

**ENROLLMENT 2023-2024**

*A Ministry of Friendship Celebration Church- LCMS*

**FRIENDSHIP CELEBRATION PRESCHOOL**

765 East Chinden Blvd., Meridian, ID 83646

[ljensen@friendshipcelebration.org](mailto:ljensen@friendshipcelebration.org) / 208-288-2404

Office Use Only Ck \_\_\_\_\_ Ca \_\_\_\_\_ CC \_\_\_\_\_

Date Rec'd \_\_\_\_\_ Reg Fee \_\_\_\_\_

Class \_\_\_\_\_

Immunizations \_\_\_\_\_ Birth Cert. \_\_\_\_\_

**STUDENT INFORMATION**

Student's Name \_\_\_\_\_ Gender: M/F

Nick Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Birthdate \_\_\_\_\_ Age \_\_\_\_\_ Home Phone \_\_\_\_\_ Cell \_\_\_\_\_

Has student attended Preschool? Y / N Where? \_\_\_\_\_

Right-Handed \_\_\_\_\_ Left-Handed \_\_\_\_\_ Ambidextrous \_\_\_\_\_ Email \_\_\_\_\_

Daytime Caregiver's Name \_\_\_\_\_ Phone \_\_\_\_\_

Please list names of other children in family and their ages \_\_\_\_\_

T-Shirt Size: XS or S (your child will receive a free shirt with registration)

**FAMILY INFORMATION**

Father/Guardian Name \_\_\_\_\_ Cell \_\_\_\_\_

Home address \_\_\_\_\_ Employer \_\_\_\_\_

Mother/Guardian Name \_\_\_\_\_ Cell \_\_\_\_\_

Home address \_\_\_\_\_ Employer \_\_\_\_\_

Family Church \_\_\_\_\_ Is your child Baptized? Y / N

**EMERGENCY INFORMATION**

Physician's Name \_\_\_\_\_ Phone \_\_\_\_\_

Dentist's Name \_\_\_\_\_ Phone \_\_\_\_\_

Specific Allergies and Other Conditions – if none, please write NONE \_\_\_\_\_

Two other persons we may contact in case of emergency:

Name \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_

**ENROLLMENT -2**

**IMMUNIZATIONS:** Friendship Celebration Preschool requires complete immunization records on file for each enrolled student. All registrants must submit a copy of this information prior to attending.

**IN CASE OF EMERGENCY:** As the parent of legal guardian of the child named on this form, I hereby give consent for emergency medical care prescribed by a duly licensed Doctor of Medicine or Doctor of Dentistry. This care may be given under whatever conditions are necessary to preserve the life, limb, or well-being of my dependent.

Signature of Parent/Guardian \_\_\_\_\_

Date \_\_\_\_\_

**PLEASE NOTE:** I give Friendship Celebration Preschool permission to photograph and/or video tape my child for public relation promotions for their program.

Please Initial the appropriate line: \_\_\_\_\_ I DO give my permission \_\_\_\_\_ I DO NOT give my permission

Child's favorite activities & toys \_\_\_\_\_

If upset, how does your child like to be comforted? \_\_\_\_\_

What do you expect your child to gain from preschool? \_\_\_\_\_

Hobbies/skills you can share with our class? \_\_\_\_\_

**FEES AND REQUIREMENTS 2023-2024**

One-day class: \$ 90 Tuition/mo - \$ 50 Registration fee	<b>A.M. Class Time: 8:30-11:30 am</b> <b>P.M. Class Time: 12:30-3:30 pm</b>
Two-day class: \$160 Tuition/mo - \$100 Registration fee	
Three-day class: \$220 Tuition/mo - \$100 Registration fee	
Four-day class: \$275 Tuition/mo - \$100 Registration fee	

**REGISTRATION FEES ARE NON-REFUNDABLE. FIRST MONTH'S TUITION IS DUE SEPTEMBER 10, 2021.**

Please send in a check payable to Friendship Celebration Preschool or complete an auto pay authorization form.

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|--|--|
| 2-year-old (A.M.) F _____(1 day)         | 4-year-old (A.M.) M-W-F _____(3 day)     |
| 3-year-old (A.M.) M-W-F _____(3 day)     | 4-year-old (A.M.) T-TH _____(2 day)      |
| 3-year-old (A.M.) T-TH _____(2 day)      | 4-year-old (P.M.) M-W-F _____(3 day)     |
| 3-year-old (P.M.) M-W _____(2 day)       | 4-year-old (P.M.) T-TH _____(2 day)      |
| 4-year-old (A.M.) M thru TH _____(4 day) | 4-year-old (P.M.) M thru TH _____(4 day) |

❖ **Your child is enrolled when we receive (1) copy of immunization records, (2) copy of birth certificate, (3) registration fee, (4) registration form.**