees: 2 days / week = \$60 annually and so on.

Before School Care (begins at 6:30am) Fee is \$6.00 per hour of care.

Please indicate times when care is needed

_____ to 8:45am Monday

_____ to 8:45am Tuesday

_____ to 8:45am Wednesday

_____ to 8:45 am Thursday

_____ to 8:45 am Friday

After School Care (ends at 5:30pm) Fee is \$6.00 per hour of care.

Please indicate times when care is needed

11:45 am to _____ Monday

11:45 am to _____ Tuesday

11:45 am to _____ Wednesday

11:45 am to _____ Thursday

11:45 am to _____ Friday

Send enrollment form and non-refundable registration fee of \$60 (\$80 after July 15) to Faith Ev. Lutheran Church – W244 N6383 Weaver Dr., Sussex, WI 53089

Office use

Registration fee paid: _____ First Date of Attendance: _____

Check _____ Cash _____ Date _____

3yr 4 yr M T W Th F