

IMMANUEL LUTHERAN KINDERGARTEN
1001 Immanuel Lutheran Drive
Boonville, Missouri 65233
660-882-2208
REGISTRATION AND APPLICATION FORM 2023-2024

(Please print or type)

Name of Student _____
(Last) (First) (Middle)

Address _____
(Street) (City) (Zip) (Home Phone)

Age _____ **Date of Birth** _____

Full Name of Father _____
(Cell Phone Number)

Employer _____
(Name) (Address) (Phone)

Full Name of Mother _____
(Cell Phone Number)

Employer _____
(Name) (Address) (Phone)

Names of brothers and sister and their respective ages:

_____ () age	_____ () age
_____ () age	_____ () age

Name of Home Church _____

Address _____ **Pastor** _____

To be completed by child care facility

Admission Date _____

Discharge Date _____

(Form to be retained for one year after discharge)

PROMPTNESS IN RETURNING THIS APPLICATION may help with class placement.

We would like to encourage you to return this form as soon as possible. Enrollment is limited to 16 students. Applications will be numbered and dated as they are received. All applications will be reviewed prior to final admission to ensure that our kindergarten can fulfill the needs of the enrolling child.

Class will be Monday through Friday 8:00 a.m. – 3:00 p.m.

Fee schedule: \$100 refundable book deposit included with this application. Checks will not be deposited until July, unless a request is made to deposit immediately. Tuition of \$300 is due each month beginning in September (Sept.1, Oct. 1, Nov. 1, Dec. 1, Jan. 1, Feb. 1, March 1, April 1, May 1). The total for the year is \$2,700.

Children must be 5 years by August 1st

**Immanuel Lutheran Kindergarten
QUESTIONNAIRE**

Name of Child _____ Nickname _____ Birthday _____

Name of Parent(s) _____

Address _____ Phone _____

Cell Phone Numbers: _____
(Mom) (Dad)

E-mail address _____

Does your child have any special needs: (if so, please explain)

Allergies: _____

Do you or any family members have any hobbies or talents that you would be willing to share with our class?

Why do you wish to enroll your child in Immanuel Lutheran Kindergarten?

Names of two persons to contact in case of emergency (other than your own)?

Name _____ Address _____ Phone _____

Name _____ Address _____ Phone _____

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Name of your child's doctor _____ Phone No. _____

Hospital Preference _____

In the event of an emergency where the parent(s) or persons listed in case of emergency cannot be reached, I hereby give my consent for my child to receive medical treatment as deemed necessary by attending physician.

(Signature of Parent or Guardian) Date _____

_____ has my permission to go on field trips during the school year.

(Signature of Parent or Guardian) Date _____