



Registration Form - Grace Preschool 2024-2025

343 Grand Ave., Loves Park, Illinois 61111 Phone: 815-914-7148

Child's Name _____ () Boy () Girl
(First) (Last) (Nickname)

Birthdate: _____ Month/Day/Year

Parents _____

Primary Phone: _____

Address _____ **Parent 2 Address (if different)** _____

Parent 1 Email _____ **Parent 2 Email** _____

Cell Phone _____ Cell Phone _____

Employer _____ **Employer** _____

Work phone _____ Work phone _____

Physician _____ **Preferred hospital** _____

In case your child becomes ill or injured and needs immediate care, and you or your physician cannot be reached, emergency services will be called.

Child release: Only those listed below (other than Primary Caregivers) will be allowed to pick up your child.

Name _____ Name _____

Address _____ Address _____

Phone _____ Phone _____

Email _____ Email _____

Related how? _____ Related how? _____

A written permission slip must be sent to the teacher before anyone other than the above can pick up your child.

Emergency Contacts:

Name _____ Name _____

Address _____ Address _____

Phone _____ Phone _____

Class preference

(Please keep in mind that while we are giving you a preference, we cannot guarantee this class until after all applications are in to determine number and class balance)

2 year old (birthday before September 1, 2022): () T/TH AM () MWF AM

3 year old (birthday before Sept. 1 2021): () T/TH AM () MWF AM

4 year old (birthday before Sept. 1, 2020): () MTWTH AM-4 day () MTWThF AM-5 day

() TWTh AM () MWF AM

Returning student? () Yes () No

OVER

Names and ages of other children in your family _____

Did they attend Grace Preschool? () Yes () No

Does your family have a home Church? _____

If not, are you interested in more information about Grace Lutheran Church? _____

How did you find out about our school? () Family () Friends () Flier () Poster () Yard Sign
() Church () Sunday School () Website () Referred by _____

Does your child have any of the following?

Allergies _____

Speech Concerns _____

Health concerns (i.e. asthma) _____

Your signature will authorize the following:

1. As part of the curriculum, we learn about God through Chapel and Bible Stories, and prayer is a regular part of our day.
2. Field trips may be taken, and permission slips are required.
3. Trips within walking distance are permitted without permission slips.
4. Pictures will be taken in the spring and possibly for special events. Class pictures and candid photos are posted on our website and Facebook. All photos may be used for publicity purposes.
5. If necessary, a qualified staff member may administer first aid to your child.
6. In an emergency, parents will be contacted and/or medical services obtained immediately.
7. Information pertaining to the admission, progress, health, or discharge of an individual child shall be confidential, unless the parents have granted written permission for disclosure.
8. Grace Preschool follows all licensing regulations through DCFS.
9. A Parent Handbook has been provided listing policies including late pick-up, fees, and schedules

Parent's Signature _____ Date Signed _____

PAYMENTS

Registration Fee (*Non-refundable*) - **\$125** due at registration (*\$100 early bird until May 31st*)

Monthly Tuition (September through May)

2 days/week: \$170 3 days/week: \$235 4 days/week: \$295 5 days/week: \$340

FOR OFFICE USE ONLY

___ Physical ___ DCFS Booklet Signed ___ Discipline Booklet Signed ___ Card for Treasurer ___ Birth Certificate

DATE OF PHYSICAL: _____ DATE REGISTERED _____

DATE PAYMENT RECEIVED: _____

AMOUNT PAID: _____ CHECK #: _____

DATE ADMITTED: _____ DATE DISMISSED: _____