

**Immanuel Lutheran School (ILS)**

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Danville, IL 61832

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**ILS Registration Form**

**2022–2023**

- Young Two's (15 – 24 mo.)
- Preschool Two's
- Preschool 3's
- Preschool PreK 4's

**Please print all info legibly!**

**Child (student) Information**

**Child's Full Name:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_

**Preferred Name:** \_\_\_\_\_ **SSN:** \_\_\_\_\_ **Gender:**  male  female

**Church of Membership:** \_\_\_\_\_ **Baptized:**  yes (date: \_\_\_\_\_)  no

**Address:** \_\_\_\_\_ **City/State/Zip:** \_\_\_\_\_

**Child resides with:**  Mother  Father  Both  other: \_\_\_\_\_

**Parents are:**  married  separated  divorced  other: \_\_\_\_\_

**Custody Alert:**  yes  no **If yes, explain:** \_\_\_\_\_

**Other children in the household (list names/ages):** \_\_\_\_\_

**Has your child had previous daycare/preschool experience?** \_\_\_\_\_

**Additional info that will help with his/her care:** \_\_\_\_\_

**Parent/Guardian Information**

**Parent/Guardian Name:** \_\_\_\_\_ **Cell ph:** \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_ **SSN:** \_\_\_\_\_ **Home ph:** \_\_\_\_\_

**Email:** \_\_\_\_\_ **Work ph:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **City/State/Zip:** \_\_\_\_\_

**Employer:** \_\_\_\_\_ **Occupation:** \_\_\_\_\_

**Relationship to child:** \_\_\_\_\_ **Church affiliation:** \_\_\_\_\_

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**Date of Birth:** \_\_\_\_\_ **SSN:** \_\_\_\_\_ **Home ph:** \_\_\_\_\_

**Email:** \_\_\_\_\_ **Work ph:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **City/State/Zip:** \_\_\_\_\_

**Employer:** \_\_\_\_\_ **Occupation:** \_\_\_\_\_

**Relationship to child:** \_\_\_\_\_ **Church affiliation:** \_\_\_\_\_

## Emergency Information

Does your child have any known health problems?  no  yes: \_\_\_\_\_

List any regular medications for your child and when they should be given. Please note that prescription and over the counter medications must be in the original bottle/container and only the recommended dosage on the bottle can be administered. Attach another sheet if needed.

Medication: \_\_\_\_\_ Dose: \_\_\_\_\_ Time: \_\_\_\_\_

Medication: \_\_\_\_\_ Dose: \_\_\_\_\_ Time: \_\_\_\_\_

Allergies: \_\_\_\_\_

Any dietary needs/restrictions: \_\_\_\_\_

Doctor's Name: \_\_\_\_\_ Doctor's ph: \_\_\_\_\_

In case of emergency, preferred clinic/hospital: \_\_\_\_\_

**Please list all emergency contacts in order of priority (including yourself):**

	Name:	Relationship to child:	Phone:
1.			
2.			
3.			
4.			
5.			

I authorize Immanuel Lutheran School teaching staff to secure EMERGENCY medical care for my/our child when I/we cannot be immediately reached at the time of emergency. I/we will be responsible for the emergency medical charges upon receipt of the statement.

Parent/Guardian Signature: \_\_\_\_\_ date: \_\_\_\_\_

## Authorized Pick Up 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 photo is required, and will be checked with this list.

Name: \_\_\_\_\_ Cell ph: \_\_\_\_\_

Relationship to Child: \_\_\_\_\_ Other ph: \_\_\_\_\_

Name: \_\_\_\_\_ Cell ph: \_\_\_\_\_

Relationship to Child: \_\_\_\_\_ Other ph: \_\_\_\_\_

Name: \_\_\_\_\_ Cell ph: \_\_\_\_\_

Relationship to Child: \_\_\_\_\_ Other ph: \_\_\_\_\_

Name: \_\_\_\_\_ Cell ph: \_\_\_\_\_

Relationship to Child: \_\_\_\_\_ Other ph: \_\_\_\_\_

Name: \_\_\_\_\_ Cell ph: \_\_\_\_\_

Relationship to Child: \_\_\_\_\_ Other ph: \_\_\_\_\_



## ILS Registration Form 2022–2023 continued

Student Name: \_\_\_\_\_

### Student Photo Release

I hereby give permission for Immanuel Lutheran School to use my child's photograph, video image, writing, voice recording, name, grade level, and school name in school productions, websites, school social media, and/or similar school sponsored publications or in school or approved media interviews, releases, articles, and photographs. I also provide permission for the release by the school or to the media and governmental entities of my child's name, grade, school, name, and honors my child has received for public announcement of recognition of my student's accomplishments. I understand that without checking the permission box my child's name and photograph cannot and will not be included in any publications or presentations.

- I give permission for the photo/accomplishment consent as indicated above.  
 I do not give permission for the photo/accomplishment consent as indicated above.

Parent/Guardian Initials: \_\_\_\_\_

### Home Language Survey

The state requires the school to collect a Home language Survey for every student. This information is used to count the students whose families speak a language other than English at home. It also helps to identify the need for bilingual and English as a Second Language education services in the schools. Depending upon the answers below, the school may assess your child's English language proficiency. The school may measure your child's listening, speaking, reading, and writing skills in order to connect with helpful services.

1. Does anyone speak a language other than English in daily interaction in your home?  
 No     Yes. What language? \_\_\_\_\_
2. Does this student (your son/daughter) speak a language other than English in daily interaction?  
 No     Yes. What language? \_\_\_\_\_
3. What language did your child first learn to speak? \_\_\_\_\_

### DCFS Standards

Immanuel Lutheran School is licensed to operate our Preschool and childcare under the Illinois Department of Children and Family Services (DCFS) and abides by DCFS Standards. A booklet summary of DCFS Standards has been provided to each student's family. Please verify receipt of the DCFS Standards booklet.

<https://enroll.bright Horizons.com/-/media/bh/enroll/summary-of-licensing-standards--il.ashx>

- I acknowledge that I/we have received a copy of a summary of licensing standards printed by the Illinois Department of Children and Family Services.

Parent/Guardian Initials: \_\_\_\_\_

### ILS Family Handbook

Our procedures and policies are spelled out in our 2022-2023 Family Handbook.

- I acknowledge that I/we have received a copy of the 2022-2023 Family Handbook.  
 I have read and accept the discipline policy that will be used for class management.  
 I have read and accept the BeforeCare / AfterCare and Add A Day policies and fee structure.

Parent/Guardian Initials: \_\_\_\_\_

### Administer Medicine

I/we authorize ILS staff to administer over-the-counter and/or prescribed medicine to my/our child as specified in the medicine's directions for administration. (clear, detailed instructions will be provided to the school for each prescription in a personal note)

Parent/Guardian Initials: \_\_\_\_\_

### Trips, Excursions, and Public Park Facilities

I/we authorize ILS staff to conduct brief excursions on Immanuel's property and the adjoining trails/property of Winter Park as long as all such trips are under the supervision of the teaching staff and that health and safety precautions are taken in compliance with DCFS standards for licensure. (Note: any field trip requiring vehicle transportation will have a required and specific permission form.) I/we do not give consent for ILS to take our child swimming with prior, specific permission form.

Parent/Guardian Initials: \_\_\_\_\_

Signatures for above items:

Parent/Guardian Signature: \_\_\_\_\_ date: \_\_\_\_\_

## 2022 – 2023 Tuition

A registration fee of \$100.00 is due and must be submitted along with completed registration forms in order for the child to actually be registered. No space is reserved in our classes without receipt of registration forms and registration fee.

### Tuition by Enrollment Option

Please note that tuition is assessed by the year and is broken down in 10 equal payments, August to May.

Two's	Preschool 3's and 4's
<input type="checkbox"/> 5 Full Days: \$5400/yr \$540/mo	<input type="checkbox"/> 5 Full Days: \$4800/yr \$480/mo
<input type="checkbox"/> 5 Half Days: \$2800/yr \$280/mo	<input type="checkbox"/> 5 Half Days: \$2600/yr \$260/mo
<input type="checkbox"/> 3 Full Days: \$3600/yr \$360/mo	<input type="checkbox"/> 4 Full Days: \$4300/yr \$430/mo
<input type="checkbox"/> 3 Half Days: \$1800/yr \$180/mo	<input type="checkbox"/> 4 Half Days: \$2300/yr \$230/mo
<input type="checkbox"/> 2 Full Days: \$2400/yr \$240/mo	4 Days are Mon/Tue/Wed/Thur only. Half Days are 8:30 – 11:30. Full Days are 8:30 – 3:00, but include before care/after care: 7:00 am to 5:00 pm
<input type="checkbox"/> 2 Half Days: \$1300/yr \$130/mo	
3 Days are Mon/Wed/ Fri only. 2 Days are Tue/Thur only. Half Days are 8:30 – 11:30. Full Days are 8:30 – 3:00, but include before care/after care: 7:00 am to 5:00 pm	

Certain discounts may be applied (families with multiple children enrolled; members of Immanuel Lutheran Church; etc). Families with income at or below poverty level may apply for Financial Assistance. You must apply for such discounts with our School Director.

Families that pay the full year in advance receive a 5% discount; likewise, families that sign up for automatic payment (Electronic Fund Transfer from your bank account) receive a 5% discount. All other families are to pay monthly by cash or check by the due date each month to avoid a late fee (\$25). A billing statement will go home after the first week of each month (Sept. to May) with a reminder of monthly tuition due as well as lunch and other fees from previous month; payment is due by the 10<sup>th</sup> of the month (or the Monday following the 10<sup>th</sup> when the 10<sup>th</sup> is on a Saturday or Sunday).

Lunch fees will be billed or you can send in payments weekly/monthly (lunch is \$3/day). Likewise, a student can drop in (for example, a 4 day student can drop in on a Friday for an additional fee); or half day students can utilize before care or add an afternoon for an additional fee; all such fees are billed and should be utilized with advance notice to the child's teacher and/or school office.

All checks should be payable to: Immanuel Lutheran School.

- We plan to make a one-time payment of the full year's tuition on or before Aug. 16, 2022.
- We plan to make monthly payments using automatic Electronic Fund Transfer from our bank account.
- We plan to make monthly payments by cash or check.

Parent/Guardian Signature: \_\_\_\_\_ date: \_\_\_\_\_

## To Complete Your Child's Enrollment at ILS

After payment of registration fee and completion of this registration packet; additional items are needed for the enrollment of your child as a student in Immanuel Lutheran School:

- Copy of the Child's Birth Certificate (new students only)
- Health Physical
- Blood Lead Test
- Updated Immunization Record
- Receipt of ILS 2022–2023 calendar
- Receipt of ILS Family Handbook
- Payment of first month's tuition

**Office Use:**

Date received: \_\_\_\_\_

Registration Fee: \$ \_\_\_\_\_

CA/CK: \_\_\_\_\_