



Immanuel Lutheran Preschool

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

Enrollment Application

Preschool 4

Please Choose Your Class:

M-F AM

M-F PM

Student Information: Please complete a separate enrollment form for each student

Name: _____ Date of Birth: _____ Sex: Male Female
First Middle Last Nickname

Address: _____ Home Phone: _____

City: _____ State: _____ Zip: _____ Country of Birth: _____

Native Language: _____ Describe your child: _____

Parent/Guardian Information:

Parent/Guardian #1:

Name: _____ Marital Status: _____
First Middle Last

Address: _____ Cell Phone: _____

City: _____ State: _____ Zip: _____ Work Phone: _____

Employer/Occupation: _____ E-Mail: _____

Parent/Guardian #2:

Name: _____ Marital Status: _____
First Middle Last

Address: _____ Cell Phone: _____

City: _____ State: _____ Zip: _____ Work Phone: _____

Employer/Occupation: _____ E-Mail: _____

Do you have a church home? Yes No If yes, which church: _____

Is your child baptized? Yes No If yes, list the date: _____

Financial Information:

Registration Fee: \$65.00 (non-refundable) - \$35.00 is due at the time of application.

Note: This fee is non-refundable and MUST accompany this application in order for the application to be considered complete.

Tuition: Because we participate in the Voluntary Preschool Program for Waterloo Schools, tuition is covered by Waterloo Schools, on the condition that the child's attendance in our program meets the minimum requirements of the Voluntary Preschool Program.

If your child is enrolling for the first time at ILPS, who referred you to our school? _____

How did you hear about ILPS? Website Facebook Ad Radio Ad Newspaper Ad Newspaper Article/Story
 Referral by a current family Other: _____

Why do you wish to send your child to Immanuel Lutheran Preschool? _____

Immanuel Lutheran Preschool - Non-Discrimination Policy:

Immanuel Lutheran Preschool admits students of any race, color, or national or ethnic origin to all the rights, privileges, programs, and activities generally accorded or made available to students 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-administered programs.

For Office Use Only

Date Rec'd: _____ Balance Due: _____

Payment Type: Cash Check

Amount: _____ Check Number: _____

Emergency Contact Information: Person/people to call if parents cannot be reached in an emergency.

Name: _____ Phone: _____ Relationship to Child: _____

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Medical Information: Please complete all information, including exact addresses and full names

Child's Physician: _____ 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 will be transported to a local medical center at the parent's expense. By signing this Enrollment Application, the Parent gives authorization to ILPS and its 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: _____

School Directory Information:

I do or do not give my permission for the name of my child and our family information to appear in the school directory.

Child's Name: _____ We have been asked by the Iowa District East of the Lutheran Church - Missouri Synod to collect statistical information about our students. This confidential information is not shared with any other party and is not required as a part of the application process.

Father's Name: _____
Mother's Name: _____ What is your child's ethnic origin? African American American Indian Asian Caucasian Hispanic Other: _____

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 school. It also allows us to save on the expense of paper copies of newsletters, classroom notes, etc. Please inform us if your e-mail changes while enrolled at ILPS.

Application Agreement:

- ◆ This application serves a dual purpose as the Enrollment Application as well as providing information needed for other forms.
- ◆ This form needs to be filled out at time of application for admission to Immanuel Lutheran Preschool. Decisions regarding acceptance will 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 be enclosed with this form. The 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, privileges, programs, and activities generally accorded or made available to students 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-administered programs.
- ◆ I understand that by my signature on this application, and by the acceptance of Immanuel Lutheran Preschool, I accept all financial obligations 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: _____ Date: _____ Parent's Full Name (Please Print): _____

Signature: _____ Date: _____ Parent's Full Name (Please Print): _____