 Toddler Application

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

 **2 day: $108/month *or* 3 day: $165/month**

 **Enrollment requires your child to turn 2 by September 30, 2019.**

**Class time: 9:15-11:15, Toddlers do not need to be potty-trained for this class.**

*I wish to enroll my child in Robeson Lutheran Preschool for the 2019-2020 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 2019-2020school 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 \_\_\_\_

 Race: \_\_\_ Black or African Am. \_\_\_ Asian or Pacific Islander

 \_\_\_ Am. Indian or Alaskan Native \_\_\_ Caucasian \_\_\_ Other

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

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

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

 Primary phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (home or cell?)

 Email address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 ***Family info:***

 Father’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Cell \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Mother’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Cell \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

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

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

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

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*For Office Use Only:*

date received: \_\_\_\_\_\_\_\_\_\_\_\_ ****check #: \_\_\_\_\_\_\_\_ , cash y/n **** received medical pack y/n