



4 Year Old Application

Please circle the class you would prefer:

3 day \$279 per month or 4 day \$372 per month

Enrollment requires your child to turn 4 by September 30, 2024.

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