

# Application for Enrollment

St. Stephen Lutheran Preschool

632 S. Madison St.

Adrian, MI 49221

(517) 263-1775

Child's Last Name \_\_\_\_\_ Child's First Name \_\_\_\_\_ M.I. \_\_\_\_\_

Nickname we should use \_\_\_\_\_ Date of Birth \_\_\_\_\_  
(Must be 4 years of age by Sept 1)

Address \_\_\_\_\_  
(Number- Street) (City) (Zip)

Church attending for regular worship/Sunday School \_\_\_\_\_  
(Church membership is not required for admittance)

Baptized? Yes/No

Father/Guardian \_\_\_\_\_  
Address (if other than above) \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Occupation \_\_\_\_\_ Employer \_\_\_\_\_

Driver's License \_\_\_\_\_

Church attending for regular worship/Bible Study \_\_\_\_\_  
(Church membership is not required for admittance)

Mother/Guardian \_\_\_\_\_  
Address (if other than above) \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Occupation \_\_\_\_\_ Employer \_\_\_\_\_

Driver's License \_\_\_\_\_

Church attending for regular worship/Bible Study \_\_\_\_\_  
(Church membership is not required for admittance)

Preschool Days: 5 days (Mon.-Fri.) 8:30 AM- 3:30 PM \$4091 non-members,  
\$2046 members, After school Latchkey until 5:30 PM \$4/hr.

A 10 % down payment needs to be made after acceptance to secure your spot. This will be deducted from your total bill when received.

Persons authorized to pick up child: \_\_\_\_\_

Persons who may NOT pick up child: \_\_\_\_\_

(If this person is a parent, a copy of a custody document is required)

If an opening is unavailable at this date, would you like to remain on a waiting list? Yes No

Has your child had a previous childcare or preschool experience? Yes No If yes, when and where? \_\_\_\_\_

Does your child have any allergies? Yes No If yes, please explain: \_\_\_\_\_

Does your child have any medical problems? Yes No If yes, please explain: \_\_\_\_\_

What word does your child use for toileting? \_\_\_\_\_

List special food or eating instructions: \_\_\_\_\_

Any additional information or special needs regarding your child? \_\_\_\_\_

How did you hear about our preschool? \_\_\_\_\_

\_\_\_\_ We pledge our support of the preschool ministry of St. Stephen Lutheran School. We also accept our financial responsibility and pledge to pay the tuition and fees incurred in a timely manner.

\_\_\_\_\_ Date \_\_\_\_\_ Date \_\_\_\_\_

(Father/Guardian Signature)

(Mother/Guardian Signature)

Office Use Only

Date Received: \_\_\_\_/\_\_\_\_/\_\_\_\_ Health Form \_\_\_\_ Child Info. Card \_\_\_\_

Registration Fee \_\_\_\_\_ Check# \_\_\_\_\_ Cash \_\_\_\_\_ Money Order \_\_\_\_\_

Approved By: \_\_\_\_\_ Date: \_\_\_\_\_