

CHRIST'S LUTHERAN PRESCHOOL Registration

(Please circle program desired)

(for school use-deposit_____)

2 year-old program 2 days: Tues/Thurs (9:00-12:00) – children must be 2 by 9/1

3 year-old program 3 days: Mon/Wed/Fri (9:00-12:00) – children must be 3 by 9/15

PreK 4 days: Tues /Wed/Thurs/ Fri (9:00-12:00) – children must be 4 by 9/15

PreK 5 days: Mon through Fri (9:00-12:00) – children must be 4 by 9/15

Child's Name: _____ M F Birthdate: _____

Nick Name: _____

Parent's Name: 1. _____ 2. _____

Address: _____
Street town zip

Parent 1 phone # _____ Parent 2 phone # _____

Parent 1 email _____ Parent 2 email _____

Parent 1 Employer _____ Phone _____

Parent 2 Employer _____ Phone _____

Child's favorite interests/activities: _____

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

Previous school experience (preschool, 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 \$50.00 is required upon registration