

CHRIST'S LUTHERAN CHURCH PRESCHOOL APPLICATION

(Please check the box for program desired)

(for school use - deposit _____)

___ 2 year-old program 2 days: Mon/Wed (9:00-12:00) children must be 2 by 9/1

___ 3 year-old program 2 days: Tues/Thurs (9:00-12:00) children must be 3 by 12/31

___ 3 year-old program 3 days: Tues/Thurs/Fri (9:00-12:00) children must be 3 by 12/31

___ 4 year-old program 4 days: Mon/Wed/Thurs/Fri (9:00-12:00) children must be 4 by 12/31

___ 4 year-old program 5 days: Mon - Fri (9:00-12:00) children must be 4 by 12/31

___ 5 year-old program 5 days: Mon - Fri (9:00-12:00) children must be 5 by 12/31

Child's Name: _____ M F Birthdate: _____

Drop down menu
for calendar.

Nickname: _____

Parent's Names: _____

Address: _____

(City/state/zip): _____

Phone # Parent 1: _____ Phone # Parent 2: _____

Email Parent 1: _____ Email Parent 2: _____

Parent 1 Employer: _____ Work/Cell Phone: _____

Parent 2 Employer: _____ Work/Cell Phone: _____

Child's Favorite interest/activities: _____

What opportunities does he/she have to play with children of same age?

Previous School experience (nursery school, Sunday School, Etc.):

Adults in home other than parents: _____

Other children in family (name & birthdate): _____

Have other children in family attended this school? _____

Concerns-disabilities, allergies, medical conditions (please feel free to use back of application:

Parents' Church affiliation: _____

Parent's Signature: _____ Date: _____

**A non-refundable family fee of \$50 is required upon registration
Please save this form, sign and return it to the preschool office.**