

Office Use: ____ Fee Paid ____ Payment Number ____ Processing Number ____ Full Day ____ Part Day

Living Christ Preschool
2019-2020 Fall Application
110 North Gammon Road, Madison WI 53717
608-829-3598



☐ Check box if your child is a returning student

Child's Name _____
(First) (Middle) (Last) (Nickname)

Birthdate _____ Age as of 9/1/19 _____ Gender ____ Male ____ Female

Address _____

Paternal Guardian Name _____ Cell (____) _____

Paternal Guardian Workplace _____ Work (____) _____

Paternal Guardian Email _____

Maternal Guardian Name _____ Cell (____) _____

Maternal Guardian Workplace _____ Work (____) _____

Maternal Guardian Email _____

Emergency Contact (other than parents) _____ Cell (____) _____

Address _____ Relationship _____

Authorized Pick-Ups: Other than parents, persons who are authorized to pick up the child, if none, write (none)

Name: _____ Relationship to Child: _____

Address: _____ Phone: (____) _____

Name: _____ Relationship to Child: _____

Address: _____ Phone: (____) _____

How did you hear about Living Christ Preschool? _____

Religious Affiliation _____ Your Local Place of Worship _____

Would you like to know more about Lutheran Church of the Living Christ? ____ Yes ____ No

Office Use: First Day: _____ Last Day: _____

Physician/Medical Facility Information

Name of Child's Doctor/Hospital: _____

Doctor/Hospital Address: _____

Doctor/Hospital Phone Number: _____

Describe any allergies or other special physical or emotional needs your child may have

☐ Yes ☐ No I give consent for emergency medical care or treatment to be used only if I cannot be reached immediately.

Permissions/Authorizations

☐ Yes ☐ No I give consent for my child to participate in field trips and activities during operating hours

☐ Yes ☐ No I give consent for pictures of my child to be used for display in the preschool/church

☐ Yes ☐ No I give consent for pictures of my child to be used advertising purposes (Facebook, Website)

☐ Yes ☐ No I give consent for LCP to use Equate Kids SPF 50 sunscreen for my child as needed

☐ Yes ☐ No I give consent for LCP to use parent provided sunscreen _____ as needed

Potty Trained: If your child is 3+ are they potty trained _____ Yes _____ Almost _____ No

Key Fob Policy

- Each family will receive one key fob. If both parents share pick up/drop off responsibilities, please talk to the office about a second fob.
- Please do not remove tape with the key fob's number on it. If the number becomes illegible, please stop by the office to have it re-marked.
- When you enroll your child, there will be a \$10 Fob Fee on your first bill. On your child's last day when you return your fob, you will get your \$10 back.
 - This fee will also be applied for any additional fobs your family may ask for.

Parent Handbook Agreement

_____ By initialing this line, I acknowledge that I have read the Living Christ Preschool Parent Handbook found at <https://www.living-christ-preschool.com/student-forms> and that I agree to abide by all policies and procedures stated therein. (Hard copies given upon request)

Parent/Guardian Signature: _____ Date: _____

2019-2020 Weekly Tuition

Please mark your request below:

Schedule Requested

_____ Monday _____ Tuesday _____ Wednesday _____ Thursday _____ Friday

Half Day (8:30 am - 12:30 am)

	Daily Rate	2 Days	3 Days	4 Days	5 Days
Lambs: under 1 as of 9/1/19	\$45	\$90	\$125	\$165	\$200
Lions: age 1 as of 9/1/19	\$40	\$80	\$110	\$145	\$175
Bears: age 2 as of 9/1/19	\$35	\$70	\$95	\$125	\$150
Zebras: age 3+ as of 9/1/19	\$30	\$60	\$80	\$105	\$125

***Parent Provided Lunch will be from 12:00-12:30**

Full Day (7:00 am - 6:00 pm)

(Earliest drop-off 7:00 am; latest pick-up 6:00 pm)	Daily Rate	2 Days	3 Days	4 Days	5 Days
Lambs: under 1 as of 9/1/19	\$85	\$170	\$235	\$305	\$375
Lions: age 1 as of 9/1/19	\$80	\$160	\$220	\$285	\$350
Bears: age 2 as of 9/1/19	\$70	\$140	\$190	\$245	\$300
Zebras: age 3+ as of 9/1/19	\$65	\$130	\$175	\$225	\$275

***Parent Provided Lunch will be from 12:00-12:30**

Estimated Drop-Off and Pick up Times for Full Day Students

(Fill in with your best assumptions)

Monday	Tuesday
Wednesday	Thursday
Friday	

Other Fees

- Application Fee: \$60 required in order to process application
- Materials Fee: \$90 or you may bring materials from school list to Open House/First Day of Attendance
- Late Pick Up Fee: \$10 per 15 minutes after end of day (12:30 or 6:00)
- No Call/No Show Fee: \$10 per day that child is not at school and parents have not informed school of absence by 9:00 am

Parent/Guardian Signature _____ Date _____

Application Fee of \$60 is required before application will be processed

Registration and Tuition are NON-REFUNDABLE!