



Hope Lutheran Preschool 2009-2010 Application for Admission

Child's Name _____ Nickname _____

Parent's Names _____ Child's Birth Date _____

Home Address _____ City _____ Zip _____

Home Phone _____ The student is male _____ female _____

Parent Work Phone Number: Mom _____ Dad _____

Email Address: Mom _____ Dad _____

Does your child have any special needs? If so, please describe. _____

ENROLLMENT FOR 2009-2010 SCHOOL YEAR

For children who will be **3 years old**
before September 1, 2009:
Tuesday/Friday Sessions
Monthly Tuition: \$100 (1st payment due Aug. 1)
(Non-refundable registration/activity fee
of \$50.00 must accompany the
application)

T/F A.M. 8:45 – 11:15 a.m. _____

T/F P.M. 12:30 – 3:00 p.m. _____

For children who will be **4 years old**
before September 1, 2009:
Monday/Wednesday/Thursday Sessions
Monthly Tuition: \$130 (1st payment due Aug. 1)
(Non-refundable registration/activity fee
of \$50.00 must accompany the
application)

M/W/TH A.M. 8:45 – 11:15 a.m. _____

M/W/TH P.M. 12:30 – 3:00 p.m. _____

Please check applicable status: Member of Hope Lutheran Church
 Sibling currently enrolled at Hope Preschool or Dayschool
 None of the above

Referred by: _____

Please return this application with the appropriate registration/activity fee.

Please note: admission to preschool is granted on a space available basis. Returning the application does not guarantee a space in a preschool class.

Parent Signature _____

Office Use Only: Date and Time Received _____ Check Number _____