

2026-2027 Preschool Registration

Registration is now open!

* Indicates required question

1. Email *

Student Information

2. Student First Name *

3. Student Preferred Name *

Please enter the student's preferred name or nickname i.e. Katie rather than Katherine.

4. Student Middle Name *

5. Student Last Name *

6. Student Street Address 1 *

7. Student Street Address 2

8. City *

Mark only one oval.

Columbia City

Fort Wayne

Churubusco

South Whitley

Albion

9. Zip Code *

10. Student Date of Birth *

Example: January 7, 2019

11. Student Gender *

Mark only one oval.

Female

Male

12. Student lives with: *

Mark only one oval.

Mother

Father

Both

Neither

13. Student's Church Affiliation *

14. Tell me anything else I should know about your child.

Parent 1 Information

Please enter the information of the parent who should be contacted first i.e. a parent that is more available during the day or the parent with whom the child lives.

15. Mother or Father? *

Mark only one oval.

Mother

Father

16. Parent 1 First Name *

17. Parent 1 Last Name *

18. Parent 1 Place of Employment *

19. Parent 1 Phone Number *

20. Parent 1 Email Address *

Parent 2 Information

21. Mother or Father? *

Mark only one oval.

Mother

Father

22. Parent 2 First Name

23. Parent 2 Last Name *

24. Parent 2 Place of Employment *

25. Parent 2 Phone Number *

26. Parent 2 Email Address *

Childcare Information

27. Name of Primary Child Care Provider (Babysitter) *

28. Child Care Provider Phone Number (Babysitter) *

Child Pickup

29. List of Persons approved for Child Pick- up *

Please list the **full name and phone number** of those approved to pick up your child. This information can always be amended if a situation changes.

Household Information

30. List all family members who live with the child. *

Please list all family members who live with the child, including name and relationship to the child.

31. List all household pets and their names *

32. Photo Release Agreement *

By clicking "I agree" I grant permission and consent for Grace Lutheran Preschool staff to take and appropriately distribute photos of my child. All photos will be shared to my email in a digital folder.

Mark only one oval.

I agree

I disagree

Financial Agreement & Enrollment

A nonrefundable registration of \$50 must be paid to guarantee placement in class. Please send the registration fee to Grace Lutheran Church. Checks can be made out to "Grace Lutheran Church" and in the memo line please write "Preschool." Please make sure to indicate who your child is when sending in the registration fee.

Cost of T/Th- 3 hour classes for 3/ 4 year old class: \$105 / monthly with a \$25.00 supply fee

Cost of MWF- 3 hour classes for 4/ 5 year old class: \$130 / monthly with a \$25.00 supply fee

Cost of MWF- 7 hour classes for 4/5 year old class: \$185.00/ monthly

33. Select the appropriate class you would like your child to attend. *

Mark only one oval.

3 year old class (Tuesdays and Thursdays, 8:30 AM to 11:30 AM)

3 year old class (Tuesdays and Thursdays, 12:30 PM to 3:30 PM)

4 year old class (Mondays, Wednesdays, and Fridays, 8:30 AM to 11:30 AM)

4 year old class (Mondays, Wednesdays, and Fridays, 12:30 PM to 3:30 PM)

4 year old class (Mondays, Wednesdays, and Fridays, 8:30 AM to 3:30 PM)

34. Please select a date of the month on which you will be paying monthly tuition. *
Payments are due on the date in which you requested each month beginning in
September.
(Example: 15th of every month)
-

Untitled Section

35. How did you hear about Grace Lutheran Church Preschool? *

Mark only one oval.

Returning Parent or Family

Family/ Friends

Daycare/ Babysitter

Facebook

Website

Other:

Medical Information

Please note that any medical information you share is strictly confidential and shared only with the Grace Lutheran Church Preschool Staff.

36. List 2 Non- Parent Emergency Contacts *

List any one who should be called in case of an emergency, in addition to the parent information listed above. Please list the **phone number with the Non- Parent Emergency Contact.**

37. Student's Primary Care Physician *

38. Student's Primary Care Physician Phone Number *

39. What was the date of your child's Well Child Visit or Physical Exam? *

Example: January 7, 2019

40. Medications *

Please list every medication that your child currently uses. Children may not keep any medications in their possession, except when it is necessary to have immediate access to it, such as an inhaler, EpiPen, etc.

41. Allergies or Medical Concerns *

Please list any **allergies or medical concerns** your child has, and their severity. Please list their **reactions** (a rash versus anaphylactic shock) and **treatment** (wait it out versus an epi-pen or go straight to hospital). Lastly, list any **substitutions** that can be given in place of the allergen (soy milk, other fruits, sunflower butter)

42. Immunizations

Please attach a complete copy of your child's immunization records. You may be able to request this from your doctor as a PDF or scan a hard copy to upload. If you have any issues with this, email pregracelutheran@gmail.com or call the office at 260.244.7118 ext. 3.

Files submitted:

Food Handling

43. By checking this box, I agree to full responsibility for the safety of my child's food * during preparation, storage, and transportation to the facility.

Food must be brought to the facility in clean, insulated, sanitizable containers, which keeps cold food 41° F or below and hot food at 135° or above. Containers must be clearly labeled with the child's names and date of preparation.

Upon receiving the food from the parent, the facility shall verify the temperature of the food. When potentially hazardous food temperature is not correct, the facility will not accept the food.

Upon accepting the food, the facility shall maintain correct food temperatures until served.

Check all that apply.

I agree

Waiver of Understanding

44. By checking this box, I agree to the following: *

I understand that this day care ministry is not licensed under the laws of Indiana. However, I understand that this day care ministry complies with the State rules concerning sanitation and fire safety for the primary use of structure in which it is conducted. I understand that it is my responsibility to ensure that the nutritional and health needs of my child are met while my child is at the daycare ministry.

This notice does not absolve a day care ministry from liability for injury to a child while the child is at the daycare ministry if the cause of the injury is negligence or intentional wrongdoing on the part of the day care ministry or an employee of the day care ministry.

Check all that apply.

I agree

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