



Peace Lutheran Preschool
328 E. Great Creek Road, Galloway, NJ
Phone: (609) 748-0094
A State Licensed/Non-Profit Early Childhood Program
Student Application Form

Days (Circle) M T W Th F
 3 day option is MWF 2 day option is T/Th
 Hours (Circle) 9-11:30AM 9AM-1PM Full

School Year: _____

1. Child's Full Name: _____
2. Date of Birth: _____
3. Name you would like your child to use in school: _____
4. Age of Child: _____ Gender _____
5. Home Phone Number: _____
6. Child's Address: _____

7. Father's Name: _____ Occupation: _____
 Place of Employment: _____ Work #: _____
 Home Address: _____ Home #: _____
 _____ Cell #: _____
 Email Address: _____

8. Mother's Name: _____ Occupation: _____
 Place of Employment: _____ Work #: _____
 Home Address: _____ Home #: _____
 _____ Cell #: _____
 Email Address: _____

9. Person(s) to contact in case of an emergency (other than parent) **MUST list at least two:**

1. Name: _____ Home Phone: _____
 Relationship to Child: _____ Cell Phone: _____
2. Name: _____ Home Phone: _____
 Relationship to Child: _____ Cell Phone: _____

10. Siblings:

Name: _____ Age: _____

Name: _____ Age: _____

Name: _____ Age: _____

Name: _____ Age: _____

11. Foods that the child is *not* permitted to eat: _____

12. Does the child have any allergies to food? If yes, please list and explain. If necessary, a care plan should be provided by your pediatrician. _____

13. Does the child have any physical corrections such as glasses, shoes, etc.? _____

14. Is the child able to participate in all common activities? If no, please explain: _____

15. Does the child use the toilet and hand wash without assistance? _____

16. Child's Physician: _____

Physicians Phone #: _____

17. Is there any other pertinent information we should be aware of regarding your child that will enable us to understand or better help him/her at school? _____

18. What are your expectations of your child's involvement with our Christian Preschool? _____

19. Who will be dropping off and picking up your child from the Preschool?

Name: _____ Relationship: _____

Name: _____ Relationship: _____

Name: _____ Relationship: _____

If your child will be coming from or going to a home other than yours on a regular basis, please list name(s), relationship, address(es), and telephone #'s:

20.. *I/WE _____, authorize the EMERGENCY CONTACTS and THOSE LISTED ON LINE 19 ABOVE TO DROP OFF AND/OR PICK UP MY CHILD FROM SCHOOL. I/WE WILL KEEP ALL INFORMATION CURRENT AND INFORM THE SCHOOL OF ANY CHANGES OF ADDRESS, PHONE NUMBERS, CHANGES IN PICKUP INFORMATION, ETC.

Parent's or Legal Guardian's Signature: _____ Date: _____

(*Optional: YOUR CHURCH AFFILIATION: _____)

Thank you for your time and attention in thoroughly completing this application and for considering our Christian preschool for your child. This application also serves as a binding agreement. If you should have any questions or would like to meet to discuss our program, please feel free to arrange an appointment.

Bringing the Peace of Christ to You

<Office Use Only>

Registration Paid: _____ Date: _____

Date Enrolled: _____ Days/Hours Attending: _____

Class Assignment: _____