



**School Year 2021/2022
Preschool/Pre-K Program Registration Form**

Registration Fee: \$150.00 (First time students) Date: _____
Re-registration Fee: \$100.00 (Returning students)

I understand this fee is non-refundable: _____
Parent's Signature _____

Child's Name _____
Last First Middle

Gender: _____ Date of Birth: _____ Home Phone #: _____

Address: _____
Street Town Zip

Father's Name: _____ Mother's Name: _____

Occupation: _____ Occupation: _____

Employer: _____ Employer: _____

Work #: _____ Work #: _____

Cell #: _____ Cell #: _____

Email: _____ Email: _____

Siblings (Name and Age): _____

Church Affiliation: _____

Doctor's Name: _____ Phone #: _____

Doctor's Address _____

Emergency Contacts: (if parents cannot be reached)

Name: _____ Phone #: _____ Relationship: _____

Name: _____ Phone #: _____ Relationship: _____

Please select program time preferred: (A \$20.00 administrative fee will be applied for any program change.)

Preschool - 3 Year-Old Programs

- 2 Days _____ 9:00 am to 11:30 am
- 3 Days _____ 9:00 am to 11:30 am _____ 12:30 pm to 3:00 pm
- 4 Days _____ 9:00 am to 11:30 am
- 5 Days _____ 9:00 am to 11:30 am
- 3 Full Days _____ 9:00 am to 3:00 pm
- 5 Full Days _____ 9:00 am to 3:00 pm

Pre-K - 4 Year-Old Programs

- 3 Days _____ 8:30 am to 11:30 am _____ 12:30 pm to 3:30 pm
- 5 Days _____ 8:30 am to 11:30 am _____ 12:30 pm to 3:30 pm
- 3 Full Days _____ 8:30 am to 3:30 pm
- 5 Full Days _____ 8:30 am to 3:30 pm

Please turn over →

Educational Information

Has your child had previous experience? Yes / No

If yes, where? _____

How did you hear about our school? _____

Give us a brief explanation for sending your child to our school: _____

Were you referred to the school? YES / NO

If yes, provide name _____

NAME RELEASE

I give permission for my child's name, parent(s) name(s), address and phone number to appear on a class list - which will be distributed to the parents of children in the class.

Parent's Signature Date: _____

PHOTO PUBLICITY RELEASE:

I grant permission for any photographs involving my child while a student at Grace Lutheran Pre-school to be used in connection with publicity for the school.

Parent's Signature _____ Date: _____