Faith Lutheran Preschool



2020/2021 Registration

Child's name		M / F	
Name that will be used in class	Date of Birth	Age	
T-Shirt Size? XS S M			
Mother's Name	Home Phone		
Address(Number and Street)	(City, State, Zip code)		
E-Mail Address			
Employer	Work Phone		
Father's Name	Home Phone		
Address(Number and Street)	(City, State, Zip o	(day)	
E-Mail Address			
Employer	Work Phone		
Childcare Provider	Phone		
Person to contact in an emergency	Phone		
Physician	Phone		
Does your child have any known allergies?			
Is your child currently taking any medication?			
Are you or your child a member of a church? Y N	Has your child been baptized?	Y N	
Name of Congregation			
Has your child ever attended preschool? Y N			
If yes, please give the name of the school and teacher.	<u></u>		
(Continued on Back)	OFFICE USE Date Enrolled Registration Fee		

How did you hear a	about Faith Lutheran Preschool?	
Is there any other in	nformation you believe would be beneficial to the teachers of your child?	
Class Time Selecti	ion:	
3 year	r-old class Thursday-Friday, 9:00 a.m. – 11:30 a.m.	
* 3 yes	ear-old class Thursday-Friday, 12:30 p.m. – 3:00 p.m.	
4/5 ye	ear-old class Monday-Wednesday, 9:00 a.m. – 11:30 a.m.	
* 4/5 y	year-old class Monday-Wednesday, 12:30 p.m. – 3:00 p.m.	
students and	to have at least 6 enrolled students in the afternoon classes. If we do not have d our morning class is not yet full, we may ask that your child attend the morn ontact if the need arises.	
Agreement:		
this application my Preschool is unable	I the regulations of Faith Lutheran Preschool on behalf of my child. I have sur Registration Fee of \$75.00. I understand that this fee will be refunded if Faire to accept my child, but it will not be refunded if, after my child is accepted, aith Lutheran Preschool.	th Lutheran
Parent Signature		Date
Fees:		
Registration fee:	\$75.00 (This must be included with registration form to guarantee enrollment)	
3 year-old class:	\$80.00 per month	

4/5 year-old class:

\$90.00 per month