



# 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 15<sup>th</sup> 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:

Lori Madden, *Director*  
maddenfamily1@comcast.net  
(765) 463-5564 ext. 206 (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: \_\_\_\_\_