

2024 - 2025

CHRIST LUTHERAN PRESCHOOL ENROLLMENT FORM

595 Deerpath Dr., Vernon Hills, Illinois (847) 367-5791

Please fill in the appropriate information and return with your registration fee of \$125 (payable to Christ Lutheran Preschool or CLPS). Thank you.

Class offerings are subject to change based on student enrollment

Please select your first and second choice:

Tot Program (must be 2 yrs old by Sept 1) class meets 8:30 - 11:30 am
() T,Th () M,W () M,T,W,Th

Preschool classes below are 8:30-11:30 am:

young 3 yr class 3 yr. class Pre-K class

() T, Th () T, Th () M, W, F (3 day)
() M, W, F () M, W, F () T, W, Th (3 day)
() M, T, W, Th, (4 day)
() M, T, W, Th, F (5 day)

() I am interested in early drop off (8-8:30am)
() I am interested in extended day options (11:30 - 2 or 4 pm)

MAIN CONTACT PHONE _____

Child's name: _____ Boy () Girl ()
Last First MI

Nickname: _____ Birth date: ___/___/___
(If to be used here at school)

Current Age _____

Address: _____ City: _____ Zip _____

Birthplace: _____

Mother's Name: _____ Work phone: _____

Father's Name: _____ Work phone: _____

Cell phone numbers: _____

Email address _____

Siblings Names & Ages: _____

Religious Affiliation _____

(over)

EMERGENCY MEDICAL CARE AUTHORIZATION

I authorize emergency treatment and if necessary, permission for my child to be transported to the nearest hospital or doctor. I agree to pay all fees in connection with such treatment or service. My personal doctor and dentist are:

Doctor Phone Address

Dentist Phone Address

I hereby authorize Christ Lutheran Preschool to photograph/video my child and use the photos for publicity purposes (including social media) and relinquish my title, rights, and interest in the finished photos or negatives.

Signature _____ Date _____

Christ Lutheran Preschool and Christ Lutheran Church are not responsible for any cost due to accidental injury, or illness, for any persons, on or off, Christ Lutheran Church property.

Signature _____ Date _____

Allergy/Medical Information

Does your child suffer from any allergies or have any other medical conditions of which you would like our staff to be aware? Yes _____ No _____

Health Cautions or Food Allergies: _____

Please list special needs if any: _____

PICK-UP AUTHORIZATIONS

I give permission for the following person(s) to pick up my child from Christ Lutheran Church and Preschool.

(you do not need to list child's parents)

Child's name

Date

Parent/Guardian Signature

Name

Phone #

Address

Relationship to child

Name

Phone #

Address

Relationship to child

Name

Phone #

Address

Relationship to child