



# Messiah Lutheran Preschool

## Application

### 2024 - 2025



Please submit a separate application for each child you are enrolling. Only a parent or guardian may enroll a child. Messiah Lutheran Preschool admits students of any race, color, national or ethnic origin.

Child's Full Name: \_\_\_\_\_

Birth Date (month/day/year): \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Gender: Male Female

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Child lives with: Both Parents Father Mother Legal Guardian

Are there any current custody agreements? If yes, please explain. Yes No

Does your child have an IEP or Specialized Learning Plan? Yes No

Church Affiliation: \_\_\_\_\_

How did you hear about us? \_\_\_\_\_

#### Parent/Guardian 1:

Full Name: \_\_\_\_\_

Occupation: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Email: \_\_\_\_\_

#### Parent/Guardian 2:

Full Name: \_\_\_\_\_

Occupation: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Email: \_\_\_\_\_

## CLASS ENROLLMENT

Class offerings, dates, and times are subject to change upon enrollment.

**3 year old class (2 mornings/week) \$290/month**  
 Tuesday and Thursday from 9:00am-12:00pm  
 Child must be age 3 before September 1, 2024

**4 year old class (3 mornings/week) \$450/month**  
 Monday, Wednesday, Friday from 9:00am-1:00pm  
 Child must be age 4 before September 1, 2024

**3 year old class (3 mornings/week) \$390/month**  
 Monday, Wednesday, Friday from 9:00am-12:00pm  
 Child must be age 3 before September 1, 2024

**4 year old class (5 mornings/week) \$650/month (BEST DEAL!)**  
 Monday through Friday from 9:00am-1:00pm  
 Child must be age 4 before September 1, 2024

**3 year old class (5 mornings/week\*) \$590/month (BEST DEAL!)**  
 \*BOTH the 2 days/week and the 3 days/week classes,  
 for a total of 5 days/week, from 9:00am-12:00pm  
 Child must be age 3 before September 1, 2024

Child's Full Name \_\_\_\_\_

Messiah Lutheran Preschool, a Lutheran Christian program for children ages 3 to 5, admits children of any race, color, national or ethnic origin. **Parents of children with special needs must discuss the child's needs with the director before enrolling in the program.** Messiah Lutheran Preschool attempts to include children with special needs and/or other medical conditions and will support the child with reasonable accommodations. Messiah Lutheran Preschool will work to meet the goals and accommodations of the provisions of an Individual Education Plan (IEP) or Individual Family Service Plan (IFSP).

Does your child have any **diagnosed allergies**?      Yes      No

If yes, please explain:

Does your child need an epi-pen?      Yes      No

Does your child have **diagnosed asthma**?      Yes      No

If yes, does your child use an inhaler, nebulizer, etc. to control the asthma?      Yes      No

If yes, would medication need to be administered at school?      Yes      No

Does your child have any **other medical conditions**?      Yes      No

If yes, please explain:

Does your child take any **medications regularly**?      Yes      No

If yes, would medication need to be administered at school?      Yes      No

If yes, please explain which medications are taken regularly and which would need to be administered at school:

Does your child have any **dietary restrictions**?      Yes      No

If yes, please explain:

Does your child have **delayed speech or other language concerns**?      Yes      No

If yes, please explain:

Does your child have an IEP and/or receive special education services?      Yes      No

If yes, please explain:

Will your child need **special accommodations** (physical or behavioral) while at school?      Yes      No

If yes, please explain:

## More About My Child 2024 - 2025

Child's Full Name: \_\_\_\_\_

Child's Date of Birth (month/day/year): \_\_\_\_/\_\_\_\_/\_\_\_\_

Gender:      Male              Female

What name does your child like to be called? \_\_\_\_\_

How do you want your child to see his/her name in print? \_\_\_\_\_

Does your child speak/understand English?              Yes              No

What languages are spoken in your home? \_\_\_\_\_

**Who lives in the child's household (e.g. parents, siblings, extended family, pets, etc.)? Please include sibling names and ages.**

**My child has had the following experiences in group/social situations (e.g. Sunday School, play groups, daycare, enrolled in another preschool, etc.):**

**My child enjoys/does well with the following things:**

**My child dislikes/has difficulty with/might need help with the following things:**

**Other information that may be helpful for my child's teacher to know:**

Child's Full Name \_\_\_\_\_



## Parent Agreement & Responsibilities 2024 - 2025



*Preschool is a child's first school experience and the relationship between parents, teachers, and children can make it a positive experience for learning and growth.*

**PLEASE INITIAL EACH STATEMENT BELOW TO INDICATE YOUR UNDERSTANDING AND AGREEMENT:**

\_\_\_\_\_ Messiah Lutheran Preschool will utilize email as a primary means of communication with families. Newsletters, monthly calendars, class updates and reminders will be sent electronically. It is the parent/guardian's responsibility to check emails frequently for updates and information.

\_\_\_\_\_ Messiah Lutheran Preschool must be kept up-to-date regarding any changes to contact and emergency information. It is essential that we be able to quickly reach a parent/guardian or an emergency contact.

\_\_\_\_\_ Children should be potty-trained before starting school. Reasonable accommodations for children with special needs may be made.

\_\_\_\_\_ All forms must be returned at the time of registration with the exception of those forms requiring a doctor's signature. Due to licensing regulations, children will not be allowed to attend school until all of the necessary forms, including health forms, are completed and received by Messiah Lutheran Preschool.

\_\_\_\_\_ There are additional required forms for children with food allergies, asthma, and medication administration needs that require a doctor's signature. These need to be completed and at Messiah Lutheran Preschool before the child attends school.

\_\_\_\_\_ All students must be up-to-date on required immunizations.

\_\_\_\_\_ Parents are expected to be familiar with and adhere to MLPS's illness policy, as written in the Parent Handbook.

\_\_\_\_\_ The registration fee of \$125 (\$100 for returning students) is non-refundable.

\_\_\_\_\_ Monthly tuition payments are due one month in advance and on the 1st of each month. For example, September's tuition payment is due on August 1 and October's tuition payment is due on September 1. There is a late fee of \$25 for monthly tuition paid more than five days after the due date.

\_\_\_\_\_ **Registration is for the entire school year.** Messiah Lutheran Preschool's budget and curriculum is planned around children's attendance for the full nine months. There will be no refunds for a child's illness, family vacation, overseas trips, or other school absences. Tuition payments for enrolled students are due monthly regardless of the child's attendance.

\_\_\_\_\_ There is a fee of \$5 per minute beginning ten minutes after dismissal time if a child is picked up late.

Parent/Guardian Signature \_\_\_\_\_

Date \_\_\_\_\_

Parent/Guardian Name Printed \_\_\_\_\_

Child's Full Name \_\_\_\_\_

## Permissions 2024 - 2025

### MEDICAL RELEASE

I authorize and hereby grant permission to Messiah Lutheran Preschool and Staff, in my own behalf and on the behalf of my child, to administer to my child any and all medical and/or dental attention in the event of an injury or illness, until such time as I can be contacted. I further authorize Messiah Lutheran Preschool and Staff as the above identified Emergency Contact to consent to medical, surgical or dental examination or treatment. This permission includes, but is not limited to, the administration of first aid, the use of an ambulance, and any medical/dental procedures under the recommendation of qualified medical personnel.

I further acknowledge and understand that I will be responsible for any and all medical and related bills that may be incurred on behalf of my child for any medical or dental emergency or injury that may occur while my child is on the premises of Messiah Lutheran Preschool.

I have read the above medical waiver. I fully understand that by signing this form for myself and on behalf of my child, I hereby agree to these terms freely, voluntarily and without inducement, in my own behalf and on behalf of my child, release and hold harmless Messiah Lutheran Preschool in the exercise of this authority.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent/Guardian Name Printed \_\_\_\_\_

### PHOTO PERMISSIONS

FOR INTERNAL USE: During the school year we take pictures of special events, trips, class projects, etc. These pictures may be used for internal purposes – art projects, bulletin boards, portfolios, distribution to families in the class, display on the private password-protected parent page of our website, or classroom displays. Your signature gives us permission to use your child's picture in this manner.

Parent/Guardian Signature \_\_\_\_\_

Parent/Guardian Name Printed \_\_\_\_\_ Date \_\_\_\_\_

FOR EXTERNAL USE: During the school year we take pictures of special events, trips, class projects, etc. These pictures may be used for the Messiah Lutheran Preschool webpage, social media accounts, and marketing materials. Children are NOT identified by name in these photos. Your signature gives us permission to use your child's picture in this manner.

Parent/Guardian Signature \_\_\_\_\_

Parent/Guardian Name Printed \_\_\_\_\_ Date \_\_\_\_\_

**I certify that the information on this application is correct to the best of my knowledge.  
I understand that class offerings, dates, and times are subject to change based upon enrollment and at the director's discretion.**

Parent/Guardian Signature \_\_\_\_\_

Parent/Guardian Name Printed \_\_\_\_\_ Date \_\_\_\_\_