

Immanuel Lutheran Preschool

4820 Oster Parkway - Cedar Falls, IA 50613 Phone: (319) 260-2005

Enrollment Application

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Please Choose Your Class:
M-F AM

☐ M-F PM

Name:First			Nickname	Date of Birth:	Sex: Male Female	
First Address:						
City:		State:	Zip:	Country of Birth:		
Native Language:	D	escribe your				
Darent/Cuardian	Informati	one			_	
Parent/Guardian Parent/Guardian #1:	<u> </u>	<u>on</u> :				
Name:First	Middle		Last	Marital Status:		
Address:				Cell Phone:		
City:		State:	Zip:	Work Phone:		
Employer/Occupation:				E-Mail:		
Parent/Guardian #2:				Marital Status		
Name:First Address:	Middle		Last			
Is your child baptized? You						
is your child baptized:	es • No II yes, I	iist tile date.				
Financial Inform	ation:					
	ndable and MU	ST accompa eschool Progra	ny this application m for Waterloo School	in order for the applicat ls, tuition is covered by Waterl	ion to be considered complete. oo Schools, on the condition that the	
If your child is enrolling for t		•	•	C .		
How did you hear about ILPS		☐ Facebo	-		Newspaper Article/Story	
		•	•			
Why do you wish to send you	ır child to Immanı	uel Lutheran	Preschool?			

Check Number:

Amount: _

dents at the school. It does not discriminate on the basis of race, color, or national or ethnic origin in administration of its educational policies, admissions policies, and other school-

Name:	Emergency Contact Info	rmation: Person/peop	le to call if parents cannot b	e reached in an emergency.
Name:	Name:	Phone:	Relationship to	Child:
Child's Physician: Clinic Name: Phone #: Address: City: State: Child's Dentist: Clinic Name: Phone #: Address: City: State: Child's Dentist: Clinic Name: Phone #: Address: City: State: Child's Health Insurance Company: Policy Number: If the parent(s) cannot be reached in the case of an emergency, ILPS students needing emergency medical intervention to a local medical center at the parent's expense. By signing this Enrollment Application, the Parent gives authorizar representatives to initiate emergency care, if needed. Does your child have any allergies or medical problems? Yes No If yes, please explain: Does your child have any allergies or medical problems? Yes No If yes, please explain:				
Address: Clinic Name: Phone #: Child's Dentist: Clinic Name: Phone #: Address: City: State: Phone #: Address: City: State: Phone #: Child's Health Insurance Company: Policy Number: If the parent(s) cannot be reached in the case of an emergency, ILPS students needing emergency medical intervention to a local medical center at the parent's expense. By signing this Enrollment Application, the Parent gives authorizar representatives to initiate emergency care, if needed. Does your child have any allergies or medical problems? Yes No If yes, please explain: Are there any other medical or behavioral needs of which we should be made aware? Yes No If yes, please explain: I do or do not give my permission for the name of my child and our family information to appear in to collect statistical information about our students. This confirmation is to collect statistical information about our students. This confirmated with any other party and is not required as a part of the application should be made aware? What is your child's chinic origin? African American Mother's Name: What is your child's ethnic origin? African American Address: Home Phone: City: State: Zip: E-Mail: Please provide us with your e-mail address, as it allows for quick and easy communication between the home and schoc save on the expense of paper copies of newsletters, classroom notes, etc. Please inform us if your e-mail changes while in order to the filled out at time of application for admission to Immanuel Lutheran Preschool. Decisions reg be made as expeditiously as possible, and a letter of acceptance or non-acceptance will be sent to the applicant family of norder for this application to be complete, the \$35.00 initial payment on the Registration Fee must to be enclose remainder is due on Registration Day in August. Immunization records and a completed physical form must be in the office prior to the first day of attendance at ILPS Immanuel Lutheran Preschool administered program is administrative and programs of the school. I manuniz	Medical Information: Please	e complete all informat	ion, including exact add	lresses and full names
Child's Dentist: Clinic Name: Phone #: Address: City: State: Child's Health Insurance Company: Policy Number: Policy Number: If the parent(s) cannot be reached in the case of an emergency, ILPS students needing emergency medical intervention to a local medical center at the parent's expense. By signing this Eurollment Application, the Parent gives authorizar representatives to initiate emergency care, if needed. Does your child have any allergies or medical problems? Ves No If yes, please explain: Are there any other medical or behavioral needs of which we should be made aware? Ves No If yes, please explain: School Directory Information: I do or do not give my permission for the name of my child and our family information to appear in We have been asked by the Iowa District East of the Lutheran to collect statistical information about our students. This cost shared with any other party and is not required as a part of the aphared with any other party and is not required as a part of the aphared with any other party and is not required as a part of the aphared with any other party and is not required as a part of the aphared with any other party and is not required as a part of the aphared with any other party and is not required as a part of the aphared with any other party and is not required as a part of the aphared with any other party and is not required as a part of the aphared with any other party and is not required as a part of the aphared with any other party and is not required as a part of the aphared with a party of the p	Child's Physician:	Clinic Name	: Ph	one #:
Address: City: State: Child's Health Insurance Company: Policy Number: Policy Num	Address:	C	ity:	State:
Child's Health Insurance Company:	Child's Dentist:	Clinic Name	: Ph	one #:
If the parent(s) cannot be reached in the case of an emergency, ILPS students needing emergency medical intervention to a local medical center at the parent's expense. By signing this Enrollment Application, the Parent gives authorizar representatives to initiate emergency care, if needed. Does your child have any allergies or medical problems? Yes No If yes, please explain: Are there any other medical or behavioral needs of which we should be made aware? Yes No If yes, please expending the problems of the parent of the pare	Address:	C	ity:	State:
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School Directory Information: General Good Gen	to a local medical center at the parent's e representatives to initiate emergency care,	expense. By signing this Enrolling if needed.	ment Application, the Parent giv	es authorization to ILPS and its
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Child's Name: We have been asked by the lowa District East of the Lutheran of collect statistical information about our students. This confishared with any other party and is not required as a part of the application. Address:	School Directory Inform	ation:		
Child's Name: Father's Name: Mother's Name:	I □ do or □ do not give my permi	ssion for the name of my chile	d and our family information t	o appear in the school directory.
Mother's Name: Asian □ Caucasian □ Hispanic □ Other:		to collect stati shared with an	stical information about our student	s. This confidential information is not
City: State: Zip: E-Mail:		What is your	child's ethnic origin? African	n American 🗖 American Indian
City: State: Zip: E-Mail: Please provide us with your e-mail address, as it allows for quick and easy communication between the home and schoosave on the expense of paper copies of newsletters, classroom notes, etc. Please inform us if your e-mail changes while **Application Agreement:* This application serves a dual purpose as the Enrollment Application as well as providing information needed for oth This form needs to be filled out at time of application for admission to Immanuel Lutheran Preschool. Decisions reg be made as expeditiously as possible, and a letter of acceptance or non-acceptance will be sent to the applicant family In order for this application to be complete, the \$35.00 initial payment on the Registration Fee must to be enclose remainder is due on Registration Day in August. Immunization records and a completed physical form must be in the office prior to the first day of attendance at ILPS Immanuel Lutheran Preschool admits students of any race, color, or national or ethnic origin to all the rights, privile tivities generally accorded or made available to students at the school. It does not discriminate on the basis of race ethnic origin in administration of its educational policies, admissions policies, and other school-administered program I understand that by my signature on this application, and by the acceptance of Immanuel Lutheran Preschool, I acceptance are no free or reduced lunches in this Voluntary Preschool Program. Students are given a snack and milk. Signature: Date: Parent's Full Name (Please Print):				
Please provide us with your e-mail address, as it allows for quick and easy communication between the home and school save on the expense of paper copies of newsletters, classroom notes, etc. Please inform us if your e-mail changes while Application Agreement: ◆ This application serves a dual purpose as the Enrollment Application as well as providing information needed for oth ♦ This form needs to be filled out at time of application for admission to Immanuel Lutheran Preschool. Decisions reg be made as expeditiously as possible, and a letter of acceptance or non-acceptance will be sent to the applicant family ♦ In order for this application to be complete, the \$35.00 initial payment on the Registration Fee must to be enclose remainder is due on Registration Day in August. ♦ Immunization records and a completed physical form must be in the office prior to the first day of attendance at ILPS ♦ Immanuel Lutheran Preschool admits students of any race, color, or national or ethnic origin to all the rights, privile tivities generally accorded or made available to students at the school. It does not discriminate on the basis of rac ethnic origin in administration of its educational policies, admissions policies, and other school-administered program ♦ I understand that by my signature on this application, and by the acceptance of Immanuel Lutheran Preschool, I acce tions and expectations of participation in the relevant activities and programs of the school. ♦ There are no free or reduced lunches in this Voluntary Preschool Program. Students are given a snack and milk. Signature:				
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Signature: Date: Parent's Full Name (Please Print):	 ♦ This form needs to be filled out at time be made as expeditiously as possible, at ♦ In order for this application to be compremainder is due on Registration Day in ♦ Immunization records and a completed ♦ Immanuel Lutheran Preschool admits stivities generally accorded or made available origin in administration of its eduted in understand that by my signature on the tions and expectations of participation in ♦ There are no free or reduced lunches in Signature: 	of application for admission to and a letter of acceptance or non-aplete, the \$35.00 initial payment August. physical form must be in the offitudents of any race, color, or natically a students at the school. In a student of	Immanuel Lutheran Preschool. In acceptance will be sent to the appet on the Registration Fee must to the Registration Fee must to the prior to the first day of attendational or ethnic origin to all the restriction of the licies, and other school-administrance of Immanuel Lutheran Prescrams of the school. The school of the school of the school. The school of the school of the school. The school of the school of the school.	Decisions regarding acceptance will dicant family. The be enclosed with this form. The ance at ILPS. Eights, privileges, programs, and acbasis of race, color, or national or ered programs. Echool, I accept all financial obligated milk.
ILPS Enrollment Application (4YO) - Rev. 01/2019			Parent's Full Name (Please Print):	Page 2