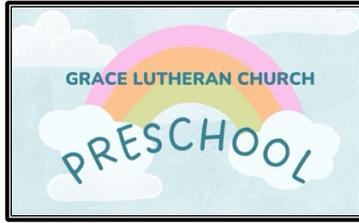


For Office Use
 Date Rec'd _____
 Fee Paid _____
 Number _____



Any allergies? ____ Yes ____ No
 If Yes, please list: _____

 EpiPen Action Plan/Authorization
 Required?: Yes ____ No ____
 If Yes, date filed: _____

PRESCHOOL APPLICATION
Grace Lutheran Church of Lily Lake
2026-2027

Non-Refundable Application Fee: \$75

Tuition: Children are registered to attend our program for the whole school year. This registration is for the Mixed Age Class (both Mondays and Wednesdays) and/or for the 2-Year-Old Class (Tuesdays). Tuition for each option is listed below. Your payments are due by the 10th of the month. Our preschool program runs from Monday, September 14, 2026 through Wednesday, May 12, 2027. We follow Central School District #301's school calendar. There is a discount for siblings enrolled during the same school year. Please inquire.

Please indicate which program(s) for which you are registering:

<p>Mixed Age Class (Age 3 by September 1st – Age 5) Mondays and Wednesdays 9:15am – 1:15pm</p> <p>_____ \$258/month September through May</p>	<p>2-Year-Old Class Tuesdays 8:45am – 10:45am</p> <p>_____ \$70/month September through May</p>
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Personal Information:

First Name of Child: _____ Nickname: _____
 Last Name of Child: _____ Birthdate: _____
 Address: _____ City: _____ Zip Code: _____

Parent/Guardian 1

Name: _____ Cell: _____ Work: _____
 Home Address (if different than child): _____
 Email Address: _____

Parent/Guardian 2

Name: _____ Cell: _____ Work: _____
 Home Address (if different than child): _____
 Email Address: _____

Physician: _____ Phone #: _____

Physician Address: _____ Zip Code: _____

AUTHORIZED PICK-UP PERSON(S)/EMERGENCY RELEASE AUTHORIZATION

Please list below all the people authorized to pick up your child from Preschool. In the event we are unable to reach you if your child becomes ill or injured at our program, this list also serves as your Emergency Release Authorization. List in order of calling preference. Photo ID may be required from the person picking up your child.

1) Name: _____ **Phone #:** _____

Address: _____ **Relationship to Child:** _____

2) Name: _____ **Phone #:** _____

Address: _____ **Relationship to Child:** _____

3) Name: _____ **Phone #:** _____

Address: _____ **Relationship to Child:** _____

4) Name: _____ **Phone #:** _____

Address: _____ **Relationship to Child:** _____

5) Name: _____ **Phone #:** _____

Address: _____ **Relationship to Child:** _____

- 1) I have read the Grace Lutheran Church Preschool Handbook. I have read and signed the Participant Waiver which will be included in my child's registration materials.
- 2) I fully understand the policies and procedures of the Grace Lutheran Church Preschool program and agree to cooperate, follow, and abide by them in spirit and action.
- 3) I understand that this is a Christian program with Bible story time and a prayer/ blessing before snack and lunch.
- 4) I understand that Grace Lutheran Church Preschool is not responsible for my child until he/she has been placed in the personal care of their teacher. The child is the parent's responsibility before being dropped off (signed-in) and after the child has been picked up (signed-out).
- 5) I understand that Grace Lutheran Church Preschool will not be held responsible for any illness that may occur due to perishable items that have been placed in my child's snack and/or lunch.
- 6) I understand that monthly tuition is due by the 10th of each month. A \$25.00 late fee may be assessed if tuition is not paid according to this schedule. Any returned checks will be assessed a \$35.00 charge.
- 7) I understand that Grace Lutheran Church of Lily Lake will have access to the information contained herein.

Parent/Guardian Signature: _____ Date: _____

Photography Approval

Throughout the year photographs may be taken of the children and their teachers for our internal and external use on our bulletin boards, to share with our families, and on our Facebook Page.

- YES, I give my permission for my child, _____ to be photographed at Grace Lutheran Church Preschool.
- YES, I give my permission for my child, _____ to be used on the Grace Lutheran Church Preschool Facebook Page.
- NO, I do not want my child's, _____ photographed to be used on the Grace Lutheran Church Preschool's Facebook Page.
- NO, I do not want my child, _____ to be photographed at Grace Lutheran Church Preschool.

Parent/Guardian Signature: _____ Date: _____

Authorization for Emergency Medical Care:

In order to meet all legal requirements, I hereby authorize

Janice Muncie, Director/Teacher Donna Scola, Teacher

representatives of Grace Lutheran Church Preschool, to give consent for any and all necessary emergency medical care for my child, _____, while said child is in said individuals' custody. The child's Certificate of Child Health Examination Record may be made available to the Emergency Room Staff.

Parent/Guardian Signature: _____ Date: _____

Grace Lutheran Church Preschool

**5N600 Hanson Road
St. Charles, IL 60175**

**PARTICIPANT
WAIVER, RELEASE OF ALL CLAIMS, AND HOLD HARMLESS AGREEMENT**

Name of Participant (Please Print)

Address

Phone

Email Address

PLEASE READ CAREFULLY

Please read this form carefully and be aware that, in participating in any activity/program on the grounds of GRACE LUTHERAN CHURCH OF LILY LAKE you will be waiving and releasing all claims for contagious illness, injuries and/or loss, damage of personal property arising out of time here that you or other named participants might sustain. The "I", "me", and "my" also refer to parents or guardians as well as participants in the programs. In participating in any activities/programs or related event, you are agreeing as follows:

As a participant, I recognize and acknowledge that there are certain risks of entering the building, and I agree to assume full risk of any contagious illness, injuries, damages or loss, which I may sustain because of participating, in any manner, in any/all activities connected with or associated with such activities/programs. I further recognize and acknowledge that all athletic activities involving strenuous exertion or potential body contact are hazardous recreational activities and involve substantial risks or injury.

I agree to waive and relinquish any and all claims I may have as a result of participating in Grace Lutheran Church Preschool against GRACE LUTHERAN CHURCH OF LILY LAKE, any/all independent contractors, officers, agents, servants and employees of GRACE LUTHERAN CHURCH OF LILY LAKE; and any and all other person(s) and entities, of whatever nature, that might be directly or indirectly liable for any contagious illness and/or injuries that I might sustain while participating in these activities/programs.

The parties described in the preceding sentence are referred to as "released parties" in the remainder of this Agreement.

I further agree to indemnify, hold harmless and defend GRACE LUTHERAN CHURCH OF LILY LAKE and any of the other released parties from any and all claims resulting from contagious illness, injuries, damages and losses sustained by anyone, and arising out of, connected with, or in any way associated with my conduct and the activities of these programs.

I further understand and agree that the terms such as "participation", "programs", and "activities" referred to in this Agreement include all activities of any nature while I am participating in these programs and further include the provision apparatus, and anything related to my use of the services, facilities, or premises involved in these programs, and transportation to and from any events.

I understand the nature of the events and activities for which I am registering, and have read and fully understand this Waiver, Release and Hold Harmless Agreement. I further understand that any advisements or warnings of the particular risks of these programs that I subsequently receive will be incorporated by reference into and become part of this Agreement.

Signature of Participant, or Parent or Guardian if Participant is Under the Age of 18