

Date: _____

**Little Saints Lutheran Preschool
Registration Form
September 2010 – May 2011**

Child's Name: _____

Address: _____

Birthdate: _____ Phone: _____

Year Eligible for Kindergarten: _____

Parent's Name: _____

Are you a member of All Saints Lutheran Church? yes/no

Please choose your desired class:

_____ Monday, Wednesday & Friday class 9:00 – 11:30 a.m.
4 & 5 year old children \$175/month

_____ Tuesday & Thursday class 9:00 – 11:30 a.m.
3 year old children \$115/month

_____ Wednesday afternoon class 1:00 – 3:00 p.m.
2 year old children \$ 60/month
Will need a minimum of 8 registered children to offer this class

Please include your non-refundable registration fee along with this form.

Registration fee \$35 before April 1, 2010

\$50 after April 1, 2010

One registration fee per family

Return to:

Little Saints Preschool
5800 State Park Road
Fox Lake, IL 60020

For office use only

Registration Fee Paid: _____ Date _____ Check# _____