

**CHILD ENROLLMENT FORM**  
**Hope Lutheran Preschool/4K**

Child's Name: \_\_\_\_\_  
Prefers to be called: \_\_\_\_\_  
Birth date: \_\_\_\_\_ Sex: -Male -Female Application Date: \_\_\_\_\_  
Allergies: \_\_\_\_\_

Please mark 1<sup>st</sup> choice and 2<sup>nd</sup> choice or "no preference"

- \_\_\_\_\_ 3-day Preschool - Monday, Wednesday and Friday  
\_\_\_\_\_ 2-day Preschool - Tuesday and Thursday  
\_\_\_\_\_ AM - 4-year old Kindergarten 5-day class - Monday through Friday  
\_\_\_\_\_ PM - 4-year old Kindergarten 5-day class - Monday through Friday

Please use this space to provide additional information regarding requested placement:

\_\_\_\_\_  
\_\_\_\_\_

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**Before/After School Childcare:** -Yes -No

*Hours: 7:00 a.m. to 9:00 a.m. and 11:30 a.m. to 5:30 p.m. on days when school is in session*

Please list possible times and days: \_\_\_\_\_  
\_\_\_\_\_

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**Parents or Guardians:**

Father's Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
Place of Employment: \_\_\_\_\_  
Work Phone: \_\_\_\_\_ Family Email: \_\_\_\_\_

Mother's Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
Place of Employment: \_\_\_\_\_  
Work Phone: \_\_\_\_\_ Family Email: \_\_\_\_\_

Family Church Affiliation: \_\_\_\_\_

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**Preschool Enrollment Fee**

\_\_\_\_\_ I attached my \$35.00 non-refundable registration fee made payable to Hope Lutheran Preschool. This does not apply to 4K.