



Federated Church

Where individual belief and a vibrant faith community meet.

2400 Sycamore Lane
West Lafayette, IN 47906

(765) 463-5564
www.federatedchurch.net

Preschool Registration

OFFICE USE ONLY

Child's Name: _____

Sex: _____ Date of Birth: _____
month day year

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Email: _____

Father's Name: _____ **Occupation:** _____

Work Phone: _____ Cell Phone: _____

Mother's Name: _____ **Occupation:** _____

Work Phone: _____ Cell Phone: _____

Siblings' Names and Ages: _____

Child's previous school or group experience: _____

What do you want your child to gain from this class? _____

Is there anything you feel we need to know about your child? _____

Any known allergies (food, medications, etc.): _____

Emergency Release Information

My child _____ **has my permission, in case of an emergency,**
to be released to _____ **Phone #** _____

Doctor's Name: _____ **Phone #** _____

Parent's Signature: _____ **Date:** _____

Preschool Sessions

Please check the session you want your child to attend

_____ Three-year-old Class (2 days)
Tuesday & Thursday
Time: 8:45 am – 11:15 am
Cost: **\$90** per month

_____ Four-year-old Class (3 days)
Monday, Wednesday & Friday
Time: 8:45 am – 11:15 am
Cost: **\$125** per month

_____ Pre-K (4 days)
Monday, Tuesday, Wednesday & Thursday
Time: 8:45 am – 11:15 am
Cost: **\$175** per month

Tuition payments are due by the 15th of each month, unless you have made arrangements with the Weekday Young Child Coordinator.

Please make all checks payable to ***Federated Preschool***.

At the time of registration there will be a non-refundable \$75 registration fee to be applied toward supplies. The deposit must accompany this completed three-page *Registration Form* in order to secure a place for your child's enrollment.

Questions may be directed to:

Julie Sunderlin, *Director*
Jasun59@aol.com
(765) 448-1360 (home)
(765) 463-5564 x206 (office).

Parent's Signature: _____ Date: _____

Parent Agreement

I consent to the enrollment of my child, _____
in the Federated Preschool/Pre-K program and agree to pay the Preschool, in
addition to the registration fee of \$75.00, the established tuition for the year.
I understand that refunds are not given for days missed (including illness,
snow days, vacations, holidays or personal reasons).

I agree to keep my child home if there are any signs of illness or other
communicable disease.

I agree to observe the rules and regulations established by the Preschool.

I agree that in case of an accident or injury, emergency medical care may be
given in the event that I cannot be contacted immediately.

I further agree to release Federated Preschool, Federated Church, its officers,
coordinators, directors, members and employees from and against any claims
and liability arising out of the operation of the Preschool.

Parent or Guardian's Signature: _____

Date: _____