

**FAITH LUTHERAN PRE-SCHOOL
ENROLLMENT APPLICATION FOR 2010-2011 SCHOOL YEAR**

Date _____ Phone # _____

Child's Full Name _____ Sex: M/F _____ Child's Birth Date _____

Street Address _____ City _____ Zip _____

Parent's Full Name(s) _____

E-mail Address _____ Cell# _____ Work# _____

Church Affiliation _____ Baptism Date _____ Ethnic Origin _____

*Please ck ___ if your child is being considered for the Derby Preschool/Model Student Program

CLASS DESIRED: (Please check one)

FOUR YEAR OLD CLASSES

**M/W/F A.M. (9-11:30)
4 yrs. old by 9/1/10
\$105.00/month**

**M/W/F P.M. (12:30-3:00)
4 yrs. old by 9/1/10
\$105.00/month**

THREE YEAR OLD CLASSES

**T/Th A.M. (9-11:30)
3 yrs. old by 9/1/10
\$80.00/month**

**T/Th P.M. (12:30-3:00)
3 yrs. old by 9/1/10
\$80.00/month**

I hereby give permission for Faith Lutheran Preschool to release my phone # _____ address _____

E-mail address _____ for the *SCHOOL DIRECTORY*. **Parent's Signature** _____

AUTHORIZATION FOR PICKING UP CHILD

The following persons are authorized to pick up my child from **FAITH LUTHERAN SCHOOL**.

1. _____
(NAME & PHONE NUMBER)

2. _____
(NAME & PHONE NUMBER)

3. _____
(NAME & PHONE NUMBER)

4. _____
(NAME & PHONE NUMBER)

How did you hear about our school? _____

Please return this application with your **\$60.00 NON-REFUNDABLE enrollment fee to the pre-school.

For more information, please call: School Office @788-1715

OFFICE USE ONLY

Enrollment Fee Paid: date _____ ck # _____

Classroom: #116 or #117 Teacher _____