

FRIENDS OF JESUS PRESCHOOL of ZION LUTHERAN CHURCH
 2122 Bronson Blvd • Kalamazoo, MI 49008 • tel (269) 382-2360 ext 213 • fax (269) 382-2367
www.friendsofjesuspreschool.com

ENROLLMENT APPLICATION 2023-2024

Please complete this application and return it with the nonrefundable application fee of \$75. Please make checks payable to Friends of Jesus Preschool. Parent(s) and the person responsible for payment must sign the application. If enrollment is full, we will put your application on the waiting list. You will be notified regarding the status of your application.

Personal Data

Child's Full Name (First, Middle, Last):	Preferred Nickname:	M/F:	Baptismal Birthday:	Date of Birth:
<input type="checkbox"/> Father <input type="checkbox"/> Stepfather <input type="checkbox"/> Guardian		<input type="checkbox"/> Mother <input type="checkbox"/> Stepmother <input type="checkbox"/> Guardian		
<input type="checkbox"/> Mr <input type="checkbox"/> Dr		<input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Miss <input type="checkbox"/> Dr		
Name:	Name:			
Street Address:	Street Address:			
City/State/Zip:	City/State/Zip:			
Home Phone:	Home Phone:			
Mobile Phone:	Mobile Phone:			
Occupation:	Occupation:			
Job Title:	Job Title:			
Business Name:	Business Name:			
Street Address:	Street Address:			
City/State/Zip:	City/State/Zip:			
Work Phone:	Work Phone:			
E-mail Address:	E-mail Address:			
Church Affiliation:	Would you like information about Zion Lutheran Church? <input type="checkbox"/> Yes <input type="checkbox"/> No			

Friends of Jesus Preschool of Zion Lutheran Church may rely on the information contained in this Enrollment Application (including the family data, guidance data and medical data) as true and correct to the best of my knowledge. I understand that it is my responsibility to provide any changes to the Preschool in writing.

Date: _____ Signature of parent(s) (If completed electronically, typed signature is acceptable)

Date: _____ Signature of person(s) responsible for payment (if different)

----- **For Office Use Only** -----

Date _____ **Amount** _____

Application _____ **Check** _____

Enrollment Procedure

Submit Enrollment Application with \$75 nonrefundable enrollment processing fee. Upon receipt of the Enrollment Application, you will be notified if a position is:

- 1) Available and your child has been placed.
- 2) Unavailable; you will be notified of placement on the waiting list and contacted if a position becomes available.

Zion Member Discount: A 10% reduction in total annual tuition and monthly childcare.

Multi-Child Discount: A 5% reduction is applied to the child with the least tuition and childcare when siblings are enrolled.

(Note: Discounts cannot be combined, they cap at 10%)

Tuition Payment: Tuition may be prepaid for the entire year or paid in 9 (nine) monthly installments due on the first of the month from September through May. The preschool may assess additional fees if tuition is late and/or for returned checks.

Childcare/Wraparound Payment: Childcare and wraparound (before care/lunch bunch) must be prepaid on a monthly basis, due on the first of the month. Schedule changes for the month must be given, in writing, to the director, by the 15th of the prior month (example, schedule changes for the month of October must be submitted by September 15th.) The preschool may assess additional fees if tuition is late and/or for returned checks.

PRESCHOOL SCHEDULE & MONTHLY OR ANNUAL TUITION			
Class	Days	Schedule	Tuition Only
3-year-olds (2 days/week)	T, TH	8:30-11:30am (6 hours per week)	\$204/month or \$1836/yr
3-year-old (5 days/week)	M-F	8:30-11:30am (15 hours per week)	\$400/month or \$3600/yr
4-year-olds (3 days/week)	M, W, F	8:30-11:30am (9 hours per week)	\$306/month or \$2754/yr
4-year-olds (5 days/week)	M-F	8:30-11:30am (15 hours per week)	\$400/month or \$3600/yr

CHILDCARE/WRAPAROUND RATES (IN ADDITION TO PRESCHOOL TUITION)

(Note: Child must be enrolled in a preschool program to add-on childcare/wraparound care.)

Weekly Childcare (7:00-8:30 am AND 11:30 am-5:30pm): \$160/week

Daily Childcare (7:00-8:30 am AND 11:30 am-5:30pm): \$32/day

Before Care ONLY (7:00am-8:30am): \$10/day

Lunch Bunch ONLY (11:30am-1:00pm): \$10/day

(Note: Priority for childcare/wraparound will be given to families who are able to provide advance notice. Accommodations and adjustments may be made when staffing permits.)

Please indicate daily childcare needs (if child is attending preschool ONLY, this section can be skipped):

	Anticipated arrival time	Anticipated pickup time
Monday		
Tuesday		
Wednesday		
Thursday		
Friday		

Things You Need to Know

- Children with special needs should be identified early in the application process so that reasonable accommodations can be arranged during the admission process.
- An orientation session for parents will be held in late August. Information will be sent out in July.
- Friends of Jesus school year begins the Tuesday after Labor Day and ends the Friday before Memorial Day.

FRIENDS OF JESUS PRESCHOOL of ZION LUTHERAN CHURCH Enrollment Contract

Upon acceptance by the administration, and with payment of the appropriate enrollment fee, please enter my child or ward as a student in Friends of Jesus Preschool for the full school year, subject to the general statements, rules, regulations, conditions, traditions, and financial terms contained in the Family Handbook, calendar, Rate Sheet, and application for admission.

1. Submission of my application and \$75 nonrefundable enrollment fee constitutes evidence of good faith in binding this contract.
2. Once Friends of Jesus Preschool accepts this agreement and a place in the classroom is reserved, my obligation to pay according to the Rate Sheet is unconditional and not subject to reduction, proration, or set-off because of my child's absence. Sally E. Grushon Scholarship recipients must meet all financial obligations in full as outlined in the Enrollment Contract
3. Enrollment for the following year will be accepted only if the account is current. Until the account is current, all monies paid will be posted to the outstanding balance. Thereafter, monies paid may be used to secure future enrollment, provided those monies are accompanied by a signed re-enrollment contract demonstrating my intent.
4. The Preschool is not responsible for damages to or loss of personal belongings.
5. From time to time, Friends of Jesus Preschool staff takes photographs and videos of children during school for the purpose of promotional activities, newsletters, displays, brochures, its website, and social media sites. I agree to allow the use of my child's photographs for such purposes.
6. I am aware that abuse and neglect of children is against the law. I know that caregivers are mandated by law to report abuse and neglect.
7. I understand it is the policy of the Preschool that, in order to avoid any possible risk of contagion, a student with a contagious and/or communicable disease will not be allowed on the campus. The school administrator has the authority to make a decision based on the advice of the classroom staff and appropriate professionals as to whether a student may participate at Friends of Jesus Preschool.
8. I will notify Friends of Jesus Preschool of any communicable disease my child may have. I give the preschool permission to inform our school families of any communicable disease my child may have. I understand that such notification will be anonymous.
9. I agree to release Friends of Jesus Preschool, its faculty, staff, and volunteers from any claims I or my child may have for injuries or damages by third parties, whether such injuries or damages occur on school premises, or away from those premises on school-sponsored field trips or activities.
10. I agree that if any emergency medical procedure or treatment is required while my child is under supervision at Friends of Jesus Preschool, and I cannot be contacted to give my consent to such treatment or procedures within a reasonable time as the circumstances may allow, I permit Friends of Jesus Preschool and its faculty and staff to consent to such procedures or treatment in my absence as they, within their discretion, determine to be necessary. I further agree to release Friends of Jesus Preschool and its faculty and staff from any claims for injury or damages resulting from such emergency medical procedures or treatment.
11. I understand that the laws of the State of Michigan and the regulations of Friends of Jesus Preschool require students in all classes to have specific health records and emergency notification information on file before attending the first day of classes. Forms will be provided by the Preschool upon acceptance for admission.
12. Check your preferred payment plan: Prepayment 9 monthly installments
13. Check the preschool class in which your child will enroll:

- 3-Year-Olds T/Th 3-Year-Olds M/T/W/Th/F 4-Year-Olds M/W/F 4-Year-Olds M/T/W/Th/F

Printed Name of Parent/Legal Guardian	<u>Signature (Typed is acceptable)</u>	Relationship to Child
Printed Name of Parent/Legal Guardian	<u>Signature (Typed is acceptable)</u>	Relationship to Child

Family Data

Sibling Name	Sibling Age	Sibling Date of Birth

Are the parents separated? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, who has legal and physical custody?
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With whom does the child live?

If a parent has been denied access or may visit the child only with supervision as declared by court order, please provide us with copies of the court orders.

Guidance Data

Has your child attended preschool or childcare before? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, where?
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What do you expect your child to gain from the preschool experience? _____

Is there anything we should know about your child that would help us provide a successful environment for him/her? _____

Does your child have any nervous habits, tantrums, fears, separation anxiety? How can this be alleviated? _____

Is there anything you feel the teacher should know that may be affecting your child? (e.g., recent move, death in family, divorce, new baby)

If your child receives or has received counseling for a serious event or personal problem, please share information you feel may be helpful.

Medical Data

Is your child on medication? <input type="checkbox"/> Yes <input type="checkbox"/> No	List medication(s)
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IF YOUR CHILD NEEDS MEDICATION ADMINISTERED AT PRESCHOOL, PLEASE FILL OUT A 'MEDICATION PERMISSION AND INSTRUCTIONS' FORM AVAILABLE AT THE PRESCHOOL OFFICE.

Are there any issues with:

- bladder control bowel control
 hearing speech vision
 asthma eating sleeping

sensory issues (touch, loud noises) coordination (special shoes, walking, steps, handling objects, etc.)

Allergies:

Does your child have: food allergies seasonal allergies

List foods your child should not eat _____

List foods or items your child should not be near _____

List foods or items your child should not come in contact with _____

IF YOUR CHILD HAS ALLERGIES, PLEASE FILL OUT AN 'ALLERGY INFORMATION RECORD' AVAILABLE AT THE PRESCHOOL OFFICE.

General Information Questionnaire

Whom may we thank for your referral? _____

Why did you choose Friends of Jesus Preschool? _____

Please specify suggestions for enrichment experiences/field trips that you feel would be beneficial: _____

Please specify if you or a member of your family have an occupational background, talents, hobbies, or professional affiliations which you would be willing to share in a classroom situation for enrichment purposes:
