

PEACE LUTHERAN PRESCHOOL AND EARLY CHILDHOOD CENTER 2026-2027 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, 2026

Monday/Wednesday/Friday ALL DAY	8:00 AM - 3:00 PM	\$310.00	\$1,395.00 year
Monday/Wednesday	8:00 AM - 11:00 AM	\$120.00	\$ 1,080.00 year
Tuesday/Thursday	8:00 AM - 11:00 AM	\$120.00	\$1,080.00 year
Tuesday/Thursday ALL DAY*	8:00 AM - 3:00 PM	\$220.00	\$1,980.00 year
Monday – Friday ALL DAY*	8:00 AM - 3:00 PM	\$500.00	\$4,500.00 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, 2026

Monday/Wednesday/Friday	8:00 AM - 11:00 AM	\$155.00	\$ 1,395.00 year
Monday/Wednesday/Friday ALL DAY	8:00 AM - 3:00 PM	\$310.00	\$2,790.00 year
Monday - Friday ALL DAY*	8:00 AM - 3:00 PM	\$500.00	\$4,500.00 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 10 cents a minute. 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) Checks payable to Peace Lutheran Preschool	\$100 (Morning class)	
**Registration Fee (nonrefundable) Checks payable to Peace Lutheran Preschool	\$130 (All day class)	
	TOTAL	

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:

- 2026-2027 Enrollment Form (this form)
- Child Record Form (two pages)
- 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 2026 - 2027**

1710 N North Road, Grand Island, NE 68803

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

Website: www.peacepreschoolgi.org - Facebook: 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 _____