

Two's Enrollment Form



Immanuel Lutheran Church & School
1930 N. Bowman Avenue
Danville, IL 61832
(217) 442-5675 / (217) 442-5036
www.ilcdanville.com

Child's Information

Child's Full Name: _____ Preferred Name: _____

Date of Birth: _____ Gender: Male Female

Church of Membership: _____ Baptized: Yes No Date: _____

Address: _____ City: _____ State: _____ Zip: _____

Child resides with: Mother Father Both Other: _____

Other children in the family – please include name(s) and age(s):

Parents are: Married Separated Divorced Widowed Other: _____

Parent / Guardian Information

Name: _____ Relationship to Child: _____

Primary Phone: _____ Email: _____

Address (if different from child): _____

Employer: _____ Work Phone: _____

Name: _____ Relationship to Child: _____

Primary Phone: _____ Email: _____

Address (if different from child): _____

Employer: _____ Work Phone: _____

Emergency Contacts

Name: _____ Relationship: _____

Home Phone: _____ Cell Phone: _____ Work: _____

Name: _____ Relationship: _____

Home Phone: _____ Cell Phone: _____ Work: _____

Name: _____ Relationship: _____

Home Phone: _____ Cell Phone: _____ Work: _____

Enrollment

- 5 Full Days - \$4,400
- 5 Half Days - \$3,520
- 3 Full Days - \$3,100
- 3 Half Days - \$2,060

Payment (Please select one):

- \$440.00 monthly on the 1st
- \$220.00 twice monthly on the 1st & 15th
- \$352.00 monthly on the 1st
- \$176.00 twice monthly on the 1st & 15th
- \$310.00 monthly on the 1st
- \$155.00 twice monthly on the 1st & 15th
- \$206.00 monthly on the 1st
- \$103.00 twice monthly on the 1st & 15th

Payment Method

- Cash or check – please make checks payable to Immanuel Lutheran School
- Electronic Funds Transfer – please complete and return the Authorization Form

Authorized Pickup List: Your child will only be released to the people on this list. If our teacher does not recognize the person picking up your child, a state issued identification card with a photo is required, and will be cross checked with this list.

Name: _____ Relationship: _____

Home Phone: _____ Cell Phone: _____ Work: _____

Name: _____ Relationship: _____

Home Phone: _____ Cell Phone: _____ Work: _____

Name: _____ Relationship: _____

Home Phone: _____ Cell Phone: _____ Work: _____

Name: _____ Relationship: _____

Home Phone: _____ Cell Phone: _____ Work: _____

Name: _____ Relationship: _____

Home Phone: _____ Cell Phone: _____ Work: _____

Parent Signature: _____ Date: _____



THANK YOU FOR ENROLLING IN
IMMANUEL TWO'S!