

EMMANUEL LUTHERAN PRESCHOOL
2589 Chain Bridge Road, Vienna, VA 22181
emmanuelpreschool@verizon.net
703-938-6187

Office Use Only:

Date Received _____
Lottery Placement # _____
Registration: \$85 / \$70
Check # _____

ELP Registration Coversheet 2015-2016

Parent Application Checklist:

- ☐ Registration Coversheet
- ☐ Enrollment form - both sides with signature
- ☐ Emergency contact/ Authorization form including insurance and doctor information
- ☐ Proof of Identify (birth certificate or passport, not needed if on file from last year)
- ☐ Registration Fee (\$85 first child, \$70 second child)



Child's Full Name _____ (please circle)
Boy Girl

Date of Birth _____

Are parents _____ (please circle)

Church Employees? Yes No Church Affiliation: _____
Emmanuel Lutheran Church Members? Yes No _____

Is child currently enrolled? Yes No If yes, which class? _____

Did any other children in the family attend this preschool now/in the past? Yes No
If yes, who/when/which class? _____

How did you hear about us? _____

PLEASE INDICATE YOUR CLASS PREFERENCE (#1, #2) (If no preference, we will assign you to a class):

Preference	Days	Age	
	MT	2 ½	Must turn 2 by 3/31/15 to be 2 ½ by 9/30/15
	ThF	2 ½	
	MTW	3	Must turn 3 by 9/30/15
	WThF	3	
	MTW + Th (Th = Above & Beyond)	3	
	TWThF	4	Must turn 4 by 9/30/15
	M + TWThF (M = Super Science)	4	

If we are unable to place your child, do you wish to be placed on the waitlist? Yes No
If yes, would you like us to hold your registration check so we can immediately place your child when an opening becomes available? Yes No