

GRACE LUTHERAN PRESCHOOL

Application for Enrollment

Child's Full Name _____
(First) (Middle) (Last)

Name Child Goes By _____

Date of Birth _____ Sex _____

Child's Home Mailing Address

Child's Home Phone Number _____

Parent's e-mail address _____

Session Desired:

___ Mon. & Wed. 9:00am to 11:30am (3 & 4 yr. old class)

___ Mon., Wed. & Fri. 12:30pm to 3:30pm (4 & 5 yr. old PreK class)

Father's Name _____ Cell Phone _____

Mother's Name _____ Cell Phone _____

___ I have not and do not plan to register this child with any other
Preschool

Enrollment:

Completed application and registration fee of \$20 is required to enroll your child in our program. Children will be accepted in the order of application and fee received.

For School use Only:

Date application received _____ Registration fee received _____