



**Immanuel Lutheran Preschool**  
**902 Cleveland Ave Charleston, IL 61920**  
**217(345-3042)**  
[www.ilpcharleston@gmail.com](mailto:www.ilpcharleston@gmail.com)

Child's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Child's Address: \_\_\_\_\_

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Parents Marital Status: \_\_\_Married \_\_\_Separated \_\_\_Divorced \_\_\_Unmarried

Mother's Name: \_\_\_\_\_ Cell phone: ( ) \_\_\_\_\_

Address: \_\_\_\_\_

Email: \_\_\_\_\_

Employer: \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Father's Name: \_\_\_\_\_ Cell phone: ( ) \_\_\_\_\_

Address: \_\_\_\_\_

Email: \_\_\_\_\_

Employer: \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

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Emergency Contact Information (other than parents)

Contact Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Contact Address: \_\_\_\_\_ Contact Phone: ( ) \_\_\_\_\_

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Mother's Church Affiliation: \_\_\_\_\_

Father's Church Affiliation: \_\_\_\_\_

Does your child attend Sunday School? \_\_\_YES \_\_\_NO Is your child baptized? \_\_\_YES \_\_\_NO

Are you interest in information about Immanuel Lutheran Church? \_\_\_\_\_

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Names and ages of other children in the family \_\_\_\_\_  
\_\_\_\_\_

Does your child have any special health concerns (allergies, etc.)? If yes, please explain:

\_\_\_\_\_

Family Physician: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_

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Please mark your preference:

\_\_\_ Infants (6 weeks to 15 months of age) \*ONLY FULL TIME AVAILABLE

\_\_\_ Toddler (15 months of age to 24 months of age) \*ONLY FULL TIME AVAILABLE

\_\_\_ Half Day Program for 2, 3, and 4 Year Olds (7:30am-12:00pm)

\_\_\_ Mon-Fri      \_\_\_ Tues & Thurs      \_\_\_ Mon, Wed, Fri

\_\_\_ Full Day Program for 2, 3, and 4 Year Olds (7:30am-5:30pm)

\_\_\_ Mon-Fri      \_\_\_ Tues & Thurs      \_\_\_ Mon, Wed, Fri

\_\_\_ After School Program (kindergarten through 3<sup>rd</sup> grade)

\_\_\_ Mon-Fri      \_\_\_ Tues & Thurs      \_\_\_ Mon, Wed, Fri

Start date for your child: \_\_\_\_\_

How did you hear about Immanuel Lutheran Preschool? \_\_\_\_\_

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\*\*A non-refundable \$95.00 registration fee must accompany this form.

\*\*This form and the Registrations fee must be returned in order for your child to be placed on the waiting list.

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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FOR OFFICE USE ONLY:

DATE REGISTRATION RECEIVED: \_\_\_\_\_ REGISTRATION FEE: \_\_\_ YES \_\_\_ NO CHECK # \_\_\_\_\_

ENROLLMENT DATE: \_\_\_\_\_ CLASSROOM: \_\_\_\_\_

TERMINATION DATE: \_\_\_\_\_ CLASSROOM: \_\_\_\_\_

KEY FOB SERIAL #: \_\_\_\_\_ KEY FOB RETURNED: \_\_\_ YES \_\_\_ NO

KEY FOB SERIAL #: \_\_\_\_\_ KEY FOB RETURNED: \_\_\_ YES \_\_\_ NO

KEY FOB SERIAL #: \_\_\_\_\_ KEY FOB RETURNED: \_\_\_ YES \_\_\_ NO