

Word of Life Lutheran School
6535 Eichelberger
St. Louis, MO 63109
314-832-1244

Early Childhood Campus
7100 Morganford
St. Louis, Mo. 63116
314-832-2307

APPLICATION FOR PRESCHOOL ENROLLMENT

Date of Application _____

Please answer all questions below and on back, sign and return this application immediately to the preschool director.

Appreciating the advantages offered by a Christian school, we hereby request that our child be enrolled as a student of Word of Life Lutheran School.

If your child will turn THREE by August 1st of the year he/she will be enrolled, select:
_____ Tuesday and Thursday, 9:00-11:30 am. (\$100.00/month)

If your child will turn FOUR by August 1st of the year he/she will be enrolled, select:
_____ Monday, Wednesday, Friday, 9:00-11:30 am. (\$110.00/month)
_____ Monday, Wednesday, Friday, 12:15-2:45 pm. (\$110.00/month)

Student's Name _____ Age _____ Home Telephone _____

Address _____ Zip Code _____ Work Telephone _____

Email: _____

Date of Birth _____ Baptized _____
Month Day Year Month Day Year

Ethnic Group _____ Gender _____ Church _____ City _____

Are both parents living at home with this child? _____ (If no, explain here) _____

Father's Name _____ Father's Church _____

Occupation _____ Member _____ Yes _____ No _____
Pastor's Name _____

Mother's Name _____ Mother's Church _____

Occupation _____ Member _____ Yes _____ No _____
Pastor's Name _____

Brothers and Sisters (List names and birthdays)

If not a member of one of our churches, how did you learn about Word of Life? _____

Christian training involves cooperation among the school, the home and the church. Will you commit your family to faithful attendance at church services, as well as maintaining a Christian training in your home? _____

Has your child attended any other preschool program? _____ List Preschool _____

In order to help us better understand your child, please list any circumstances that might assist in instruction and development understanding.

List any health concerns of which the teacher should be made aware (allergies, etc.): _____

Please initial the following lines below showing your acknowledgement of these statements.

_____ As a parent of a child in Word of Life Lutheran Preschool, I am fully aware of my financial responsibility for tuition and fees to the school.

_____ As a member/nonmember, I understand the payment of all fees must be kept current. Remittance may be made through a 10-month or 12-month installment plan by automatic withdrawal, or by quarterly, semester or annual payments (see the Tuition Payment Options sheet).

_____ Any default in financial obligation is subject to collection through the legal process. All legal fees required in the collection process will be at the expense of parent/guardian herein and signed below. The collection fee will reflect 15% of owed balance and all court costs.

_____ I have included a registration fee of \$100.00 (non-refundable) with this application to reserve classroom space for my child. (Make check payable to Word of Life Lutheran School with "Preschool" in the memo line.)

Parent's Signature

MEDIA RELEASE NOTIFICATION

***Note:** Sometimes we may want to publish your son's or daughter's picture on Word of Life Lutheran School's web site or media material including brochures, display boards, or newspaper publications. If you **DO NOT** want your son's or daughter's picture published through the Word of Life Lutheran School in these ways, please sign below.

TO BE COMPLETED BY WOL PRESCHOOL: Enrollment Fee paid on _____ Class _____
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