



Application for Enrollment

Child's Full Name _____ M F

Preferred Name _____ Date of Birth _____

Name of Parents _____

Address _____

Home Phone _____ Work Phone _____

Cell Phone(s) _____

E-Mail Address _____

I learned about the program by _____

Class applying for:

_____ 3 year old class
Tuesday and Thursday, 8:30 – 11:00
(Must be 3 by Sept. 1, 2009)*

_____ 4 year old class
Mon., Wed., and Fri., 8:30 – 11:00
(Must be 4 by Sept. 1, 2009)*

*If our program is not full, we will accept children with a fall birthday (turning 3 or 4 after September 1st) as long as they are toilet-trained.

Please return the completed application form and \$40.00 registration fee to Immanuel Lutheran Preschool at the above address. Please make checks payable to: Immanuel Lutheran Preschool. Thank you for your interest in Immanuel Lutheran Preschool. Please call if you have questions.