PEACE LUTHERAN PRESCHOOL AND EARLY CHILDHOOD CENTER 2023-2024 PRESCHOOL ENROLLMENT FORM

Child's Name		Birth Date			PEACE lutheran church
Address					<u></u>
Street		City	City Zip		
Parent(s) or Guardian Name(s)					
rimary Email			Primary Phone #		
All preschool age students MUST be toilet tra					
Please mark your 1st and 2nd choice:	ALL CLASS	ES IN RE	D ARE FULL. (CALL IF YOU	WOULD
LIKE TO BE PUT ON OUR	WAITING LI	IST.			
3 - 4 YEAR OLDS: Child <u>must</u> be 3 years o				÷ 200.00	
Monday/Wednesday Tuesday/Thursday	8:00 AM - 11:15 /	\М ^\/	\$100.00 month	\$ 900.00 y \$ 900.00 y	ear
Tuesday/Thursday Tuesday/Thursday ALL DAY*	8:00 AM - 3:00	PM	\$200.00 month	\$1,800.00 y	ear 'ear
Monday – Friday ALL DAY*					
*Children must BRING 1	THEIR LUNCHES if s	taying past no	on in an ALL Day class o	or Extended Care.	
4 - 5 YEAR OLDS: Child <u>must</u> be 4 years o					
Monday/Wednesday/Friday Monday/Wednesday/Friday	8:00 AM 3:00 I	AM	\$140.00 month	\$1,260.00	/ear
Monday/Wednesday/Friday ALL DAY* Monday Friday Monday Friday ALL DAY*	8:00 AIVI - 3:00 r 8:00 AM - 11:15 /	21VI A.M.	\$285.00 Month	\$2,505.00 \ \$1,935.00 \	year wear
Monday - Friday ALL DAY*	8:00 AM 3:00 PM		\$445.00 month	\$4,005.00 year	
EXTENDED CARE for the day students are enrolled is availa child will need to arrive before 8:00 and/or stay after their class A preschool T-shirt will be given to each child		**Registratio			
enrolled.			n Fee (nonrefundable) le to Peace Lutheran	\$100 (all day class)	
λ3 3		CHECKS Payan	ile to reace Lucilei an		
A second shirt can be purchased for	\$5			TOTAL	
**Initial placers are needed to c Description: Descripti	omplete enrollm	ont.	. If your child is place omes available, the Re		
	(this form)		Date Received:		
			Time Received		
 A copy of your child's Immur 			Time Received Amount Paid:		
☐ Appropriate **Registration f	nization Record		Time Received Amount Paid: Cash or Check# Extended Care (mark		
	nization Record ees		Time Received Amount Paid: Cash or Check# Extended Care (mark Before Class		
☐ Appropriate **Registration f	nization Record lees ling to:		Time Received Amount Paid: Cash or Check# Extended Care (markBefore ClassAfter Class	those that apply)	
Appropriate **Registration fPlease mail or bri	nization Record ees ing to: Church		Time Received Amount Paid: Cash or Check# Extended Care (mark Before Class	those that apply)	