

Immanuel Lutheran Preschool Registration

Student Name (As you would like them to learn it)

Students Birthdate including year _____

Parents Name _____

Address _____

Phone Numbers (mom) _____ cell phone _____ land line _____

(dad) _____ cell phone _____ land line _____

Email address:

Church home _____

How did you hear about our program? _____

3 year old class

AM class 2 days a week _____ PM class 2 days a week _____

AM class 3 days a week _____ PM class 3 days a week _____

4 & 5 class

AM class 3 days a week _____ PM class 3 days a week _____

*Admittance to class is based on date registration is received for the class selected. Children must be self-reliant in the restroom and be the minimum age by August 1st of the start of the school year. We will not accept Registration Fees if we do not have a spot available for your child.

Registration Fee of \$60 (non-refundable) _____ paid

Checks payable to Immanuel Preschool

Date Registered _____

Registrations may be mailed, emailed, or returned to the office.

Office.immanuelfindlay@gmail.com 2300 Northridge Road, Findlay, OH 45840

**In June we send out Preschool packets for the fall. Each will include a Scholarship application. Please fill it out and return it as soon as possible, also please remember to include a copy of your 1040 Tax form with Social Security numbers blacked out.*