

# FAITH LUTHERAN PRESCHOOL

2012 Sullivan Trail, Easton, PA 18040

(T) 610-253-1572 (E) [faithlcmspresachool@gmail.com](mailto:faithlcmspresachool@gmail.com)

(W) [faithlcms.com/faith-lutheran-preschool](http://faithlcms.com/faith-lutheran-preschool)



## STUDENT APPLICATION FOR THE 2026/2027 SCHOOL YEAR

Child's Name \_\_\_\_\_ Gender \_\_\_\_\_ Age \_\_\_\_\_ Date of Birth \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ St \_\_\_\_\_ Zip \_\_\_\_\_

### FATHER / GUARDIAN

Name \_\_\_\_\_

Address \_\_\_\_\_

Home Tel \_\_\_\_\_

Cell \_\_\_\_\_

Email \_\_\_\_\_

### MOTHER / GUARDIAN

Name \_\_\_\_\_

Address \_\_\_\_\_

Home Tel \_\_\_\_\_

Cell \_\_\_\_\_

Email \_\_\_\_\_

## REGISTRATION PLEASE CHECK MARK CLASS SELECTION BELOW

### TOTS

#### CLASS

2 years old

- Students must be 2 years old by September 1, 2026
- 2 Days: Tuesdays and Thursdays from 9:00 am to 11:30 am ..... Tuition: \$200/mo

### JUNIORS

#### CLASS

3 years old

- Students must be 3 years old by September 1, 2026 & Potty Trained
- 3 Days: Mondays, Wednesdays & Fridays from 9:00 am to 12:00 pm ..... Tuition: \$240/mo
- 4 Days: Mondays, Tuesdays, Wednesdays, & Fridays from 9:00 am to 12:00 pm.... Tuition: \$270/mo

### SENIORS

#### CLASS

4 years old

- Students must be 4 years old by September 1, 2026 & Potty Trained
- 3 Days: Mondays, Wednesdays & Fridays from 9:00 am to 12:00 pm ..... Tuition: \$240/mo
- 4 Days: Mondays, Wednesdays, Thursdays & Fridays from 9:00 am to 12:00 pm ... Tuition: \$270/mo

## \$30 Non-Refundable Registration Fee due with this Registration Form

Please make check payable to Faith Lutheran Preschool



*Mission Statement: Faith Lutheran Preschool exists as an extension of the mission and ministry of Faith Lutheran Church in "Reaching, Teaching, Serving and Sharing Christ." The aim is to enable preschoolers to grow and develop academically, physically, socially, and spiritually.*

# EMERGENCY INFORMATION

## MEDICAL CONTACTS:

Physician/PCP \_\_\_\_\_ Phone \_\_\_\_\_

Dentist \_\_\_\_\_ Phone \_\_\_\_\_

Hospital of Choice \_\_\_\_\_

## EMERGENCY CONTACT PERSON / PICK UP

Please list three (3) adults, other than parents, who live locally and are authorized to pick up the child in an emergency

**#1** Name \_\_\_\_\_ Relation to Child \_\_\_\_\_

Home Tel \_\_\_\_\_ Cell Tel \_\_\_\_\_ Work Tel \_\_\_\_\_

**#2** Name \_\_\_\_\_ Relation to Child \_\_\_\_\_

Home Tel \_\_\_\_\_ Cell Tel \_\_\_\_\_ Work Tel \_\_\_\_\_

**#3** Name \_\_\_\_\_ Relation to Child \_\_\_\_\_

Home Tel \_\_\_\_\_ Cell Tel \_\_\_\_\_ Work Tel \_\_\_\_\_

## OTHER INFORMATION

• Does your child have an IEP? Please Circle: YES or No

• Has your child attended any previous programs? Please Circle: YES or No

If Yes, please provide names (Examples, preschool, Church/Sunday School, IU, speech therapy)

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• Does your child have any allergies? Please Circle: YES or No

If Yes, please describe allergy and reaction + any prescribed allergy medications

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• Language spoken at home: \_\_\_\_\_

• How did you hear about Faith Lutheran Preschool? \_\_\_\_\_

**PARENT/GUARDIAN SIGNATURE** \_\_\_\_\_ Date \_\_\_\_\_