



THE LIGHTHOUSE PRESCHOOL

St. Paul's Evangelical Lutheran Church
215 7TH Avenue Southwest, Aberdeen, SD 57401
(605) 725-1855



APPLICATION FOR ENROLLMENT 2018-2019

☆Please complete **this application** and return it with the **application fee** (\$50) to the church office.
☆A completed **immunization certificate** must be on file in the school office before application acceptance can be given.

Full Name of Student: _____
Last First Middle Initial Nickname

Sex (circle one): M F **Application Date:** _____

Circle desired option.	Morning Option 1 (Ages 3-5) Tues & Thurs	Morning Option 2 (Ages 3-5) Mon, wed, & Fri	Morning Option 3 (Ages 3-5) Mon – Fri	Afternoon Option (Ages 4 & Up – Pre K) Mon- Thurs	Student's Age: _____
	_____	_____	_____	_____	

Family Home Phone #:
_____/_____-_____

Student's Mailing Address:

Address/Street or P.O. BOX Apt. #

Student's Date of Birth:

Month Day Year

City State Zip

May we publish your name, address, and phone number in the school directory?
 YES NO

Student's Billing Address (If different from above):

Address/Street Apt. #

City State Zip

Student's Siblings:
Name: _____ Age: _____
Name: _____ Age: _____
Name: _____ Age: _____
Name: _____ Age: _____

Student Lives With*: This section is for parents/step-parents/guardians with whom the student is **presently living**. Caregivers (other than the student's biological parents) must provide a copy of the most recent court decree regarding this child.

Father Stepfather Grandfather Guardian
Mr. _____
Dr. _____

Employer Occupation
Work Phone: ____/____.ext.____
Cell Phone: ____/____
E-mail: _____

Mother Stepmother Grandmother Guardian
Mrs. _____
Ms. _____
Dr. _____

Employer Occupation
Work Phone: ____/____.ext.____
Cell Phone: ____/____
E-mail: _____

Required Emergency Information: (MUST be someone other than parent/guardian; cannot be Student's home or Parent cell phone numbers)

Emergency Contact Name: _____ Phone: ____/____
Relationship to Child: _____ Alternate Phone: ____/____

Emergency Contact Name: _____ Phone: ____/____
Relationship to Child: _____ Alternate Phone: ____/____

Family Church Membership:

Name of Church: _____ Is the student baptized? YES NO

Denomination: _____ Date of Baptism: _____

We are not members of a church and would welcome a visit from the pastoral staff of St. Paul's Lutheran Church.

Last preschool or daycare attended:

Name of School: _____ Phone: ____/____

Address: _____ Reason for Leaving: _____
Address City State Zip

General Information:

Special Medications (allergies, asthma, etc.):

List medications: _____

Doctor involved: _____ Phone: ____/____

Does this student suffer from: epilepsy? asthma? diabetes Any other condition that might pose an emergency at school (Please explain: _____)

Are this student's immunizations up to date? YES NO

(South Dakota State Law requires an up-to-date copy of the student's immunization record be on file in the preschool office.)

Has this student experienced any discipline/behavior problems, preschool issues, health concerns, etc.? If yes, please explain: _____

During the year, photos will be taken and may be used in print publicity or on our website. If you do not wish for your child's photo and/or name to appear, please send written notification to the school office not later than the first day your child attends class at The Lighthouse Preschool.

The Lighthouse Preschool does not discriminate on the basis of gender, race, color or national origin in the administration of our educational policies, employment practices, admission policies, administrative policies, financial aid, athletics or other school administered programs.

Contractual Agreement: Your signature below indicates that you agree: 1) to fulfill all financial obligations. Tuition and fees will be paid as billed. Student's records will not be issued or released until all applicable tuition and fees are paid. In the event of withdrawal or dismissal, all fees are non-refundable and tuition will be harged through the end of the month; and 2) to abide by The Lighthouse Preschool guidelines and policies as outlined in the handbook.

Father's Signature: _____ Date: _____

Mother's Signature: _____ Date: _____