



# GOD'S PROMISES

**LUTHERAN LEARNING PLACE**  
Peace With Christ Lutheran Church  
1412 W. Swallow Road  
Fort Collins, CO 80526  
Phone: 226-4721  
[Promises@email.com](mailto:Promises@email.com)

Date: \_\_\_\_\_  
Deposit: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## APPLICATION FOR REGISTRATION 2011 -- 2012

**Please note:** a \$50.00 NON-REFUNDABLE registration fee and a one month tuition deposit is required with this application. The tuition deposit will be applied to the last month of school year.

Child's Name \_\_\_\_\_  
(Last) (First) (Middle)  Male  Female

Name Your Child Goes By \_\_\_\_\_

Home Address \_\_\_\_\_

Home Phone \_\_\_\_\_ Child's Social Security \_\_\_\_\_

Birth Date \_\_\_\_\_ Baptized?  No  Yes (date) \_\_\_\_\_

Church Currently Attending \_\_\_\_\_

Does Your Child Attend Sunday School? \_\_\_\_\_

Father's Name \_\_\_\_\_

Occupation / Business Name \_\_\_\_\_

Primary Phone \_\_\_\_\_ Other Phone \_\_\_\_\_

Email \_\_\_\_\_

Mother's Name \_\_\_\_\_

Occupation / Business Name \_\_\_\_\_

Primary Phone \_\_\_\_\_ Other Phone \_\_\_\_\_

Email \_\_\_\_\_

### PREFERRED SCHEDULE OPTION [choose one]

- |   |   |
|---|---|
| <input type="checkbox"/> 2 Half Day (9a – noon) \$120/month | <input type="checkbox"/> 2 Full Day (9a – 3p) \$240/month |
| <input type="checkbox"/> 3 Half Day (9a – noon) \$180/month | <input type="checkbox"/> 3 Full Day (9a – 3p) \$360/month |
| <input type="checkbox"/> 4 Half Day (9a – noon) \$240/month | <input type="checkbox"/> 4 Full Day (9a – 3p) \$480/month |
| <input type="checkbox"/> 5 Half Day (9a – noon) \$300/month | <input type="checkbox"/> 5 Full Day (9a – 3p) \$600/month |

*Extended Hours Available 7a to 5p (by arrangement)*

Desired month and year of start \_\_\_\_\_

Names and birth dates of other children in family:

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Additional information (optional):

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**Medical Information:**

Each child admitted to the preschool must have a health examination within six (6) months prior to admission or within thirty (30) days after admission. A medical statement dated and signed by a licensed physician must be on file at the learning center and must include the following:

- Information and instruction for the care of each child who has a chronic or handicapping condition, physical or emotional, such as: seizures, asthma, diabetes, allergies, heart or respiratory illness, and drug reactions.
- Information regarding immunizations, vaccinations, or tuberculin tests the child has received and dates administered.

Please comment on unusual health conditions, limitations, allergies, etc. Also include emotional reactions, fears, etc. which would be helpful for the teacher to know.

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Has your child had chicken pox or the chicken pox immunization? \_\_\_\_\_

You will be required to complete an Emergency Information Card prior to attendance.

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**FIELD TRIP AUTHORIZATION**

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I \_\_\_\_\_ give my permission for my child to go on trips away from the premises of the school, whether by foot or by vehicle, if I am properly notified.