



# THE LIGHTHOUSE PRESCHOOL

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



## APPLICATION FOR ENROLLMENT 2019-2020

☆Please complete **this application** and return it with the **application fee** (\$50 for members of St. Paul Lutheran Church/\$75 for non-members) to the preschool or 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.	<b>Morning Option 1</b> (Ages 3-4) Tues & Thurs \$100/month	<b>Morning Option 2</b> (Ages 3-4) Mon, Wed, & Fri \$145/month	<b>Morning Option 3</b> (Ages 3-4) Mon – Fri \$245/month	<b>Afternoon Option</b> (Ages 4 & Up – Jr. K) Mon- Thurs \$200/month	<b>Student's Age:</b> _____

**Family Home Phone #:**  
\_\_\_\_\_/\_\_\_\_\_-\_\_\_\_\_

**Student's Mailing Address:**  
\_\_\_\_\_  
Address/Street or P.O. BOX Apt. #  
\_\_\_\_\_  
City State Zip

**Student's Date of Birth:**  
\_\_\_\_\_  
Month Day Year

**Student's Billing Address (If different from above):**  
\_\_\_\_\_  
Address/Street Apt. #  
\_\_\_\_\_  
City State Zip

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

**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 charged 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: \_\_\_\_\_