



# Salem

## Lutheran Preschool

1700 W. War Memorial Dr.  
Peoria, IL 61614  
309-688-9212

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

Class Desired \_\_\_\_\_

### APPLICATION FOR ADMISSION

Child's Name \_\_\_\_\_

First

Middle

Last

Nickname

Birthdate \_\_\_\_\_ Sex \_\_\_\_\_ Place of Birth \_\_\_\_\_

Address \_\_\_\_\_

Number and Street

City

State

Zip

Home/Cell #'s \_\_\_\_\_ Email \_\_\_\_\_

Mother's Name \_\_\_\_\_ Occupation \_\_\_\_\_

Mother's Place of Employment \_\_\_\_\_ Phone \_\_\_\_\_

Address of Employment \_\_\_\_\_ Work Hrs. \_\_\_\_\_

Mother's Church Membership \_\_\_\_\_

Father's Name \_\_\_\_\_ Occupation \_\_\_\_\_

Father's Place of Employment \_\_\_\_\_ Phone \_\_\_\_\_

Address of Employment \_\_\_\_\_ Work Hrs. \_\_\_\_\_

Father's Church Membership \_\_\_\_\_

Marital Status of Parents \_\_\_\_\_

Legal Guardian (if other than parents) \_\_\_\_\_

Guardian's Address \_\_\_\_\_

Child's Doctor \_\_\_\_\_

Doctor's Address \_\_\_\_\_ Phone \_\_\_\_\_

In case of emergency and parent(s) cannot be reached, the following persons may be called:

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| Name | Address | Phone |
|------|---------|-------|
|------|---------|-------|

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| Name | Address | Phone |
|------|---------|-------|
|------|---------|-------|

To whom the child may be released:

Name \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_

Other adult member of child's household (stepfather, grandparents, etc.) if any:

| <u>Name</u> | <u>Relationship to Child</u> |
|-------------|------------------------------|
| _____       | _____                        |
| _____       | _____                        |
| _____       | _____                        |

Other minors who are members of the child's household (brother, sisters, stepbrother, stepsisters, etc.)

| <u>Name</u> | <u>Age</u> | <u>Relationship</u> |
|-------------|------------|---------------------|
| _____       | _____      | _____               |
| _____       | _____      | _____               |
| _____       | _____      | _____               |

Is this child potty-trained? Please, circle one:    Yes    or    No

Does the child have any allergies or medical problems? If so, please describe them:

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Any special needs or disabilities? If so, please describe: \_\_\_\_\_

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Name and address of other preschools this child has attended:

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Name and address of Sunday Church School or Nursery child is attending:

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Please give any other information you feel would be helpful to us in providing the best experience for your child. Include any special interest, play habits, personality description, etc.

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How did you hear of Salem Lutheran Preschool? (Check one)

Through Friends \_\_\_\_\_ Salem Lutheran Church Website \_\_\_\_\_

Through FaceBook \_\_\_\_\_ Sign in the front \_\_\_\_\_

Other (explain) \_\_\_\_\_

Would you be interested in driving for field trips (if needed) Please, circle one: Yes or No

Would you be interested in helping with school parties or programs (planning parties, making cookies and/or helping to serve the refreshments)? Please, circle one: Yes or No

**NOTE: The application process is not completed until we have the completed application form and application fee. The application fee must accompany this form.**

**The first month's tuition must be paid by June 1<sup>st</sup>. The medical, birth certificate and parental consent forms must also be received by the first day of school, as stated in the handbook.**

**EMERGENCY CARE AND CONSENT TO TREAT**

In case of sickness, accident, or emergency first-aid, I hereby consent to Salem Lutheran Preschool to provide emergency care through a hospital for \_\_\_\_\_  
(Name of Child)

Signature of Parent or Guardian

\_\_\_\_\_

Name and phone number of physician preferred:

\_\_\_\_\_

**PERMISSION FOR TRIPS AND EXCURSIONS**

I hereby give consent to Salem Lutheran Preschool to take \_\_\_\_\_  
(Child's name)

on walking trips in the neighborhood, special excursions to places of interest, and using public park facilities, with the understanding that such trips are under supervision of authorized personnel of the school, and that all possible precautions are taken to insure the health and safety of my child. Parents may be asked to drive for field trips or the church bus is used with a licensed driver.

Signature of Parent or Guardian

\_\_\_\_\_

Date: \_\_\_\_\_

**PHOTO RELEASE FORM**

Salem Lutheran preschool has my permission to use \_\_\_\_\_'s  
(Child's Name)

picture in any publicity dealing with the preschool's program. Please note that names will not be used.

Signature of Parent or Guardian

\_\_\_\_\_

Date: \_\_\_\_\_