



## APPLICATION FOR ADMISSION 2019-2020

### STUDENT INFORMATION

Student's Name (Last, First, Middle)		<input type="checkbox"/> Male	<input type="checkbox"/> Female
Student "Nickname" (This will be the name they learn how to write & what the staff will call him/her. It will be used on name tags, cubby, etc.) <input type="checkbox"/> Same as above	Date of Birth	Current Age	
School of Current Enrollment	Please check grade levels completed at current preschool: <input type="checkbox"/> Preschool (3) <input type="checkbox"/> Prekindergarten (4-5)		
◆ Is there any allergy or medical condition that your child has that we need to be aware of? (Please Describe) <input type="checkbox"/> None			
Please check the Shepherd of the Hills grade level for which you are applying: Preschool (3-4) T & Th <input type="checkbox"/> AM Preschool (3-4) T & Th <input type="checkbox"/> PM		Please check the Shepherd of the Hills grade level for which you are applying: Prekindergarten (4-5) M,W,F <input type="checkbox"/> AM Pre-K Plus (4-5) M,W,F <input type="checkbox"/> PM	

### PARENT INFORMATION

#### Father's Information

First & Last Name	Residence Telephone	Cell Phone	E-mail Address
Residence Address		City, State, Zip	
Father's Occupation	Employed by	Business Telephone	Ext.
Business Address		City, State, Zip	

#### Mother's Information

First & Last Name	Residence Telephone	Cell Phone	E-mail Address
Residence Address (if different from above)		City, State, Zip	
Mother's Occupation	Employed by	Business Telephone	Ext.
Business Address		City, State, Zip	

#### Other Children in the Family

Name	Age	Name	Age
Name	Age	Name	Age

Parents are  Married  Separated  Divorced

If parents are divorced or separated, to whom should admissions correspondence be sent?

With whom does the child reside?

If you wish correspondence to be sent to an address other than the above, please indicate here:

Street Address

City, State, Zip

#### Legal Guardian's Information *(Please leave this section blank if it does not apply to your situation.)*

First & Last Name	Spouse's First & Last Name		
Residence Telephone	Cell Phone	E-mail Address	
Residence Address		City, State, Zip	
Occupation	Employed by	Business Telephone	Ext.
Business Address		City, State, Zip	

## SCHOOL POLICIES

I have read and agree to follow the guidelines and policies as set forth in the *SOTH Preschool Handbook*? Yes  No

We will pay the registration fee and tuition as stated in the handbook. Yes  No

We understand that if our child should transfer at any time before or during the school year, the registration will not be refunded. Yes  No

I also understand that failure to abide by any of these guidelines may result in the enrollment termination of my child from Shepherd of the Hills Lutheran Preschool. I also realize that I will be held liable for any outstanding accounts. I understand that my child's educational records from enrollment at Shepherd of the Hills will not be released until all accounts are paid in full. Yes  No



\_\_\_\_\_  
Initials of parent or guardian

## PERMISSION

I **give** Shepherd of the Hills permission to publish the following items in a school directory: **(Please check all that apply.)**

name       address       phone number       email address

Please check if permission is **NOT** granted:

- I **do not** give Shepherd of the Hills permission to use individual/group photos that include my child on our school website—www.sothgreeley.org.
- I **do not** give Shepherd of the Hills permission to use individual/group photos that include my child in our school publications.

## CHURCH INFORMATION

Name of church currently attending: \_\_\_\_\_

Do you regularly attend church? Yes  No

Does your child regularly attend church? Yes  No

Does your child regularly attend Sunday School? Yes  No

## REASONS FOR ENROLLING

Why do you wish to enroll your child in Shepherd of the Hills Lutheran Preschool?

How did you learn about Shepherd of the Hills Lutheran Preschool?

Were you referred by a family currently enrolled? Yes  No

What family were you referred by? \_\_\_\_\_

## PARENT SIGNATURES

By signing below, I agree that all information shared in this application to be complete and correct to the best of my knowledge.



Father's Signature (Legal Guardian)

Date

Mother's Signature (Legal Guardian)

Date

## COMMENTS

Please list any sibling(s) wanting to apply to SOTH Preschool for the **2020-2021** school year.

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

Grade Applying For: Preschool (3-4)  Prekindergarten (4-5)  Pre-K Plus (4-5)

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

Grade Applying For: Preschool (3-4)  Prekindergarten (4-5)  Pre-K Plus (4-5)

### *For Office Use Only*

Date Application Received \_\_\_\_\_

Registration Fee      Date: \_\_\_\_\_      Check #/cash: \_\_\_\_\_      Amount: \_\_\_\_\_

Copy of Birth Certificate

Emergency Card

Immunization Record or Official Exemption Letter

General Health Form

Food Allergy Care Plan (if applicable)

Asthma Action Plan (if applicable)

Sunscreen Permission Form

Preschool T-Shirt Form