

# PEACE LUTHERAN PRESCHOOL AND EARLY CHILDHOOD CENTER 2024-2025 PRESCHOOL ENROLLMENT FORM



Child's Name \_\_\_\_\_ Birth Date \_\_\_\_\_

Address \_\_\_\_\_  
Street City Zip

Parent(s) or Guardian Name(s) \_\_\_\_\_

Primary Email \_\_\_\_\_ Primary Phone # \_\_\_\_\_

All preschool age students **MUST be fully potty trained. NO pull ups! A child in preschool is not considered potty trained if they are still in a diaper or a pull-up or cannot use the restroom independently. Due to a time of transition, we will have a grace period of three weeks, but then we will be obligated to say they are not potty trained.**

Please mark your 1st and 2nd choice:

**3 - 4 YEAR OLDS: Child must be 3 years old by July 31, 2024**

|                           |                    |          |                 |
|---------------------------|--------------------|----------|-----------------|
| Monday/Wednesday          | 8:00 AM - 11:00 AM | \$105.00 | \$ 945.00 year  |
| Tuesday/Thursday          | 8:00 AM - 11:00 AM | \$105.00 | \$ 945.00 year  |
| Tuesday/Thursday ALL DAY* | 8:00 AM - 3:00 PM  | \$205.00 | \$1,845.00 year |
| Monday - Friday ALL DAY*  | 8:00 AM - 3:00 PM  | \$450.00 | \$4,050.00 year |

*\*Children must BRING THEIR LUNCHES if staying past noon in an ALL Day class or Extended Care.*

**4 - 5 YEAR OLDS: Child must be 4 years old by July 31, 2024**

|                                 |                    |          |                  |
|---------------------------------|--------------------|----------|------------------|
| Monday/Wednesday/Friday         | 8:00 AM - 11:00 AM | \$145.00 | \$ 1,305.00 year |
| Monday/Wednesday/Friday ALL DAY | 8:00 AM - 3:00 AM  | \$290.00 | \$2,610.00 year  |
| Monday - Friday ALL DAY*        | 8:00 AM - 3:00 PM  | \$450.00 | \$4,050.00 year  |

*\*Children must BRING THEIR LUNCHES if staying past noon in an ALL DAY class or Extended Care.*

**EXTENDED CARE** is available from 7:00 AM until 5:30 PM at the rate of \$3.75 per hour. If your child needs to arrive before 8:00 and/or stay after their class is dismissed at 3 PM, please fill out the **EXTENDED CARE FORM** with additional details.

**A preschool T-shirt will be given to each child enrolled.**

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**A second shirt can be purchased for \$5**

|  |                          |  |
|--|--------------------------|--|
| **Registration Fee (nonrefundable)<br>Checks payable to Peace Lutheran Preschool | \$100<br>(Morning class) |  |
| **Registration Fee (nonrefundable)<br>Checks payable to Peace Lutheran Preschool | \$130<br>(All day class) |  |
|  | <b>TOTAL</b>             |  |

\*\*Initial classroom assignments will be announced on **March 15**. If your child is placed on a waiting list **AND** you decide to go elsewhere for preschool/childcare when a spot becomes available, the Registration Fee is refundable.

The following items are needed to complete enrollment:

- 2024-2025 Enrollment Form (this form)
- Child Record Form (front AND back)
- A copy of your child's Immunization Record
- Appropriate \*\*Registration fees

**Please mail or bring to:  
Peace Lutheran Preschool  
1710 N North Road  
Grand Island, NE 68803**

### OFFICE USE ONLY

Date Received: \_\_\_\_\_

Paid: \_\_\_\_\_

Cash or Check# \_\_\_\_\_

Extended Care (mark those that apply)

\_\_\_ Before Class

\_\_\_ After Class

\_\_\_ No (at time of registration)

Class \_\_\_\_\_

Teacher \_\_\_\_\_

**PEACE LUTHERAN PRESCHOOL AND EARLY CHILDCARE CENTER  
CHILD RECORD FORM 2024 - 2025**

*1710 N North Road, Grand Island, NE 68803*

*308-850-2146 or 308-384-5673 X101*

Website: [www.peacepreschoolgi.org](http://www.peacepreschoolgi.org) - Facebook: [facebook.com/preschool.peacelutherangi.org](https://facebook.com/preschool.peacelutherangi.org)

PLEASE FILL IN ALL INFORMATION

CHILD'S NAME \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_

Birthdate \_\_\_\_\_ Baptism Date \_\_\_\_\_ Nickname \_\_\_\_\_

Child lives with Birth Parents \_\_\_ Mom \_\_\_ Dad \_\_\_ Other (specify) \_\_\_\_\_

Child's Race (circle one)    Caucasian                      Black / African American                      Asian / Pacific Islander  
   Hispanic                                      Native Am/Alaska Native                      Other (specify) \_\_\_\_\_

Siblings: Brother(s) Name(s) and Age(s) \_\_\_\_\_  
   Sister(s) Name(s) and Age(s) \_\_\_\_\_

OFFICE ONLY: Enrollment Date \_\_\_\_\_ Updates \_\_\_\_\_ Date Care Ceased \_\_\_\_\_

Child named above is enrolling with an IEP Yes \_\_\_ No \_\_\_ for \_\_\_\_\_

**Parent (Guardian) Information**

Marital Status (circle one):    Married                      Widowed                      Separated)                      Divorced                      Never Married

**FATHER** (Guardian)    Relationship to child: (circle one):

Birth Parent    Adopted Parent    Step Parent    Foster Parent    Grandparent    Other (specify) \_\_\_\_\_

Name \_\_\_\_\_ Employer \_\_\_\_\_

Address \_\_\_\_\_ Address \_\_\_\_\_

City/Zip Code \_\_\_\_\_ City/Zip Code \_\_\_\_\_

Primary Contact Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Primary Email (please print clearly) \_\_\_\_\_

**MOTHER** (Guardian)    Relationship to child: (circle one):

Birth Parent    Adopted Parent    Step Parent    Foster Parent    Grandparent    Other (specify) \_\_\_\_\_

Name \_\_\_\_\_ Employer \_\_\_\_\_

Address \_\_\_\_\_ Address \_\_\_\_\_

City/Zip Code \_\_\_\_\_ City/Zip Code \_\_\_\_\_

Primary Contact Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Primary Email (please print clearly) \_\_\_\_\_

**\*Persons to Whom Child may be Released by Peace Lutheran Childcare:** (If no one, write "none")

Name \_\_\_\_\_ Name \_\_\_\_\_  
Address \_\_\_\_\_ Address \_\_\_\_\_  
City/State/Zip \_\_\_\_\_ City/State/Zip \_\_\_\_\_  
Primary Phone \_\_\_\_\_ Primary Phone \_\_\_\_\_

**\*Persons Who will Take Responsibility in an Emergency when the Parent cannot be Reached** (ONE NAME MUST BE LISTED)

Name \_\_\_\_\_ Name \_\_\_\_\_  
Address \_\_\_\_\_ Address \_\_\_\_\_  
City/State/Zip \_\_\_\_\_ City/State/Zip \_\_\_\_\_  
Primary Phone \_\_\_\_\_ Primary Phone \_\_\_\_\_

**\*Persons listed must provide photo ID upon request from staff before child is released. Contact director/teacher to add additional contacts any time.**

**Consent to Contact Physician In Emergency**

In the event I cannot be reached to make arrangements I hereby give my consent to PEACE LUTHERAN CHILDCARE to contact

Doctor \_\_\_\_\_ Phone \_\_\_\_\_ Address \_\_\_\_\_

And, if necessary, take my child to the following doctors, clinics, or hospitals.

Signature of Parent \_\_\_\_\_ Date \_\_\_\_\_

**Child's Medical Information with \*Immunization Records**

**List any allergies and/or intolerance to food, insect bite or stings or other factors that result in a medical reaction. Please give clear instructions in the event of an exposure of the factor** \_\_\_\_\_

Current health status or any health problems caregiver should know \_\_\_\_\_

Medications, if any (no medications (except Epipens) are dispensed to children by staff including lozenges and cough drops) \_\_\_\_\_

Special Concerns: (glasses, hearing aid, crutches, wheel chair) \_\_\_\_\_

Any activities child should NOT engage in: \_\_\_\_\_

Company providing health and/or accident insurance coverage: (optional) \_\_\_\_\_

I certify that the above information is correct to the best of my knowledge.

Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

**\*A copy of child's current immunization records is due within 30 days of first day of attendance.**

Name of church presently attending \_\_\_\_\_ Pastor/Priest \_\_\_\_\_

How did you hear about Peace Preschool/Childcare? \_\_\_\_\_

Names of previous family members attending Peace Preschool/Childcare \_\_\_\_\_