

Preschool
2021 - 2022 School year

Date received _____
Time _____

Student Name:				
Student Birthday:		Month	Day	Year
Student Gender:				
Mailing Address:				
Mother's Name:			Lives with Student Y N	
Cell Phone:				
email address:				
Employer:			Work Phone:	
Father Name:			Lives with Student Y N	
Cell Phone:				
email address:				
Employer:			Work Phone:	
Custody: circle		Shared	Mother only	Father only
Other:				
Please clarify:				

Pick-up list - who may pick up your child (other than parent) - can be updated at anytime	
Name:	Phone:
Name:	Phone:

Emergency Contacts: (other than Parent)	
Name:	Phone:
Name:	Phone:

Please Mark the Class you would like your child to attend:			Class days and times will be determined at a later date, and will be based on most current COVID restrictions
morning			
Preschool - M W F	= \$170	<input type="checkbox"/>	
Must be 3 by September 1, 2021 - and FULLY potty trained			
morning afternoon			
Pre K - T W Th F	= \$220	<input type="checkbox"/>	
Must be 4 by September 1, 2021 - and FULLY potty trained			

Registration Fee of \$75.00 is required upon registration

Registration fee is NON refundable Unless enrollment minimum is not met

School Use ONLY:				
Registration Fee				
Date Paid	<input type="text"/>	Check #	<input type="text"/>	Cash

Preschool
2021 - 2022 School year

Date received _____
Time _____

What are your child's strengths?
Do you have any concerns about your child?
Has your child been evaluated by CESD? Y N When:
Is your child receiving services from the CESD? What services? Y N

Medical information:
Allergies:
Medical Information Staff needs to be aware of:
Please note: Living Way Preschool staff does NOT dispense medication

Medical Release:
In the event of a medical emergency, I hereby give my permission for staff to provide first aid, for staff to call 911, and for my child be transported to the nearest hospital (staff accompanied). I give permission for emergency medical treatment to be administered. I will take responsibility for all costs incurred by such an emergency.
Child Name: _____
Parent Signature: _____ Date: _____

Tuition Payment: Please Initial each statement	
	Tuition is due on the first of the month.
	A late fee of \$25 will be applied to payments 10 days past due.
	A returned check fee of \$30 will be applied to any returned check.
	After 60 days of non payment school registration will be terminated.
Parent Signature: _____	Date: _____