



Preschool Application Form

OFFICE USE ONLY

Date received: _____ Fee paid: ☐

APPLICATION DATE _____

Enrollment for children ages 3-5 years, Monday, Wednesday & Friday 9am—11:30am. Please complete this form and remit a \$50 non-refundable early application fee (on or before April 1) or a \$75 non-refundable application fee (after April 1) to Atonement Lutheran Preschool. Tuition is \$175.00 per month.

STUDENT INFORMATION

Date of Birth _____ Gender ☐ Male ☐ Female
Fees Paid _____ Total Amount _____ Check Number _____
Person who received application _____
Student's Name _____ Preferred Name _____
Class/Teacher Assignment _____
Home Address _____
Home Phone _____ Cell Phone _____ Family Email _____

GUARDIAN INFORMATION

Father's Name _____ Business Phone _____
Occupation/Company _____ Position/Title _____
Business Address _____
Mother's Name _____ Business Phone _____
Occupation/Company _____ Position/Title _____
Business Address _____
Marital Status ☐ Married ☐ Single ☐ Divorced ☐ Widowed
Child lives with ☐ Both parents ☐ Mother ☐ Father ☐ Other _____

Please list all siblings living in the household:

Name _____ Date of Birth _____
Name _____ Date of Birth _____
Name _____ Date of Birth _____
Name _____ Date of Birth _____

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MEDICAL INFORMATION

Does your child have any medical conditions (chronic illnesses or allergies) that we should be aware of?

☐ Yes ☐ No

Does your child require medication for any condition?

☐ Yes ☐ No

If you answered **Yes** to either of these questions, please explain.

Doctor's Name _____ Phone Number _____

Is your child up to date on vaccinations?

☐ Yes ☐ No

If no, please provide adequate waivers.

CHURCH INFORMATION

Name of Church _____ Are you a member?

☐ Yes ☐ No

Church Address _____

Pastor's Name _____

ADDITIONAL INFORMATION

How did you hear about Atonement Lutheran Preschool? Please give names where possible.

Alumnus _____ Current Student _____ Minister _____

Advisor/Teacher _____ Advertisement _____

Website _____ Other _____

