

Peace Lutheran Academy

P.O. Box 123, Sussex, WI 53089

2018-2019 Registration Form

Preschool

Peace Lutheran Academy has been established by Peace Lutheran Church primarily for assisting the parents of the congregation in the education of their children. Parents who are not members of Peace Lutheran Church may enroll their children in the academy at non-member tuition rates, provided that they attend the adult catechesis course taught by the pastor of the congregation. All parents who enroll their children in the academy are pledging themselves to support the mission and purpose of the academy as outlined in the academy brochure and the current handbook of the academy. A \$100 non-refundable registration fee is required to guarantee enrollment. The registration fee is applied to any applicable tuition fees.

Name of Student: _____
First Middle Last

Address: _____ City _____ Zip: _____

Email address: _____

Student's Home Phone: _____ Sex: M ___ F ___

Date of Birth: _____ Baptized: Yes: ___ No: ___ Date of Baptism: _____

Church Membership: _____

Student's Physician: _____ Phone: _____

Address: _____

School District: _____

Grade Level (circle one) T/Th 3-year old M/W/F 4-year old

Father's Name: _____ Cell Phone: _____

Home Address: _____ Home Phone: _____

Business Address: _____ Occupation: _____

Business Phone: _____ Work Hours: _____

Mother's Name: _____ Cell Phone: _____

Home Address: _____ Home Phone: _____

Business Address: _____ Occupation: _____

Business Phone: _____ Work Hours: _____

(over)

Person to notify in case of an emergency, when parents cannot be reached:

Name: _____ Relationship to student: _____

Address: _____ Phone: _____

All the above information which I have provided is accurate. I have read, understand, and agree to the information contained in the opening paragraph of this registration form.

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

For Academy Use Only

Member of Peace

Completed and Signed Registration Form received by: _____ Date: _____

Registration Fee received by: _____ Date: _____

Child Health Report received by: _____ Date: _____

Medical Consent Form received by: _____ Date: _____

Immunization Record received by: _____ Date: _____