

School of Life Preschool
Application checklist
(For each child applying)

- Completed application
 - all sections complete
 - parental agreement signed and dated by both parents

- Non refundable registration/ First week's fee

- Current physical examination

- Updated immunization records

- Copy of child birth certificate

- Alternate Arrival / Release Agreement – Child Care Centers
(if applicable)

Your application cannot be processed until it is complete, this includes the registration fee. Once the application is complete, you will need to set up an appointment for an interview. Both parents must be at the interview.

Thank you and if you have any questions, please feel free to call our office at 773-324-2055, fax number 773-324-2056 or email at schooloflife@gmail.com

School of Life Preschool

A Ministry of Chicago City Life Center
5501 S. LaSalle Ave ♦ Chicago, Illinois 60621 ♦ 773-324-2055
Hours of operation: Monday-Friday 7:30am-6:30 pm

Application for Admission

INSTRUCTIONS: Please complete the following information. Accuracy is important for school records. If a question is not applicable to you, draw a line through the space provided for the answer. Please print neatly and legibly.

Enrollment Date:	Discharge Date:		
Last, Student's Full Name:	First	Middle Initial	
Age of Child:	Date of Birth (<i>mm,dd,yy</i>):	<input type="radio"/> Male	<input type="radio"/> Female
Place of Birth:			
Current Address:			Apt. #
City:	State:	Zip Code:	County:
Telephone	<input type="radio"/> Cellular	<input type="radio"/> Home	

EMERGENCY INFORMATION

In case of an emergency, please provide the names and telephone numbers of two people. The first contact may be the parent or guardian of the child and the second contact must be someone other than the parent or guardian. **Please label if cell, work or home number.**

1. Name:	Telephone:
2. Name:	Telephone:

PERSONAL INFORMATION

Are there any unusual factors that have occurred in your child's life? Yes No

If yes, please explain:

What outstanding abilities does your child possess? (Physical, Mental, Artistic, Musical, etc.)

Has your child ever received any psychological testing?	<input type="radio"/> Yes <input type="radio"/> No
When?	
Where?	
Does your child have any mental, emotional, or physical handicaps that may affect his/her activities or progress?	<input type="radio"/> Yes <input type="radio"/> No
If yes, please explain:	
Does your child have any food or environmental allergies?	
Child's Doctor:	Doctor's Address:
	Phone #:

<u>EDUCATIONAL INFORMATION</u>	
Name of Present School/Daycare Center:	
Address:	Phone Number:
Has your child ever been dismissed or suspended from any school/ Daycare Center?	<input type="radio"/> Yes <input type="radio"/> No
If yes, please explain:	

In signing this application, we understand that:

1. It is the goal of School of Life Preschool to provide an excellent academic experience for every child, to lead each child into a saving relationship with Jesus Christ, and to see them grow in their relationship with Christ.
2. We have read the school objectives and are willing to have our child trained in accordance with them.
3. Our/My cooperation is expected in regular tuition payments, purchasing required instructional materials, and whenever possible, practical helps or a special gift since tuition does not cover all of the operating costs of School of Life Preschool.
4. The teacher has full discretion in the classroom discipline of my child.
5. The school reserves the right to dismiss any student who does not respect or whose parents do not respect its spiritual standard or cooperate in the educational process.
6. Our/My child has permission to go on scheduled field trips and other school activities.
7. I understand that failure to abide by the school's rules or to comply with the tuition policy will be grounds for the dismissal of my child.

I agree to abide by the school rules and the tuition payment schedule.

In order to eliminate any miscommunication regarding who is the responsible person(s) for all school fees, please indicate who will be responsible for all payments:

Name of person(s) responsible for payments: _____

Relationship to child: _____

Signature of Father/Guardian: _____ Date: _____

Signature of Mother/Guardian: _____ Date: _____

This information will be processed by School of Life Preschool's Director which shall give the final approval for acceptance into the Preschool. **A non-refundable registration fee, health records, and a copy of your child's birth certificate MUST** be submitted with this application.

Additional information will be conveyed to you upon the return of this form, to complete the application procedure, an appointment will also be necessary. A notice of final approval for school admission will be sent to you by mail.

Tuition Agreement

Tuition for the _____ family is _____ per week

It is effective beginning _____.

1. We (I) agree to pay the above tuition on the first day of the week that our (my) child or children are enrolled, as discussed with the director. We (I) understand that the late-payment fee of \$25.00 will be charged to our (my) account if tuition payment is not received by 12:30pm, by Friday of each week.
2. Should financial difficulties prevent payment by the due date of each month, parents must contact the school office to explain the reason and make suitable arrangements for payment. Accounts delinquent will be charged a \$25.00 late fee. Students will not be permitted to attend stepping up exercises or receive a certificate, until all tuition is paid in full. Children of parents owing tuition will not be re-admitted to School of Life Preschool the following month unless suitable arrangements are made with the school office. There will be no exceptions.
3. We (I) understand that tuition is based on enrollment and not on attendance, but that a courtesy discount may be given under either of the following two circumstances:
 - A. Extended absence of 4 or more consecutive days due to illness; discount will apply on a daily basis beginning on the 4th day.
 - B. Pre-planned absence of 1 week or more; Discount for the entire time will be given, if written notice is received at least 2 weeks in advance.
4. If a student is withdrawn after school has begun, a two week notice of intent to withdraw must be sent to the office. When a two week notice is given, the tuition refund will be pro-rated based on the student's last day of attendance. If no notice is given, tuition will be forfeited. **There is no refund of the registration fee.**
5. There are seven holidays throughout the calendar year for which we will be charged, even though the preschool is closed: New Year's Day, Good Friday, Memorial Day, July 4th, Labor Day, Thanksgiving (and the day after), and Christmas Eve and Day.
6. Field trip fees are not included in the tuition and are charged as they occur.

Tuition was calculated as follows:

Child	Days	Hours	Rate	Tuition
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Please sign & return both copies. Director will return yellow copy to you after signing.

Mother or Guardian _____ Date _____

Father or Guardian _____ Date _____

Director _____ Date _____

Authorized Child pick up

List the people that are authorized to pick your child up from the preschool

Name

Relationship

Address

Phone #
