

Immanuel Lutheran Preschool

906 E. Grant Street
Macomb, IL 61455
(309) 833-1100

preschool@immanuelmacomb.com
www.immanuelmacomb.com/preschool.htm

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, 2007)

_____ 4 year old class
Mon., Wed., and Fri., 8:30 – 11:00
(Must be 4 by Sept. 1, 2007)

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.