

**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 _____

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)

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

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

CHECK # _____ or CASH AMOUNT _____ DATE RECEIVED _____ RECEIVED BY _____