

Faith Lutheran Preschool

200 West McKenzie Road Greenfield, Indiana 46140 317-468-0610



2026/2027 Registration

Child's name _____ M / F T-Shirt Size? XS S M

Name that will be used in class _____ Date of Birth _____ Age _____

Address _____
(Number and Street) (City, State, Zip code)

Any known allergies? _____

Is your child currently taking any medication? _____

Any conditions which might make for a classroom emergency? (For example: epilepsy, asthma, diabetes, etc.)

Physician's Name _____ Contact # _____

Mother's Name _____ Cell Phone _____

E-Mail Address _____ Work Phone _____

Address (if different from child's) _____

Employer _____

Father's Name _____ Cell Phone _____

E-Mail Address _____ Work Phone _____

Address (if different from child's) _____

Employer _____

Emergency Contact (if different than parents listed above):

Name _____ Contact # _____

Relationship to child _____

Childcare Provider (if other than parent and they will be transporting your child to and from school):

Name _____ Contact # _____

(Continued on Back)

OFFICE USE ONLY

Date Enrolled _____ Registration Fee _____ Check # _____

Has your child ever attended preschool? Y N

If yes, please give the name of the school and teacher. _____

Are you or your child a member of a church? Y N

Has your child been baptized? Y N

Name of Congregation _____

How did you hear about Faith Lutheran Preschool?

Is there any other information you believe would be beneficial to the teachers of your child?

Class Time Selection:

_____ 3 year-old class Thursday-Friday, 9:00 a.m. – 11:30 a.m. *(Tuition \$85.00/month for 10 months)*

_____ 4/5 year-old class Monday-Wednesday, 9:00 a.m. – 12:00 p.m. *(Tuition \$105.00/month for 10 months)*

Agreement:

I agree to accept all the regulations of Faith Lutheran Preschool on behalf of my child. I have submitted with this application my **Registration Fee of \$80.00** along with a copy of my child's **Birth Certificate**. *(I understand the registration fee will be refunded if Faith Lutheran Preschool is unable to accept my child, but it will not be refunded if, after my child is accepted, I choose not to send my child to Faith Lutheran Preschool.)*

I agree that I will be financially responsible for monthly payments to Faith Lutheran Preschool. A \$5.00 late fee will be added if my payment has not been made 10 days after the due date unless prior arrangements have been made with the Director.

Non-payment by the end of the month due will result in the student being withdrawn from Faith Lutheran Preschool.

Parent or Legal Guardian Printed Name

Signature

Date

** Faith Lutheran Preschool does not discriminate against applicants on the basis of race, color, and national or ethnic origin.*