

IMMANUEL LUTHERAN PRESCHOOL

2565 Airline Drive, Bossier City, Louisiana 71111

Phone: 318-747-8828 email: www.preschool@immanuelbossier.org

Registration Form:

Date: _____

2017-2018 school year

Student's name: _____ Birthday _____

Primary Residence: _____

Class choice:	_____ 3-year-old / 3 days	\$ _____ 175.00
	_____ 3-year-old / 5 days	\$ _____ 225.00
	_____ 4-year-old / 5 days	\$ _____ 225.00
	Registration Fee	\$ _____ 200.00

The registration fee is due at the time of application to the school. Tuition is due by the 16th of each month.

Registration, continued – parent information

Student _____

Mother's name _____

Address: _____

Phone: (cell) _____ **(work)** _____ **(home)** _____

email: _____

Father's name _____

Address: _____

Phone: (cell) _____ **(work)** _____ **(home)** _____

email _____

I give my permission for my child to be picked up from Immanuel Lutheran Preschool by the following

Individuals:

name	relationship	phone
_____	_____	_____
_____	_____	_____
_____	_____	_____

Your Home Church _____

Medical Information:

Student _____

Name of Physician _____ **phone:** _____

Health Insurance _____

Hospital Preference _____

Who can we call in case of an emergency if we cannot reach you?

Name: _____ **phone:** _____

Relationship: _____

Does your child suffer from a chronic or acute condition such as asthma, diabetes, epilepsy, etc? If so, please indicate this below.

Please list any medications your child takes regularly: _____

Please list any allergies your child has: _____

Parent Signature (s): _____

General Information: (more in our orientation packet)

Student _____

We love for our parents to help at the school. Your talents are appreciated! Please use the lines below to indicate how you may share with us. Grandparents are welcome too.

Crafts—help in the classroom _____

Customs from another culture _____

Music –share an instrument--teach songs _____

Carpentry or set building skills _____

Supplies for special projects or events _____

Parent liaison to the preschool board _____

snacks _____

other _____

Can you volunteer in a classroom... daily _____ **weekly** _____

monthly _____ **other** _____.

Parent signature _____

**Thank you for submitting this application. We will notify you as soon as your child is accepted into
The Immanuel Lutheran Preschool.**

