



# Pre-K Application

**Please circle the class you would prefer:**

**4 day \$372 per month**

**Enrollment requires your child to turn 5 by January 31, 2025.**

*I wish to enroll my child in Robeson Lutheran Preschool for the 2024-2025 school year. I have completed this form and included a \$40.00 non-refundable application fee (per family). I understand that when this form is returned, I will be given a packet of required forms that I will need to complete and return promptly in order to be placed on the school's roster for the 2024-2025 school year. Note: All classes are subject to cancellation due to insufficient enrollment & another option will be given. There will be a \$40 yearly supply fee (per family) due with the first month's tuition.*

**Parents Initials** \_\_\_\_\_

Child's Name: \_\_\_\_\_

(please print)

Gender: male \_\_\_ female \_\_\_

Date of Birth: month \_\_\_\_\_ day \_\_\_\_\_ year \_\_\_\_\_

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

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

**Family info:**

Parent's Name: \_\_\_\_\_ Cell \_\_\_\_\_

Email \_\_\_\_\_

Parent's Name: \_\_\_\_\_ Cell \_\_\_\_\_

Email \_\_\_\_\_

Siblings Name: \_\_\_\_\_ Age \_\_\_\_\_

\_\_\_\_\_ Age \_\_\_\_\_

\_\_\_\_\_ Age \_\_\_\_\_

Please let us know if your child has allergies, requires special attention, medications, or has routines or fears.

\_\_\_\_\_

Does your child receive early intervention services? (speech, OT, BCIU, etc.) Yes or No

How did you hear about our program? \_\_\_\_\_

**For Office Use Only:**

date received: \_\_\_\_\_ ● check #: \_\_\_\_\_, cash y/n ● received medical pack y/n