

ST. PETER'S LUTHERAN PRE-SCHOOL
REGISTRATION FOR 2010-2011
EMAIL ADDRESS: stpetersreedsburg@gmail.com

FATHER'S NAME _____ Phone _____

FATHER'S ADDRESS _____

MOTHER'S NAME _____ Phone _____

MOTHER'S ADDRESS (If different than father's) _____

MEMBER OF ST. PETER'S LUTHERAN CHURCH _____ YES _____ NO

OTHER CHURCH AFFILIATION _____

CHILD RESIDES WITH: __ BOTH PARENTS __ MOTHER __ FATHER __ OTHER _____

I WISH TO ENROLL MY CHILD INTO THE FOLLOWING PRE-KINDERGARTEN PROGRAM:

3 YEAR OLD PRE-KINDERGARTEN – CHILD MUST BE 3 YEARS OLD BEFORE SEPTEMBER 1, 2010

CHILD'S NAME _____ Male Female

BIRTHDATE _____ BAPTISM DATE _____

PLEASE CHOOSE A CLASS IN ORDER OF PREFERENCE:

_____ MONDAY & WEDNESDAY 9:00 – 11:00 AM \$70.00 PER MONTH-MEMBER
\$85.00 PER MONTH-NON-MEMBER

_____ TUESDAY & THURSDAY 9:00 – 11:00 AM

4 YEAR OLD PRE-KINDERGARTEN – CHILD MUST BE 4 YEARS OLD BEFORE SEPTEMBER 1, 2010.

CHILD'S NAME _____ Male Female

BIRTHDATE _____ BAPTISM DATE _____

PLEASE CHOOSE A CLASS IN ORDER OF PREFERENCE:

_____ TUESDAY & THURSDAY 8:30 – 11:00 AM \$70.00 PER MONTH-MEMBER
\$85.00 PER MONTH-NON-MEMBER

_____ TUESDAY & THURSDAY 12:30 – 3:00 PM

_____ MONDAY, WEDNESDAY, FRIDAY 8:30 – 11:00 AM \$100.00 PER MONTH-MEMBER
\$120.00 PER MONTH-NON-MEMBER

PLEASE RETURN THE COMPLETED APPLICATION AND ENCLOSE THE FIRST MONTH'S TUITION FEE. NOTIFICATION WILL BE SENT AS TO WHAT CLASS YOUR CHILD HAS BEEN PLACED. EVERY EFFORT WILL BE GIVEN TO PLACE YOUR CHILD INTO YOUR FIRST PREFERENCE OF CLASS.

St. Peter's Lutheran School admits students of any race, color, sex, or national and ethnic origin to all the rights, privileges, programs and activities generally accorded or made available to students at the school. It does not discriminate on the basis of race, color, sex, or national and ethnic origin in the administration of the educational policies, admission policies, scholarship and loan programs, and athletic and other school administered programs. In the event that classroom space must limit enrollment, preference may be given to members of St. Peter's Lutheran Congregation.

Application Received: Date _____ Time _____