



240 W. 9th Ave. Oshkosh, WI 54902 | www.peacepreschool.org | 920.651.1595 |
peacepreschool@gmail.com

Thank you for your interest in Peace Christian Preschool. Peace Christian Preschool offers a 3-Year-Old Preschool Program (3K) and the OASD Ready 4 Learning Program (4K). To register for the 3K Program you must complete this form. To register for the 4K Program you must complete registration through OASD; you can contact the OASD Early Learning Office at 920.424.1004.

Please submit a \$50 registration fee (\$25 of which is non-refundable) when submitting this **Registration Application** for the 3K program.

Make checks payable to: Peace Christian Preschool.

Enrollment is limited.

Enrollment Desired: Please check one box.

3/4-Year-Old Class: **Two Day Option**
Tuesday and Thursday
8:05-10:50 AM (time subject to change)
\$1,020*/year; 9 Installments

3/4-Year-Old Class: **Three Day Option**
Monday, Wednesday, Friday
8:05-10:50 AM (time subject to change)
\$1320*/year; 9 Installments

***Financial aid is available**

Returning family member: Yes No (Circle One)

Date:

Name of Child:

Gender: M F (Circle One)

Child's Address:

Phone:

City:

Zip Code:

Date of Birth:

Age:

Name(s) of Parent/Guardian(s) Child Resides With:

Father's Name:

Phone:

Father's Email Address:

Mother's Name:

Phone:

Mother's Email Address:

How did you learn about Peace Christian Preschool?

Internet Search Church Word of Mouth/Friend CCR&R Website Other

If you would like to grant permission for your child's name and address to be included on a class roster, please fill in your information below. **Only include the information you want to share.** This roster will be shared with other families in the preschool in your child's class.

Child's

Name: _____

Yes, I would like my child's name on the roster.

No, I would not like my child's name on the roster.

If yes, please fill in only the information you would like to share:

Child's Name/Nick Name: _____
Parents' Names: _____
Address: _____
Phone: _____ Text: Yes No
E-Mail Address: _____

MEDICAL CONSENT

I give my consent for emergency medical care, or treatment to be used only if I cannot be reached immediately.

Signature of Parent or Guardian

FIELD TRIP CONSENT

I understand that field trips may be planned for the children. I give my permission for the above named child to participate in these trips under proper supervision with advance notice of such trips.

Signature of Parent or Guardian

PUBLICITY

Peace Christian Preschool may use the above named child's first name only and/or picture for publicity in Facebook posts, advertising, or informational media presentation and/or training.

Signature of Parent or Guardian

Tuition Incentive

Peace Christian Preschool offers three tuition incentives for a 10% discount on the annual tuition cost. *This does not include the cost of the Registration Fee, the Snack Fee, or the Material Fee.*
Please mark if you believe you qualify for the tuition incentive.

Discounts are given on the very last installment payment.

- My family is an **Active Member of Peace Lutheran Church**: documented attendance, financial contribution and participates in Faith Formation activities such as Sunday School.
- My family is a **Return Family** to Peace Christian Preschool.
- I **Referred a Family** to the preschool program.

Name of Family: _____