

WORD OF LIFE LUTHERAN PRESCHOOL
Application for Admission 2016-2017

Child's Full Name _____ **Birth Date** ____/____/____

Street Address: _____ **Apartment #** _____ **City** _____ **Zip Code** _____

Name to be used at school: _____ **Male** ___ **Female** ___ **Phone:** _____

Child's Race/Ethnic Origin (circle one): African American American Indian Asian Caucasian Hispanic
Where did you learn about Word of Life Preschool? _____ **Would you like information on WOL Church?** _____

Mother's Name: _____ **Marital Status:** _____ **Church/Religion:** _____
Email Address: _____ **Cell Phone:** _____

Father's Name: _____ **Marital Status:** _____ **Church/Religion:** _____
Email Address: _____ **Cell Phone:** _____

Other children in the family:

NAME	AGE	BIRTHDATE	NAME	AGE	BIRTHDATE
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

Medical Information:

Child's Physician: Name: _____ Phone: _____
 Address: _____ City: _____, IL Zip: _____

Does your child have allergies? No Yes (Please Explain): _____

Does your child have other food restrictions? No Yes (Please Explain): _____

Please describe any other Physical, emotional, or medical needs of the child: _____

CLASS PREFERENCE- Please Mark 1st and 2nd choice (see back for tuition rates)

2.5 YEAR OLD (Must be 30 Months) **PRE-K (4 & 5)** (Must be 5 by Feb. 1st)
 ___ Mon, Tues 9:00-11:30 ___ Mon, Tue, Wed, Thurs, Fri 9:00-11:30
 ___ Wed, Thurs 9:00-11:30 ___ Mon, Tues, Wed, Thurs 12:30-3:00

3 Year Old (Must be 3 by Sept. 1st) **Literacy Programs**
 ___ Mon, Tue, Wed 9:00-11:30 ___ Alphabet Bears (2 1/2) – Friday 9:00-11:30
 ___ Mon, Tues, Wed 12:30-3:00 ___ Book Buddies (3) – Thursday
 ___ Mon, Tues, Wed, Thurs 12:30-3:00 9-11:30 or 12:30-3:00
 ___ Lions Literacy (4 & 5) – Friday 9:00-11:30

PRE-K - 4 Year Old (Must be 4 by Sept 1st.) **Waitlist Only**
 ___ Mon, Tues, Wed, Thurs 9:00-11:30 ___ If choice 1 is not available I prefer to be
 ___ Mon, Tues, Wed/Thurs 12:30-3:00 waitlist only (registration fee will be held until placed in a class)

Office Use Only:

Registration Fee
 (Due with Application. 85/student):
 Check#/Amount _____

Initial tuition Payment
 (Due Aug. 1st or upon registration):
 Check #/Amount _____

Class Assignment: _____

Class Waitlist: _____

Registration Appointment Day/Time:

Completion of this form conveys a request for admission to WORD OF LIFE LUTHERAN PRESCHOOL.
 The **\$85.00 non-refundable** registration fee must accompany this form. Wait listing is available at no charge.

Signature of parent/guardian _____ **date:** _____

