

sign
up
now

Thank you for considering New Hope Lutheran Preschool! We are so excited to begin enrollment for our 2020-2021 Preschool year! Listed below are the classes and times available for this fall. Please return the registration form and non-refundable registration fee to the address below. Your child's registration will not be considered complete until the full registration fee and the attached form is complete.

Our 4 and 5 year old class

*Meets Monday through Friday

9:00-11:30am

Or

12:30-3:00pm

(Afternoon class will only be offered after morning class is filled)

*Children must be 4 by August 1 and potty trained to enroll in class

*Early registration fee: \$65.00

*Registration fee after July 1: \$70.00

*Tuition: \$100.00 per month

Our 3 and 4 year old class

*Meets Monday through Wednesday

9:15-11:45am

Or

12:30-3:00pm

(Afternoon class will only be offered after morning class is filled)

*Children must be 3 by August 1 and potty trained to enroll in class

*Early registration fee: \$65.00

*Registration fee after July 1: \$70.00

*Tuition: \$85.00 per month

Please feel free to contact our director, Kari Wallis at 450-7563 or the church office 622-7954 for further details. Please return fee and the attached form to:

Kari Wallis

New Hope Lutheran Preschool

8824 N State Road 1 Ossian, IN 46777



New Hope Lutheran Preschool Registration/Enrollment



Check the one you prefer your student to be enrolled in:

- 3/4 year old morning class 3/4 year old afternoon class will be offered after morning class is filled 4/5 year old morning class 4/5 year old afternoon class will be offered after morning class is filled

Child Last Name _____ First Name _____ sex: M or F

Refer to my child as (nickname) _____ Date of Birth _____
Month/day/year

Name: Father/Mother/or Legal Guardian _____

Father's Address _____
Address City state zip code

Mothers Address _____
Address City State Zip code

This child lives with _____ at _____
Address City State Zip code

Father's (or legal guardian) phone number _____
Work cell home

Mother's (or legal guardian) phone number _____
Work cell home

Email address _____

Please list your child's siblings and their ages: _____

My child has participated in or been referred to (check all that apply):

- First Steps
- Occupational Therapy
- Speech Therapy
- Behavioral Therapy

If any of the above were checked please describe and list dates of involvement: _____

Does your child have any medical or physical issues that the preschool teacher should be aware of? _____

Does your child have any allergies? _____ if so please list _____

Do you currently attend a church? _____ If so where? _____

Referred by _____