# Pre-K Application

## 4 day $403 per month

**Enrollment requires your child to turn 5 by January 31, 2027.**

*I wish to enroll my child in Robeson Lutheran Preschool for the 2026-2027 school year. I have completed this form and included a $55.00 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 2026-2027 school year. Note: All classes are subject to cancellation due to insufficient enrollment & another option will be given. There will be a one-time supply fee 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**