

Immanuel Lutheran Preschool Enrollment Form

110 Hoener Ave., Waterloo, IL 62298 ilcwprek@gmail.com 618.939.6480

Child's Information

- First & Last Name: _____
 - Use the first name that your child should learn to spell & what we will say in class
- Date of Birth: _____ Gender: _____
- Baptismal birthday: _____

Parent/Guardian Information

- First & Last Name: _____
 - Relationship to Child: _____ Phone Number: _____
 - Email Address: _____
 - Home Address: _____
 - Place of Employment: _____ Job Title: _____
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 - Relationship to Child: _____ Phone Number: _____
 - Email Address: _____
 - Home Address: _____
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Emergency Contact Information (other than the parents listed above)

- First & Last Name: _____
- Relationship to Child: _____ Phone Number: _____
- Home Address: _____

Medical Information

- Doctor's Name/Office: _____
- Doctor's Phone Number: _____
- Insurance Company: _____
- Insurance Policy Numbers: _____
- Medical Conditions (if any): _____
- Medications (if any): _____
- Allergies (if any): _____

Program Information *Hours of operation are based on needs of families*

- Hours Attending (Between 6:30 am – 5:00 pm): _____
 - Before Care Hours: 6:30-8:30 am
 - Preschool Core Hours: 8:30 am - 3:00 pm
 - After Care Hours: 3:00-5:00 pm
- Days Attending:
 - Monday Tuesday Wednesday Thursday Friday

Additional Information

- Is your child fully potty trained _____
- What type of potty concerns, if any, do you foresee during class time
 - _____
- Fears (include reaction) _____
 - _____
- What type of social/emotional or behavioral concerns, if any, do you foresee during class time _____
- Other information that may be helpful to teachers _____
 - _____
- Who else lives in the home, including other adults
 - Name Age Relationship

Signature

By signing below, I certify that the information provided above is accurate and complete to the best of my knowledge.

- Parent/Guardian Signature: _____
- Date: _____