



2016-2017 Registration Form

Registration will be complete when we receive:

- * Completed Registration Form
- * Current Immunization Certificate
- * Registration Fee - **\$25 if returned before March 25th, 2016**

Or \$50 if received after March 25th, 2016

Mail or Return To: Kristin Tarry, 2255 Eastland Parkway Lexington, KY 40505

Email: preschool@orlutheran.com

Child's Name: _____

Preferred Name: _____

Birth Date: _____

Sex: _____

Address: _____

Zip Code: _____

Date of Baptism (if applicable): _____

Has your child received any formal assessments (i.e. occupational, speech, etc.)? _____

If so, please explain any current services they are receiving, and any recommended accommodations we can make for them in our program: _____

Parent/Guardian 1: _____

Phone Number: _____

Email: _____

Employer and Work Number (if applicable): _____

Address (if different than child's): _____

Parent/Guardian 2: _____

Phone Number: _____

Email: _____

Employer and Work Number (if applicable): _____

Address (if different than child's): _____

Program Choices (please check)

◇ 3 & 4 Year-Old Preschool. M-W-F. 8:45-11:45. \$155/month

◇ Preschool Lunch Bunch. Wednesdays 11:45-12:45. \$16/month

◇ Parent's Day Out (1 & 2 year olds) . . . Wednesdays. . . . 8:45-12:45. \$75/month

Additional Information

Church Affiliation: _____

If you are not a member of a Lutheran church, would you like to receive more information about our doctrine and teachings? Yes / No

How did you hear about us? _____