



MT. OLIVE LUTHERAN
PRESCHOOL

Student Enrollment Form

This form may be completed electronically or in writing and submitted in person or to preschool@connectwithjesus.org. This form and all registration and supply fees must be received. A child is not considered enrolled until written notification is received from Mt. Olive Lutheran Preschool. Mt. Olive Lutheran Preschool enrolls children on a space-available basis without regard to race, gender, national or ethnic origin, or religion.

Child's Information			
Name:		Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	Date of Birth:
Baptismal Date:	Church Home:		
Address:			
City:		State:	Zip:
Family Information			
Mother's Name or Legal Guardian:	Cell:	Cell Network:*	Work:
Address: (if different from child)			
City:		State:	Zip:
Father's Name or Legal Guardian:	Cell:	Cell Network:*	Work:
Address: (if different from child)			
City:		State:	Zip:
Preferred Email(s):		Preferred First Point of Contact: <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Guardian	

*Needed to receive text messages from preschool computers.

Emergency Contacts and Authorization to Pick-Up

At least one local contact should be identified in case of an emergency in which the parents cannot be reached. Parents can indicate if this person(s) is approved as an emergency contact, authorized to pick up, or both. Children will only be released after verification of identification is made. Under no circumstances will a child be released to any other individual without written documentation provided by the child's parent. It is the parent's responsibility to maintain current contact information for all points of contact with the preschool office.

Name:	Cell:	Cell Network:*	Relationship:
Address:			
City:		State:	Zip:
Emergency Contact: <input type="checkbox"/> Yes <input type="checkbox"/> No		Authorized to Pick-Up: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Name:	Cell:	Cell Network:*	Relationship:
Address:			
City:		State:	Zip:
Emergency Contact: <input type="checkbox"/> Yes <input type="checkbox"/> No		Authorized to Pick-Up: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Name:	Cell:	Cell Network:*	Relationship:
Address:			
City:		State:	Zip:
Emergency Contact: <input type="checkbox"/> Yes <input type="checkbox"/> No		Authorized to Pick-Up: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Name:	Cell:	Cell Network:*	Relationship:
Address:			
City:		State:	Zip:
Emergency Contact: <input type="checkbox"/> Yes <input type="checkbox"/> No		Authorized to Pick-Up: <input type="checkbox"/> Yes <input type="checkbox"/> No	

*Needed to receive text messages from preschool computers.

Non-Authorization for Release

My child is **NOT** allowed to be released to the following person(s), unless written notification is given to the director or designee the child's primary parent or legal guardian.

Name:	Relationship:
Name:	Relationship:

Medical Information

Child's Physician:		Phone:
Address:		
City:	State:	Zip:
Allergies: <input type="checkbox"/> Yes <input type="checkbox"/> No	Describe: (if present, complete Allergy Alert Form)	
Special Needs <input type="checkbox"/> Yes <input type="checkbox"/> No	Describe:	
Existing Illness <input type="checkbox"/> Yes <input type="checkbox"/> No	Describe:	
Previous Serious Illness or Injury <input type="checkbox"/> Yes <input type="checkbox"/> No	Describe:	
Long-Term/Continuous Medication <input type="checkbox"/> Yes <input type="checkbox"/> No	Describe:	
Disabilities <input type="checkbox"/> Yes <input type="checkbox"/> No	Describe:	

Emergency Medical Treatment Authorization

In the event my child should need emergency medical attention, I give my permission to the staff of Mt. Olive Preschool to seek the medical attention needed, and to transport my child for emergency medical treatment.

Yes No

Enrollment

<input type="checkbox"/> Full-Time w/Before/After School Care 7:00am-6:00pm	<input type="checkbox"/> Full-Time, School Day Only 8:00am - 3:30pm	<input type="checkbox"/> Part-Time, School Day only 8:00am - 12:30pm
Class Requested:(Dependent on age as of 9/1. Considerations may be made based on intellectual or developmental needs of the child.) <input type="checkbox"/> Twos <input type="checkbox"/> Threes <input type="checkbox"/> Pre-K <input type="checkbox"/> Kindergarten (8:00am - 3:30pm only)		Preferred Enrollment Date:

Thank you for choosing Mt. Olive. Please share how you learned about us.

Referral from _____ Driving by Website Facebook

Why did you choose to enroll your child at Mt. Olive Preschool? (Check all that apply)

Christian program Academic curriculum Friendly environment

Convenient location Positive recommendation

Considerations:

- I understand my child is not considered enrolled until written notification is received by Mt. Olive Lutheran Preschool.
- I understand my child will remain enrolled and tuition is owed until 30-days after written notification of intent to withdraw is submitted or other arrangements have been made between the director and parent(s) or legal guardian to better serve the child elsewhere (e.g., behavior issues, threat to others, etc.).
- I understand full tuition is due each month regardless of the days attended unless written notification has been provided by the preschool.
- I understand I may request a change in enrollment status (e.g., moving from part-time to full-time) with a 30-day written notice. Requests will be granted based on availability.
- I understand that the registration fee of \$350 per student is non-refundable under any circumstances.
- A 10% discount is offered on sibling tuition. The discount will apply to the lowest tuition rate.

I certify that I am the parent or legal guardian of the child identified in this form and all information provided herein is true and accurate to my best knowledge.

Parent's Signature

Date