



2865-26th Avenue Columbus, NE 68601 402-564-8423
Preschool - 2965-26th Avenue Columbus, NE 68601 402-564-7407

2024

Dear Parents of Preschoolers,

Immanuel Lutheran School is now accepting enrollment for the 2024-2025 Preschool programs. You and your child are invited to join us in our discovery of God's special creation. His special creation is your child with his/her unique talents and abilities. With God's guidance, we seek to develop the mind, body, and spirit of each child. With His blessings, we help your child to grow daily in the love of our Lord and Savior, Jesus Christ.

Beginning February 1, 2024, enrollment is open to current families. Select your choice for your child on the enclosed registration form and return it to the Preschool. Completed applications must include the enrollment form, and a non-refundable \$50 registration fee. Applications will be processed on a daily basis. Confirmation will be sent to you within one month after we receive your registration. If you find two registration forms in this letter, please choose the appropriate one and discard the other. Information about the first day of school and an invitation to our Back-to-School Open House will be sent in August.

Following is a brief description of the classes that are available:

PRESCHOOL 3—Children need to be 3 years old and potty-trained to attend. Children who are 3 between the first day of school and October 15th are eligible to attend after their 3rd birthday. In this program your child will be introduced to classroom life—learning about Jesus as their Savior and friend, social skills, basic early learning concepts, music, and language development.

Available class options are—

Monday, Wednesday, Friday morning (8:30am-11am) -Tuition is \$165 per month

Monday, Wednesday morning (8:30am-11am) -Tuition is \$110 per month

PRESCHOOL 4—These classes are for children who are 4 or 5 years old by August 15. This program offers a variety of activities geared towards developing your child's skills in language, math, small and large motor skills, and most importantly, an emphasis on faith development. Children who complete our preschool program have the skills they need for a successful year in Kindergarten.

Available class options are---

Monday through Friday AM (8:15am-10:45am) -Tuition is \$275 per month

Monday, Wednesday, Friday PM (12:15pm-2:45pm) -Tuition is \$165 per month

PRESCHOOL 5—This class is designed for children who will be 5 years old by October 15, but for whatever reason, need another year before entering Kindergarten. Like Preschool 4, Preschool 5 provides the skills needed for a successful Kindergarten experience. To make the most of what the program has to offer, it is recommended your child have at least one year of previous school experience.

Available class options are—

Monday through Friday AM (8:30am-11am) -Tuition is \$250 per month

Monday, Wednesday, Friday PM (12:15pm-2:45pm) -Tuition is \$150 per month

****These prices reflect tuition rates from 2023/2024. Rates are subject to change.***

Other programs you may be interested in:

Immanuel Daycare provides year-round care for children ages 3-12. Before and after school care is also offered, with transportation to and from some public schools available. Call Ashley Prater, Daycare Director, at 564-7407 for more information.

Immanuel Lutheran Elementary School is Kindergarten through eighth grade. It is an accredited school offering a full program that stresses academics in a loving Christian environment. Call the school office at 564-8423 for more information or to schedule a visit.

As you prayerfully consider the educational opportunities that await your child, consider the nurturing climate of Immanuel Lutheran School. If you have any questions, please call the daycare/preschool at 564-7407 or the elementary school at 564-8423.

In Christ,
Mrs. Ashley Prater - Preschool & Daycare Director

IMMANUEL LUTHERAN SCHOOL

2024-2025 PRESCHOOL 4/PRESCHOOL 5/DAYCARE REGISTRATION

2965-26TH Ave Columbus NE 68601 402-564-7407 Fax 402-564-1162

Child's Name: _____ Birthdate: _____ Gender: _____

Baptism Date: _____ Church Membership: _____ Siblings _____ Date of birth _____

Enrollment Date: _____ Date Care Ceased: _____ _____ _____

Person(s) to Whom the Child may be Released by the Caregiver: (If no one, please write "none")

Name: _____

Name: _____

Address: _____

Address: _____

City: _____ Phone: _____

City: _____ Phone: _____

Name: _____

Name: _____

Address: _____

Address: _____

City: _____ Phone: _____

City: _____ Phone: _____

CHILD'S MEDICAL INFORMATION

Current health status or any health problems caregiver should know:

Medication, if any: _____ ALLERGIES: _____ YES _____ NO

List any allergies and/or intolerance to food, insect bites, or stings, or other factors that result in a medical reaction.

Parent will be asked to complete an ALLERGY ALERT FORM if answering yes to the above question.

Special Concerns: (Glasses, Hearing Aids, Crutches) _____

Any Activities child should NOT engage in: _____

By law, we are required to have a current record of IMMUNIZATIONS for your child. Immunization records may be photocopied and attached to this form. They may also be faxed to us from your doctor's office.

FAX: (402) 564-1162 ATTENTION: PRESCHOOL

**A NON-REFUNDABLE REGISTRATION FEE OF \$50 MUST ACCOMPANY THIS FORM FOR
PRESCHOOL 4/PRESCHOOL 5 REGISTRATION**

Please rank your first (1) and second (2) choices for sessions:

_____ 5-day morning

_____ 3-day afternoon

Previous school experience? _____ Yes _____ No If yes, where? _____

*My child plans to use the childcare facility (please contact the Center for current rates). YES NO

*Payment of tuition for preschool is due to the SMART tuition company within ten days of the due date of each month in order to avoid a \$40.00 late fee.

*Payment of charges for daycare is due by the next statement date (can be arranged individually).

The signee verifies that all the information contained on this form is correct and assumes responsibility for the payment of all fees.

Parent/Guardian

Date

PERMISSION TO ADMINISTER NON-PRESCRIPTION MEDICATIONS AND PRODUCTS

I hereby give *IMMANUEL DAYCARE & PRESCHOOL STAFF* permission to administer the following non-prescription medications and products to my child.

_____ Antiseptic Wipe

_____ First Aid Spray

_____ Itching Cream

_____ Hydrogen Peroxide

_____ Insect Repellent

_____ *Children's Pain Reliever

_____ Sunscreen

Dosage: _____

_____ *Benedryl

Dosage: _____

*These medications would only be given in an emergency situation after the parent was contacted and we received permission via phone.

Please note: Only one form needs to be filled out per family. Returning families only need to complete this form if information has changed recently.

IMMANUEL LUTHERAN DAYCARE & PRESCHOOL PARENT INFORMATION

Parent or Guardian's Home Address and Employment Address:

FATHER (or guardian):

Name: _____

Employer: _____

Address: _____

Address: _____

City/Zip: _____ Primary Phone _____

City/Zip: _____ Phone: _____

Email: _____

Ext: _____

MOTHER (or guardian):

Name: _____

Employer: _____

Address: _____

Address: _____

City/Zip: _____ Primary Phone _____

City/Zip: _____ Phone: _____

Email: _____

Ext: _____

Person(s) Who Will Take Responsibility for the Child(ren) in an Emergency When the Parent (or guardian) Cannot Be Reached: (ONE NAME MUST BE GIVEN)

Name: _____

Name: _____

Address: _____

Address: _____

City: _____ Phone: _____

City: _____ Phone: _____

Consent To Contact Physician in Emergency:

In the event I cannot be reached to make arrangements, I hereby give my consent to _____
Caregiver Name

to contact Doctor _____
Name of Physician Phone Address

And if necessary, take my child (ren) to the following doctor, clinic or hospital: _____

Signature of Parent/Guardian

Date

MEDICATION COMPETENCY STATEMENT

I, _____ have determined
Parent/Guardian Name

that Immanuel Preschool/Daycare Staff is competent to give or apply medication to my child(ren). I understand that the Child Care Director and Preschool teachers have the responsibility to assess the ability of staff to give or apply medication safely and may give or apply medication to my child(ren).

Signature of Parent/Guardian

Date