This form is for children Please fill in ALL spa 2018-2019		How did you hear about Immanuel Preschool?		
Immanuel Lutheran P 5211 Carpenter St.	owners Grove, IL.	L		IMPORTANT!
APPLICATION /TUI			<u>Circle</u> <u>one</u>	What name should be on his/her nametag? This is the
	First	Last	boy	name they will learn to write.
Birth Date	Curren	t Age	girl	
Parent's names	(father)	(mother)	Email a	ddress: Please print clearly!
Address	City	Zip		
		Where is		
Phone - Area <u>Code (</u>)home	church r		I (mother's)
Parent's Occupation			,	, , , , ,
Mother's		Father's		
	be 4 years old by <mark>September</mark> onday Class 12:45- 3:15pm	<u>1, 2018</u>		
Enrichment Fri	day Class 8:45- 11:15am			
Please make	checks payable to Immanı	uel Lutheran Presc	hool.	
	Note – There are 9 p			<mark>18-2019</mark>
Pleas	e return the Release Form	be paid in 1 – 9 and this form wit		ion fee of \$25.00
	week Enrichment Cla			
	yearly amount broken do			
Date	<u></u>	ignature of Parent c	or Guardian	
	For scho	ol use only		

Approved______(Director's Signature)

Date_____

Immanuel Lutheran Preschool

<u>5211 Carpenter St.</u> Downers Grove, IL

<u>RELEASE FORM – Enrichment Class – One Day a Week</u> 2018-2019

I have read the Immanuel Lutheran Preschool Handbook and have read and will comply with the policies of Immanuel Lutheran Preschool. Our handbook is online on the preschool website. You may also ask for a hard copy of the handbook.

I agree that photographs or video of my child may be used for classroom use or publicity (including website & blog) for Immanuel Preschool. These are often of group activities. No names are used. I also agree that my child may receive some religious instruction at Immanuel Lutheran Preschool.

I agree and herewith grant permission that my child may be taken on neighborhood walks in conjunction with the educational program at Immanuel. This includes places such as the Fishel Park, Denburn Woods, etc.

I further agree and grant permission that my child may be taken on planned field trips. Special notes will be sent home when out of the area field trips are planned to notify the parent or legal guardian of the field trip in advance. I reserve the right to withdraw my permission for an individual trip by notifying Immanuel Lutheran Preschool staff in advance of the planned field trip.

I agree that Immanuel Lutheran Staff may administer limited first aid to my child and may contact me, my child's doctor, or local emergency services, if required.

Child's Full Name

RELEASED BY:

Signature

by:_

(PLEASE PRINT) Parent or Legal Guardian

Address

City, State, Zip Code

Date

-----For school use only-----

Accepted by Immanuel Lutheran Preschool, Downers Grove, IL.

Approved by

Date