## St. Peter Lutheran Preschool



## Pre-Registration Form

Child's Name:		Today's Date:
Age on 9/1/23:	Sex:	Birthdate:
Parent's Name(s):		
Mailing Address:		
Email Address:		
Home Phone:		Cell Phone:
Church or Religious Af	filiation:	
How did you hear abou	ıt us?:	
Days Preferred:		
Tuesday/Thurs	day 9-11:30am	(3 year olds) \$70/month
Monday/Wedne	esday/Friday 9-	-11:30am (4-5 year olds) \$110/month
Monday-Friday	9-11:30 am (4-	5 year olds) \$180/month
Supply/Enrollment fee	: \$50 will hold	your child's spot for either class
The supply fee is non-	refundable	
Checks should be mad	le out to: St. Pe	ter Preschool

Please return this form with registration fee to St. Peter Lutheran Preschool of Church office or mail it to: St. Peter Lutheran Preschool K980 County Road 17D, Florida, OH 43545