

FAITH LUTHERAN PRESCHOOL

2012 Sullivan Trail, Easton, PA 18040

(T) 610-253-1572 (E) faithlcmspreschool@gmail.com

(W) faithlcms.com/faith-lutheran-preschool

(F) facebook.com/faithlcmspreschool



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)

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

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

• Language spoken at home: _____

• How did you hear about Faith Lutheran Preschool? _____

PARENT/GUARDIAN SIGNATURE _____ **Date** _____