



Preschool Application for Enrollment
"Where the love of Christ and education come together" 2018-2019

Enrolling for (please indicate 1st and 2nd choice):
Panther Cubs ___ 9-10:30 or ___ 11:15-12:45 Preschool 3's ___ AM or ___ PM
Preschool 4's ___ AM (3 day) ___ PM (3 day) Preschool 4's ___ AM (4 day) ___ PM (4 day)
Young Fives ___ AM or ___ PM

Please fill out the front and back completely

Student's full name: _____ Male:___ Female:___

Birthday:_____ City and state of Birth:_____

Is your child on medication? Yes:___ No:___ Name of medication:_____

Reason for medication:_____

Please list any allergies your child has:_____

Are there any speech, language, or behavior concerns? Yes:___ No:___

What are those concerns?_____

Are there any physical handicaps which would limit your child's participation in school or school-related activities? Yes:___ No:___ Please explain:_____

Has your child ever received help for Special Services (speech/language therapy, physical therapy, occupational therapy, or other services)? Yes:___ No:___

If so, do they have an IEP or a 504 plan on file? Yes:___ No:___

If yes, explain the services they receive:_____

Church Name:_____ Denomination:_____

Signature of Parent or Guardian:_____

Printed name :_____ Date:_____

Peace Lutheran School is accredited by NLSA and admits students of any race, color, national, and ethnic origin.

For Office Use: Date _____ Amount: _____ Check# _____ Initials: _____
_____GD _____FD _____Finance _____VR