



Enrollment Form 2018-2019
Immanuel Lutheran Preschool

1310 N. Frolic Ave.
Waukegan, IL 60085
(847)249-0011

Please complete this form and return it to the school office.

Place a check by your choice for the 2018-2019 school year:

(Age requirements: must be at least 3 and potty trained.)

_____ Pre-K~2 days

_____ Child Care

_____ Pre-K~3 days

_____ Pre-K~5 days

STUDENT INFORMATION: (Also include a copy of your child's birth certificate and immunization records.)

Last _____, First _____, Middle _____

Nickname _____ Gender: _____

Address: _____

Birth date: ____/____/____ Place of Birth: _____

Baptism Date: _____ Church where Baptized: _____

School District: _____

Ethnicity:

Hispanic/Latino American Indian/Alaska Native Asian African American White
Native Hawaiian or other Pacific Islander

(Please note: Your child will need to be able to understand and communicate in the English language in school.)

PARENT INFORMATION:

Father:

Home Phone Number: _____

Occupation: _____

Employer: _____

Work Phone Number: _____

Work Address: _____

Father's Church Membership: _____

Active Member: Y/N

Marital Status: (Circle what applies)

First marriage Separated Divorced

Remarried Widowed Never Married

Family Income Level: _____

Mother:

Home Phone Number: _____
Occupation: _____
Employer: _____
Work Phone Number: _____
Work Address: _____

Mother's Church Membership:

Active Member: Y/N _____
Marital Status: (*Circle what applies*)
First marriage Separated Divorced
Remarried Widowed Never Married

FAMILY INFORMATION:

Other Children in family (names and ages):

Name:	Age:	Relationship:	Living with student:
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Please list any other people living with your child besides parents and siblings:

People allowed to pick up your child and Emergency Contacts:

Name: Last	First	Relationship	Phone Number
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Please list any people NOT allowed to pick up your child:

Has there been a separation or divorce, with whom is the child living?

If child is living with someone other than the parents, please complete:

Name: _____

Address: _____

Phone: _____

Relationship: _____

Church membership: _____

If you are not a member of a Lutheran church, would you be willing, to attend a series of classes on the doctrines and teachings of the Lutheran Church? (Attendance at these classes does NOT obligate you to become a member.) Yes or No

CHILDREN'S PHYSICIAN:

Name: _____ Phone: _____

Address:

Hospital:

Name: _____ Phone:

Address:

Allergies:

List any allergies to medicine:

List any food allergies:

List any other allergies:

STUDENT BACKGROUND INFORMATION:

- Does your child have problems with vision or hearing? Yes No
- If yes please explain:

- If yes please list any interventions that are currently being done for your child:

- Does your child have any speech delay? Yes No
If yes please explain:

If yes please list any interventions that are currently being done for your child:

- List any illnesses your child has had:

- If your child takes regular medication please list:

- Please list any other physical/emotional conditions from birth to present that have affected your child's development:

- What time does your child get up? _____ Go to bed? _____

- How much television does your child generally watch each day?

- What are your child's favorite activities?

- Does your child play well alone? Yes No In group? Yes No

- Are there neighborhood playmates? _____
If so, what age children does your child usually play with?

- Does your child accept correction easily? Yes No

- What method of behavior control do you use in your home?

- Does your child...(circle all that apply)

Say his/her name	state age	dress independently	Catch a ball
Say nursery rhymes	Listen to stories	sing songs	Count to 10
Throw a ball	Ride a tricycle	Name basic colors	
Write first name			

- Has your child gone to preschool or daycare before?

Describe: _____

- Please include any information that you feel would be beneficial for the school and staff to help your child have a successful preschool experience:
