

**GRACE LUTHERAN PRESCHOOL**  
**2025/2026 STUDENT REGISTRATION FORM**

Child's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Home Telephone Number (    ) \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_

Email address(es) \_\_\_\_\_

Parent 1 \_\_\_\_\_ occupation \_\_\_\_\_  
Parent 1 cell phone \_\_\_\_\_

Parent 2 \_\_\_\_\_ occupation \_\_\_\_\_  
Parent 2 cell phone \_\_\_\_\_

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**Session Choice** (check one):

2 ½-year-old program Monday/Wednesday 9:15-11:15am \$240/month

3-year-old program Monday/Wednesday/Friday 9:00-12:00pm \$340/month

Enrichment for our 3-year-old enrolled students:

Enrichment 1 Tuesday 9:00-12:00pm \$100/month(additional)

Enrichment 2 Tuesday & Thursday 9:00-12:00 \$180/month(additional)

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**ALLERGIES TO FOOD** (if any) \_\_\_\_\_

**ALLERGIES TO MEDICATION** (if any) \_\_\_\_\_

My child is:  right-handed  left-handed

Child's Age: \_\_\_\_\_

Is your child receiving Early Intervention Services or any other services? \_\_\_\_\_

If yes, please explain: \_\_\_\_\_

Previous School/ Day Care (if applicable) \_\_\_\_\_

How did you hear about Grace Lutheran Preschool? \_\_\_\_\_

Are you willing to have your child's name, address, telephone number, and email address added to our class list which will be distributed to all the parents in your child's class?

YES  NO

May we use appropriate photos of your child on our school Facebook Page?

YES  NO

May we use appropriate photos of your child on the Homeroom App or REMIND app?

YES  NO

Other children in the family:

Name  age  Name  age

Name  age  Name  age

I understand that the registration fee of \$100, which must accompany this form, is NON-REFUNDABLE. All payments should be either cash or check, payable to Grace Lutheran Preschool.

Signature of parent/guardian

Print Name

Date

**A \$100 registration fee is due with this form and is non-refundable**

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\*\*\*\*FOR PRESCHOOL USE ONLY\*\*\*\*

CHECK #  or CASH AMOUNT  DATE RECEIVED  RECEIVED BY