



Enrollment Form 2026 - 2027

For office use only:

Date received: _____

\$50 Registration fee paid

2 Day Morning Class (T/TH), 8:45-11:45 a.m. - \$1,520/year (\$152/month x 10 months Sep-Jun)

3 Day Morning Class (M/W/F), 8:45-11:45 a.m. - \$2,280/year (\$228/month x 10 months Sep-Jun)

5 Day Morning Class (M-F) 8:45-11:45 a.m. - \$3,800/year (\$380/month x 10 months Sep-Jun)

Call/email questions regarding schedule and availability (218) 729 – 9473

*Please indicate 2nd class choice in the event a class reaches full capacity: _____

Child's Name _____ Male _____ Female _____
(First) (Middle) (Last)

Child's Address _____

Child's Date of Birth _____ Child's Age on First Day of School _____
Month/Day/Year (must be at least 33 months)

Parent Information

***We will be using this information to contact you, so please fill out email as clearly as possible**

Mother's Name _____
(First) (Last)

Mother's Address (if different than child) _____

Telephone Numbers: Home # _____ Cell # _____

Place of Employment/Occupation _____ Work # _____

Mother's email _____

Father's Name _____
(First) (Last)

Father's Address (if different than child) _____

Telephone Numbers: Home # _____ Cell # _____

Place of Employment/Occupation _____ Work # _____

Father's email _____

Authorized Persons to Pick-up Child *(must complete in full)*

Please list any persons authorized to pick-up your child from school. Children will be released only to those individuals authorized by parents or legal guardians. Any changes in who will be picking up your child should be in a written note to the teacher or reported to the church office. All individuals listed below must include a phone number.

Name _____ Relationship _____

Phone # _____

Name _____ Relationship _____

Phone # _____

Emergency Contacts *(must list two persons and complete in full)*

Please list two local individuals who are authorized to pick up your child from school and who can be contacted if a parent cannot be reached in case of an emergency or injury requiring medical attention. Please include all contact information.

Name _____ Relationship _____

Address _____

Home Phone # _____

Work Phone # _____ Cell # _____

Name _____ Relationship _____

Address _____

Home Phone # _____

Work Phone # _____ Cell # _____

Medical and Personal Information

- Does your child have any food intolerances or sensitivities? No Yes If yes, please explain and discuss with teacher:

- Does your child have any diagnosed allergies? No Yes If yes, please explain and discuss with teacher:

- Are there any significant medical needs for your child? No Yes If yes, please explain and discuss with teacher:

- Are there any restrictions of activities? No Yes If yes, please explain and discuss with teacher:

- Does your child have an Individual Education Plan (IEP) or any individual child care program (ICCP) needs? No Yes If yes, please consult with the teacher and attach a copy.

- Is there any additional medical/personal/emotional information we should know about your child or family?

- Does your child have any siblings? No Yes If yes, please list names and ages:

- Who does your child live with? Mom Dad Other, please explain:

- What is your faith background? (Religion, church home, etc.)

Medical and Personal Information (cont.)

Physician's Name _____ Phone # _____

Physician's Address _____

Hospital Preference _____

Medical Insurance Company _____ Group # _____

Dentist's Name _____ Phone # _____

Dentist Address _____

Dental Insurance Company _____ Group # _____

Emergency Medical Care Authorization

I authorize the staff at Peace in Christ Christian Preschool to act in a medical emergency for my child

_____ if I cannot be reached.

(child's name)

Acknowledgement of Registration Fee

I understand that there is a \$50 non-refundable registration fee to secure my child's place in my preferred class that must be submitted with these registration forms. I understand that Peace in Christ Christian Preschool strives to maintain small class sizes (about 16 per session) with two staff present at all times. Classes will be filled on a first-come, first-served basis with special consideration given to families with multiple children in the program and to those families that share transportation.

Signature of Parent or Guardian

Date

Permission Form

Child's Name _____

Date of Birth _____

Please write "yes" (or place an X) or write "no" next to the following statements and then sign and date the form.

My child has permission to participate in all school activities; including outdoor activities, such as playing in the church playground and outside walks.

I give my permission to have my child's photograph taken and used in classroom activities; craft projects, bulletin boards, etc.

I give my permission to use my child's photographs for the Peace in Christ Christian Preschool's Website and public Facebook and Instagram business accounts.

I give permission for my child to use hand sanitizer on special occasions such as outside or when water is not available. (washing with soap and warm water for 20 seconds is our preferred method)

I give permission for the staff to share my contact info with other parents in my child's class for the purpose of a playdate, birthday party, etc.

I understand that if at any time I wish for my contact info or child(ren) photographs to not be used I must notify the school at which they will cease to posting or sharing immediately.

I have read the Parent Handbook and agree to abide by the policies stated therein. (Handbooks are available online at <http://www.piclutheran.org/pic-preschool> or a hard copy upon request.)

I have read the Child Care Emergency Plan and agree to abide by the policies stated therein. Please take time to review our Child Care Emergency Plan on our website to help us in "Keeping Kids Safe" in the event of an emergency or evacuation. (Child Care Emergency Plan is available online at <http://www.piclutheran.org/pic-preschool> or a hard copy upon request.)

Peace in Christ Preschool will send home information frequently with your child. It is important that you look for and read this information; it may contain important dates of upcoming events.

Signature of Parent or Guardian

Date