

**St. Paul's Lutheran Preschool**

1700 Carridale Street SW

Decatur AL 35601

Phone 256-353-1353

Date of Application: \_\_\_\_\_

Desired Start Date: \_\_\_\_\_

## Application for Admission

**Please complete both sides of this form *completely* and *legibly*. Thank you!**

### Student Information

**Student's Legal Name:** \_\_\_\_\_ Preferred name/nickname: \_\_\_\_\_  
Last First Middle

**Date of Birth:** \_\_\_\_/\_\_\_\_/\_\_\_\_ ( ) Male ( ) Female Baptism: \_\_\_\_/\_\_\_\_/\_\_\_\_ Age as of this Sept 1<sup>st</sup> \_\_\_\_\_

Food/Environmental Allergies: \_\_\_\_\_ Health Concerns: \_\_\_\_\_

### Family Information

**Student lives with: (Check all that apply)**

☐ Both parents ☐ Natural mother ☐ Natural father ☐ Natural mother & stepfather ☐ Natural father & stepmother

☐ Grandfather ☐ Grandmother ☐ Other: \_\_\_\_\_

Is either parent deceased? ☐ Mother ☐ Father

Parents are: ☐ Married ☐ Separated ☐ Widowed ☐ Divorced Which parent has custody? \_\_\_\_\_

*Please complete the following information for the parent(s) or guardian(s) with whom the student currently lives.*

**Parent/Guardian Information:** Title: ☐ Mr. ☐ Mrs. ☐ Ms. ☐ Miss ☐ Other: \_\_\_\_\_

Name: \_\_\_\_\_ Spouse: \_\_\_\_\_

**Home Address:** \_\_\_\_\_  
Street City State Zip

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Spouse: \_\_\_\_\_

Occupation(s): \_\_\_\_\_ Work Phone: \_\_\_\_\_ Spouse: \_\_\_\_\_

Email Address: \_\_\_\_\_ Spouse: \_\_\_\_\_

**Brothers and sisters and other information about your child**

Name \_\_\_\_\_ Age \_\_\_\_\_ Name \_\_\_\_\_ Age \_\_\_\_\_

Name \_\_\_\_\_ Age \_\_\_\_\_ Name \_\_\_\_\_ Age \_\_\_\_\_

Favorite Food \_\_\_\_\_ Favorite Book \_\_\_\_\_ Favorite toy \_\_\_\_\_

Favorite Game \_\_\_\_\_ Pets and their names \_\_\_\_\_

### Ministry Information

Ethnic origin: White \_\_\_\_ Black \_\_\_\_ Mixed \_\_\_\_ Hispanic \_\_\_\_ American Indian \_\_\_\_ Asian \_\_\_\_ Other \_\_\_\_\_

Home church: \_\_\_\_\_ Member: Y/N How often does your family attend church? \_\_\_\_\_

When the school is unable to reach a child's parent/guardian in the event of an illness or emergency, the persons listed as Emergency Contacts are authorized to: pick up or drop off the child, sanction medical attention, authorize the child to leave campus for illness or any other purpose, sanction participation in student activity, and assume temporary care of the child. Please list on the next page; include nicknames.

*Continued on next page – Please complete both sides!*

## Emergency Contact Information

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

### Child may be released to the following:

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_

### Child may NOT be released to the following:

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_

## Program Needs

Core Preschool is offered from 8:45-12:45 Monday – Thursday following the Decatur City Schools calendar.

The 2-Day program (available to Toddlers and 2-yr-olds; the 4-day program (available for Toddlers-PreK4) is paid monthly.

Before-care, after-care, and full-time care are available and paid weekly.

- Families with multiple children: The first child's tuition will be 100% with a 10% discount on the tuition of siblings.
- Member (or joining) Preschool Families will receive a 25% tuition discount with the Preschool Tuition Covenant.

\_\_\_ **Summer Program June & July Fee: \$20 to be paid with this form to register for the Summer**

*Circle the rate that fits your schedule of days and hours needed*

	<u>2-Days (only Toddlers, Twos)</u>	<u>4-Days (all ages)</u>	
___ Preschool Only: 8:45-12:45	\$230 per month	\$305 per month	
	<u>2-Days (only Toddlers, Twos)</u>	<u>4-Days (all ages)</u>	<u>5 Days (all ages)</u>
___ Extended Care: 7:00-1:00	\$68 per week	\$101 per week	\$120 per week
8:45-5:30	\$81 per week	\$127 per week	\$150 per week
7:00-5:30	\$88 per week	\$141 per week	\$170 per week

\_\_\_ **2023-2024 Program August - May**

*Circle the rate that fits your schedule of days and hours needed.*

	<u>2-Days (only Toddlers, Twos)</u>	<u>4-Days (all ages)</u>	
___ Preschool Only: 8:45-12:45	\$230 per month	\$305 per month	
Fee:	\$100*	\$125*	
	<u>2-Days (only Toddlers, Twos)</u>	<u>4-Days (all ages)</u>	<u>5 Days (all ages)</u>
___ Extended Care: 7:00-1:00	\$68 per week	\$101 per week	\$120 per week
8:45-5:30	\$81 per week	\$127 per week	\$150 per week
7:00-5:30	\$88 per week	\$141 per week	\$170 per week
Fee:	\$125*	\$150*	\$150*

**\* \$50 is required with this form AND \$50 is required by June 1; any remaining Fee will be due before August 1.**

**We must have your commitment to hold your child's spot while we fill and set classes for the summer and fall programs.**

**Tuition Payment Plan:** [ ] Semester [ ] Monthly [ ] Weekly by ( ) EFT ( ) Zelle ( ) Check ( ) Money Order No Cash

Person responsible for tuition payments: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Parent/Guardian's signature \_\_\_\_\_ Date \_\_\_\_\_

Office Use Only	Date Received: _____	Child's Age as of September 1, 2023: _____	Class: _____
	Date of Deposit: _____ Amount \$ _____	( ) EFT ( ) Zelle ( ) Check # _____	( ) Money Order _____
	Date Fee balance pd: _____ Amount \$ _____	( ) EFT ( ) Zelle ( ) Check # _____	( ) Money Order _____