

# Immanuel Lutheran School

632 E. Hwy N. Wentzville, MO 63385  
(636)639-9887



## PRESCHOOL APPLICATION FOR ADMISSION 2022/2023

### Student Information

Name (First/Middle/Last): \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Preferred Name: \_\_\_\_\_ Age: \_\_\_\_\_ Male Female (circle)

### Parent/Guardian Information

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

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Place of Employment: \_\_\_\_\_ Occupation: \_\_\_\_\_

Home #: \_\_\_\_\_ Cell #: \_\_\_\_\_ Cell Provider: \_\_\_\_\_

Business #: \_\_\_\_\_ Email address: \_\_\_\_\_

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

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Place of Employment: \_\_\_\_\_ Occupation: \_\_\_\_\_

Home #: \_\_\_\_\_ Cell #: \_\_\_\_\_ Cell Provider: \_\_\_\_\_

Business #: \_\_\_\_\_ Email address: \_\_\_\_\_

**A \$100 registration fee is required to enroll for the 22/23 school year, please send payment with this form. Return by January 28th, 2022. The remaining \$225 registration materials fee is due by April 29, 2022. All registration fees are non-refundable.**

Office use only: Amount Received: \_\_\_\_\_ Date Received: \_\_\_\_\_

Cash: \_\_\_\_\_ Check: # \_\_\_\_\_ VANCO \_\_\_\_\_ Receipt # \_\_\_\_\_

**(SEE OTHER SIDE FOR PROGRAM OPTIONS AND TUITION)**

**PRESCHOOL TUITION & REGISTRATION FEE 2022-2023**  
 August 22, 2022 – May 24, 2023  
**PLEASE CIRCLE WHICH PROGRAM YOU ARE INTERESTED IN**

**2 YEAR OLDS OPTIONS (Minimum of 2 or more days)**

**Please circle days**

	<u>Registration</u>	<u>Monthly</u>	<u>Yearly</u>
2 DAYS Mon / Tues / Wed / Thurs / Fri	\$325	\$397.50	\$3,975
3 DAYS Mon / Tues / Wed / Thurs / Fri	\$325	\$514.10	\$5,141
5 DAYS Mon / Tues / Wed / Thurs / Fri	\$325	\$773.80	\$7,738

**3 YEAR OLDS OPTIONS (Student must be fully potty trained)**

	<u>Registration</u>	<u>Monthly</u>	<u>Yearly</u>
Tues/Thurs	\$300	\$328.60	\$3,286
Mon/Wed/Fri	\$325	\$445.20	\$4,452
Mon/Tues/Wed/Thurs/Fri	\$325	\$625.40	\$6,254

**4 YEAR OLDS OPTIONS (Student must be fully potty trained)**

	<u>Registration</u>	<u>Monthly</u>	<u>Yearly</u>
Tues/Thurs	\$300	\$328.60	\$3,286
Mon/Wed/Fri	\$325	\$445.20	\$4,452
Mon/Tues/Wed/Thurs/Fri	\$325	\$625.40	\$6,254

**With this signed agreement, I understand that this enrollment form is an annual, binding agreement to pay tuition. Tuition may be paid annually, semi-annually, quarterly or monthly in 10 payments (August – May). If paid monthly, it is highly encouraged to sign up for automatic payments.**

**Statement of Agreement: As a parent, I agree to support and cooperate with the Immanuel Lutheran School and abide by its policies, rules and regulations, striving to be a supportive part of the Christian community of students, teachers, and family as we work together in God’s name. I hereby understand & agree to this refund policy & all other policies in the Preschool & Parent handbooks.**

**\* Parent/Guardian Signature: \_\_\_\_\_**

## PERSONAL HISTORY

Name of Insurance Company: \_\_\_\_\_

Policy#: \_\_\_\_\_ Doctor: \_\_\_\_\_

Phone # \_\_\_\_\_ Authorized to call doctor: YES /NO

Hospital Preferred: \_\_\_\_\_ Allergies: \_\_\_\_\_

Please specify any health concerns: \_\_\_\_\_

Please specify unique health instructions: \_\_\_\_\_

List all previous preschool experience, where and when? \_\_\_\_\_

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## Family Church Information

Member of Immanuel Lutheran Church? Yes or No (Circle one)

Has your child been baptized? \_\_\_\_\_

If so, Date \_\_\_\_\_

If not a Immanuel Lutheran Church member, please say where you are a member

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## ADDITIONAL EMERGENCY CONTACTS (Other than parents)

1. Name: \_\_\_\_\_ Phone number: \_\_\_\_\_

Relationship: \_\_\_\_\_

2. Name: \_\_\_\_\_ Phone number: \_\_\_\_\_

Relationship: \_\_\_\_\_