ELP Enrollment Information 2014-2015



Child's Full Name					(please circle)	To Will
				D. COUL	Boy Girl	
Name to be used in pre	scnooi:			Date of Birth:		
Child speaks English:	fluently	(please circle) a little	not at all	Language(s) at home:		
Mailing Address:						
-						
Mother's Name:			Ho	me Phone:		
Address:			Ce	Il Phone:		
Same as above			W	ork Phone:		
Employer:			r-9	nail:		
*Work addresses must be supplied per licensing requirements.						
Father's Name:			Hc	me Phone:		
Address:			Ce	ll Phone:		
Same as above			W	ork Phone:		
Employer:			e-ı	nail:		
Other children in the in the l	family or other	-				
	(plea	se circle)				
Diagnosed Allergies:	Yes	No	Туре			
If yes, additional Response Required:	paperwork from None	ohysician is requii Epi-Pen	red. Please see th Other	e office.		
Pertinent Devel Chronic Physical Ir						
(e.g., premature bi concerns, vision, A						
Does child have an IEI	(plea	se circle) No If y	yes, please provic	e the office with a copy		
Special accomn		should be aware of:				
Previous or current	child daycare or schools					
I						

CHILD'S NAME:			
The registration fee must be returned with Registratic monthly payments. If accepted, a non-refundable hold your child's spot in our program. For familie 2014 and for currently enrolled families by May 20 2015 tuition. Tuition is then paid monthly beginning payment for the year will be April 1st for April. Tui Tuition received after the 10 th will incur a \$80 total late able to hold the place for your child. As long as the chealth Form, Emergency Authorization Form, and program should be updated should your child receive addresponsible for any illness that the child named on the possible if the child becomes ill. It is also understood to contagious illness as this is a Virginia State Licensing refee and first tuition payment are nonrefundable. The secure and provide any medical or other attention that expenses incurred on behalf of the above named child Co. of National Church Group Insurance Agency, Inc.; For the secure and provide and the contagions in the contagions in the provide and	e deposit of one month's tuition and your of state are new to our school your tuition partial. Your deposit will be credited in our tuiting September 1 for September, October 1, 1 tion received after the 6 th of the month will be a fee. If your first payment is not received by the hild is enrolled, tuition must be paid whether of the food of identity shown to the registrar (birth of the food of identity shown to the food of the food of identity shown to the food of the food of identity shown to the food of the food of the food of identity shown to the food of the food of the food of identity shown to the food of the	hild's activity fee must yment and activity fee it ion accounts as your of for October, and so on. deemed late and will income 15 th including all late feer not the child is in attenertificate or passport) are nout the completed form UEL LUTHERAN PRESCHOOL will notify the parent at member of the househouse in the school the regN PRESCHOOL or anyone pay for any medical or a	be received to is due by March hild(rens) May Your final ur a \$40 late fee. es, we will not be dance. The e required by s. The Health DOL will not be is soon as old is sick with a istration, activity on its behalf to ny other
We agree to abide by all rules and guidelines set out in trained for the 3- and 4-year-old classes. It is also agree program, or if tuition payments fall two (2) months in PRESCHOOL does not discriminate on the basis of race enrollment in EMMANUEL LUTHERAN PRESCHOOL and Palescan of Informations.	eed that if it is found that the child fails to coop arrears, said child will be withdrawn from ELP e, color, religion, national or ethnic origin. It is	erate satisfactorily with tenrollment. EMMANUE	the school L LUTHERAN
Release of Information:		(Please circle	e)
Permission to photograph my child during	school activities	Yes	No
Permission to share photographs with class Facebook group)	Yes	No	
Permission to share mailing address with o	ther parents	Yes	No
Permission to share home (or cell when no	home) number with other parents	Yes	No
We understand our total financial commitment	for the 2014-2015 school year is:	(Please complete this	section)
*\$30 per month discount for each additional student	X9 months Registration Fee One-Time Activity Fee Total Yearly Financial Commitment	\$	
Proof of the child's identity and age may include a certified copy of passport, copy of the placement agreement or other proof of the child's identity and the U.S. that a certified copy of child's identity, documentation of viewing this information must be	OFFICE USE ONLY Identity Verification by VA Dept of Social Services, Div of Licensing) the child's birth certificate, birth registration card, notification in the child's birth record was previously presented. While	tion of birth (hospital, physician blic school in Virginia, or certifi	or midwife record), cation by a principal
Birth Certificate Number #	Child's Full Name		
Date of Birth	Boy Girl		
Place of Birth	Date Filed/ Issued:		