

3 Year Old Application

Please circle the class you would prefer:

2 day \$188 per month or 3 day \$279 per month

Parents Initials _____

Enrollment requires your child to turn 3 by September 30, 2024 MUST BE POTTY TRAINED

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.

Gender: male fe	emale	(please print)
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
lease let us know if your child has allerg	ies, requires special attention, med	dications, or has routines or fears.
oes your child receive early intervention	a services? (speech, OT, BCIU, et	tc.) Yes or No
ow did you hear about our program?		
	For Office Use Only:	
		/n • received medical pack y/n