**WORD OF LIFE PRESCHOOL  
ENROLLMENT 2019-2020**

Student’s Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Male:\_\_\_\_\_ Female: \_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Zip:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mother’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
Address (if different from above) Work:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Father’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
Address (if different from above) Work: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Guardian:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
Address: Work:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Would you like to receive information about Word of Life Lutheran Church and the programs it offers for your family? Yes: \_\_\_\_\_\_  
  
Word of Life Preschool admits students of any race, color, religion, national or ethnic background to all the rights, privileges, programs, and activities generally accorded or made available to the students at the school. It does not discriminate in the administration of its educational policies, admission policies, and other school administered programs.

**WORD OF LIFE PRESCHOOL**

**TUITION SCHEDULE**Prices are based on a monthly tuition schedule

**Ages 3-5 years-- Morning session (8:30-11:30am)**

**\_\_\_\_\_ Tuesday/Thursday……………………………………….. $265.00**

**\_\_\_\_\_ Monday/Wednesday/Friday………………………… $355.00**

**\_\_\_\_\_ Monday-Friday…………………………………………….. $465.00**

**Ages 3-5 years—Full Day Session (7:00am-5:30pm)**

**\_\_\_\_\_ Tuesday/Thursday……………………………………. $370.00**

**\_\_\_\_\_ Monday/Wednesday/Friday……………………..$515.00**

**\_\_\_\_\_ Monday-Friday………………………………………….$690.00**

**Two Year Old Program:  
Morning Session: (8:30-11:30AM) Full Day Session: (7:00AM-5:30pm)  
  
\_\_\_\_\_\_Tuesday /Thursday……………………$285.00 Tuesday/Thursday…………………$455.00  
  
\_\_\_\_\_\_Monday /Wednesday/Friday…….$375.00 Mon/Wed/Fri……………………….$635.00**

**\_\_\_\_\_\_Monday -Friday…………………………$490.00 Monday-Friday………………………$770.00**

**Registration Fee: $125.00 per student Family: $175.00  
(Non-refundable)**

**10% Discount on 2nd child, Military Parent, or WOL Church Member**

**Tuition is due the on the 1st of each month. A late fee of $20.00 will be assessed by the 10th.**

Tuition is based upon a monthly fee August to May. We do not provide care during school breaks or holidays and tuition remains the same. Please see the school calendar for those times.   
  
**EMERGENCY AGREEMENT  
I (we) grant permission for authorized school personnel to take the necessary steps to obtain medical care for my child if warranted. These steps may include but are not limited to:**

1. Attempt to contact a parent and/or guardian
2. Attempt to contact a person from the list provided on the Emergency Health Form.
3. If the school cannot reach the parent or an emergency contact then the administration may call 911 for needed emergency care.
4. Expenses may not be covered by the school’s insurance policy and some costs may be incurred by the family.
5. Word of Life Preschool is not responsible for false information given at the time of enrollment.
6. It is the parent/guardian’s responsibility to inform the administration of any and all medical changes for a student.

**Child’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_**Parent Printed Name Parent Signature Date

**PHOTO AGREEMENT**

I grant Word of Life Preschool permission for my child to be photographed and the photos to be used in promotions for the school.

**Child’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**Parent Printed Name Parent Signature Date  
  
**\_\_\_\_\_\_ Yes, my child’s photos may be utilized for school promotions.**

**\_\_\_\_\_\_ No, my child’s photos may NOT be utilized for school promotions.**

**Chapel Agreement:**Every week the students at Word of Life Preschool will attend our chapel services in the main worship center. Our mission is to bring the classes together for Sunday School songs and Bible lessons as part of our Christian curriculum. My student, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, has permission to attend chapel each week in the worship center at Word of Life Preschool.

Parent Sign: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_