

WORD OF LIFE LUTHERAN PRESCHOOL
Application for Admission 2012-2013

Child's Full Name _____ **Birth Date** ____/____/____

Street Address: _____ **City** _____ **Zip Code** _____ **Subdivision** _____

Name to be used at school: _____ **Male** ___ **Female** ___ **Phone**(____) _____

Child's Race/Ethnic Origin (circle one): African American American Indian Asian Caucasian Hispanic

Where did you learn about Word of Life Preschool? _____

Would you like information on WOL Church? _____ **Would you like a call from the Pastor?** _____

Mother's Name: _____ **Marital Status:** _____ **Cell Phone:** (____) _____

Business Name & Address: _____ **Phone:**(____) _____ **Days/Hours:** _____

Email Address: _____ **Church/Religion** _____

Father's Name: _____ **Marital Status:** _____ **Cell Phone:** (____) _____

Business Name & Address: _____ **Phone:**(____) _____ **Days/Hours:** _____

Email Address: _____ **Church/Religion** _____

Other children in the family:

NAME	AGE	BIRTHDATE	NAME	AGE	BIRTHDATE
_____	____	_____	_____	____	_____
_____	____	_____	_____	____	_____

Medical Information:

Child's Physician : Name: _____ Phone: (____) _____

Address: _____ City: _____ IL, Zip: _____

Physical, emotional, or medical needs of the child (including allergies): _____

CLASS CHOICE

2.5 YEAR OLD

- ___ Mon, Tues 9:00-11:30
- ___ Wed, Thurs 9:00-11:30

3 Year Old

- ___ Mon, Tue, Wed 9:00-11:30
- ___ Mon, Tues, Wed 12:30-3:00
- ___ Thurs, Fri 9:00-11:30

4 Year Old

- ___ Mon, Tues, Wed, Thurs 9:00-11:30
- ___ Mon, Tues, Wed 12:30-3:00

PRE-K (4 & 5)

- ___ Mon, Tues, Wed, Thurs, Fri 9:00-11:30 *(*Must be 5 by February 1st or have Director approval)*
- ___ Mon, Tues, Wed, Thurs 12:30-3:00

Literacy Programs:

- Alphabet Bears (2 ½) _____ Friday 9:00-11:30
- Book Buddies (3) _____ Thursday 12:30-3:00
- Lions Literacy (4 & 5) _____ Friday 9:00-11:30

Completion of this form conveys a request for admission to WORD OF LIFE LUTHERAN PRESCHOOL for the program selected above. The non-refundable registration fee must accompany this form along with the bottom portion of the **Tuition Agreement** and one copy of the **Policy Statement**. Upon receipt of the forms and deposit of your registration fee, your child is enrolled in Word of Life Preschool. If we are unable to accommodate your child in one of your class choices and no other arrangements can be made, only then will we refund the registration fee. Wait listing is available at no charge.

Signature of parent/guardian _____ **date:** _____