



**Immanuel Lutheran Early Childhood**

47120 Romeo Plank Rd.

Macomb, MI 48044

(586) 286-4231

Janet Hilsabeck, Director

Laurie Griffith, Assistant

## Preschool Registration Form

### 2019-20

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

Child's Name (Last, First, MI): \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Complete Street Address: \_\_\_\_\_

Primary Email: \_\_\_\_\_ Primary Phone: \_\_\_\_\_

May we include name, address and phone in the school directory?  Yes  No

Ethnic Background(s):  African American  Asian  Hispanic  Native American  Caucasian  Other

Please list any **diagnosed allergies** or **medical conditions** your child has: \_\_\_\_\_

#### Please indicate your first and second choices:

\_\_\_\_\_ 3 Year Old 2 Day Preschool (AM) – T/Th, 8:30-11:00

\_\_\_\_\_ 3 Year Old 2 Day Preschool (PM) – T/Th, 12:15-2:45

\_\_\_\_\_ 4 Year Old 3 Day Preschool (AM) – M/W/F 8:30-11:00

\_\_\_\_\_ 4 Year Old 3 Day Preschool (PM) – M/W/F 12:15-2:45

\_\_\_\_\_ 4 Year Old 5 Day Preschool (AM) – M-F 8:30-11:20

\_\_\_\_\_ 4 Year Old 5 Day Preschool (PM) – M-F 12:15-3:05

\_\_\_\_\_ **Tiny Treasures** – Wednesdays 8:30-10:00 am

Session I  Session II (check one or both)

\_\_\_\_\_ **Tiny Treasures** – Wednesdays 10:15-11:45 am

Session I  Session II (check one or both)

\_\_\_\_\_ **Tiny Treasures** – Fridays 10:15-11:45 am

Session I  Session II (check one or both)

\_\_\_\_\_ **Praise and Play** - Mondays, 8:30-10:30 am

Request for a specific class time or teacher will be considered, but cannot be guaranteed. Please explain your request here: \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Father's Name: \_\_\_\_\_

Mother's Employer: \_\_\_\_\_ Father's Employer: \_\_\_\_\_

Occupation: \_\_\_\_\_ Occupation: \_\_\_\_\_

Work Number: \_\_\_\_\_ Work Number: \_\_\_\_\_

Cell Number: \_\_\_\_\_ Cell Number: \_\_\_\_\_

Home Church: \_\_\_\_\_ Home Church: \_\_\_\_\_

Sibling Information:

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ School: \_\_\_\_\_  
Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ School: \_\_\_\_\_  
Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ School: \_\_\_\_\_  
Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ School: \_\_\_\_\_



- Has your child been baptized?  Yes  No Baptism Date: \_\_\_\_\_
  - If your child has not been baptized, would you like to receive information about baptism?  Yes  No
  - Are you members of Immanuel Lutheran Church?  Yes  No If yes, when did you join? \_\_\_\_\_
  - If you are not a member, would you like information about becoming a member?  Yes  No
  - Do you plan to enroll your child in Kindergarten at Immanuel?  Yes  No
  - Are you a returning family, or do you currently have children at Immanuel, Preschool-8<sup>th</sup> grade?  Yes  No
  - How did you hear about Immanuel's Preschool? \_\_\_\_\_
  - Please list any other schools or day cares your child has attended: \_\_\_\_\_
  - Has your child ever received services through the MISD (for speech, occupation therapy, developmental delays or other needs)?  Yes  No If yes, please explain: \_\_\_\_\_
- \_\_\_\_\_



**Admission Policy:** Immanuel Lutheran School admits students of any race, sex, color, national and ethnic origin to all the rights and privileges, programs and activities generally accorded or made available to students at the school. It does not discriminate on the basis of race, sex, color, national or ethnic origin in administration of its education policies and athletic or other school administered programs.

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

OFFICE USE ONLY:

Registration Fee:

Date: \_\_\_\_\_ Amount: \_\_\_\_\_  Cash  Check: \_\_\_\_\_

Notes: \_\_\_\_\_

\_\_\_\_\_