

Abiding Savior Lutheran Preschool

Enrollment Application for 2016 - 2017

Please Attach
Small Photo
Here

Please attach your **non-refundable \$200 application/activity/supply fee**, payable to Abiding Savior Lutheran Preschool, to this completed application to secure enrollment.

Child's Information:

Name: _____ M / F (circle)

Date of Birth: _____ Name child goes by: _____

Address: _____ City: _____ Zip: _____

Baptized: Yes ___ No ___ Place of Baptism: _____

If no, are you interested in information about baptism? Yes / No

Parent / Guardian Information:

Mother or Guardian 1: _____ Occupation: _____

Place of Employment: _____ Church Affiliation: _____

Daytime Phone: _____ Evening Phone: _____

Email: _____

Father or Guardian 2: _____ Occupation: _____

Place of Employment: _____ Church Affiliation: _____

Daytime Phone: _____ Evening Phone: _____

Email: _____

Please check your preferred program:

___ Preschool Morning (8:30 – 12:00)

___ Three Quarter Day (8:30 – 3:00)

___ Full Day (8:30 – 6:00)

Please check your preferred days:

___ (2 days) Tuesday/Thursday

___ (3 days) Monday/Wednesday/Friday

___ (5 days) Monday – Friday

Discounted Early Riser Monthly Rate (7:30 – 8:25 drop off)

___ 2 days/week (\$16/month) ___ 3 days/week (\$24/month) ___ 5 days/week (\$40/month)

Hourly rate for Lunch Bunch, occasional Early Care and occasional Aftercare

is \$6/hour or portion thereof.

Tuition for 2016 - 2017

	Morning	3/4 Day	Full Day
2 day	\$2,300.00	\$3,330.00	\$4,300.00
3 day	\$3,450.00	\$4,950.00	\$6,450.00
5 day	\$5,250.00	\$7,250.00	\$9,250.00

Child's Personal Information

1. What is your child's concept of God?

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

Where? _____ When? _____

3. Is your child toilet trained? Yes No

4. Does your child have siblings? Yes No If yes, please list names and ages:

5. Does your child have allergies? Yes No If yes, please list:

6. Are there any medical problems of which we should be aware?

7. Are there any special food or eating instructions?

8. Are there any special sleeping or napping instructions?

10. Please mention any additional information such as discipline, communication, comforting, etc. that will help us provide the happiest, most loving and successful experience for your child:

I understand that I am responsible for familiarizing myself with the policies and regulations as instituted by the State of Florida (DCF) and Abiding Savior Lutheran Preschool applicable to licensed Early Childhood Preschool and Child Care Programs, as incorporated in the Parent Handbook. I will cooperate fully in meeting these obligations to the best of my ability on behalf of my child. Further, I authorize the Abiding Savior Lutheran Preschool Director and/or staff to contact any or all persons listed above, if necessary, to fulfill their responsibilities while caring for my child.

Parent or Guardian Signature: _____ Date: _____