FIRST LUTHERAN SCHOOL FOR YOUNG CHILDREN APPLICATION
2010/2011

Please indicate class desired (or rank classes in order of preference.)
(Unless otherwise indicated, classes meet from 9:00 until 12:00 noon.) ***4A stays until 1:00 on Wed. only**

___1A (M/W -$145) **___2A (M/W-$145)** **___3A (M/W/F-$170)** **___4A (M-Th -$220)***
___1B (T/Th - $145) **___2B (T/Th-$145)** **___3C (M-Th-$200)** **___4B (M-Th until 1:00-$235)**
___2/3 (T/Th-$145) **___ Pre-K (M-F until 1:00-$275)**

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Child's Name _____ _____
(Last) (First) (Middle) ("Called")

Address _____
(Street) (City) (State) (Zip)

Phone # _____ Child's Date of Birth _____

Child's Sex ___ Are both parents living in the home? _____ Is child adopted? _____

Email Address _____ Name of Last School Attended _____

Siblings (Names & Ages) _____

Others living in household _____

Father's Name _____
Employer _____
Occupation _____
Bus. Address _____
Bus. Phone _____ Cell: _____
Education _____
Church Affiliation _____

Mother's Name _____
Employer _____
Occupation _____
Bus. Address _____
Bus. Phone _____ Cell:_____
Education _____
Church Affiliation _____

Available persons in case of emergency if parent can't be reached:
Name _____ Phone _____
Name _____ Phone _____

Does your child have special needs, an IEP, or is he/she going through the evaluation process? _____ If yes, please explain _____

SFYC has an inclusion policy allowing one special needs child per class. Failure to disclose can result in either a class change or dismissal from SFYC if appropriate space does not exist.

SFYC reserves the right to remove a child from a class if their classroom behavior isn't conducive to a positive learning environment.

<u>Please Note:</u> We have children with food allergies in some of our classes. Please initial to indicate your understanding that there may be some snack and/or lunch food restrictions as a result. Initial: _____
Does your child have any allergies? _____
Additional health information:_____

I understand the financial policies stated on the reverse side _____
(please sign)

Where did you learn about SFYC? _____

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Registration Fee: $_____ **Check #:** _____ **Date:** _____

First Tuition Payment: $ _____ **Check #:** _____ **Date:** _____ **Balance Due:** _____

2nd Tuition Payment: $_____ **Check #:** _____ **Date:** _____ **Balance Due:** _____