



PRESCHOOL REGISTRATION FORM 2026-2027

STUDENT'S NAME _____ BIRTHDATE: _____

PRIMARY RESIDENCE OF CHILD: MOTHER & FATHER MOTHER FATHER JOINT CUSTODY OTHER

*GUARDIAN'S NAME: _____ PHONE # _____

ADDRESS: _____ CITY _____ ST _____ ZIP _____

*GUARDIAN'S NAME: _____ PHONE # _____

ADDRESS:(if different from above) _____ CITY _____ ST _____ ZIP _____

Please note the phone number and email as your primary choice of contact.

Phone# _____ Email: _____

* STUDENTS MUST BE 3 BY 9/10/26 TO ATTEND 3 YEAR OLD CLASS
*** PLEASE NOTE YOUR CHILD MUST BE TOILET TRAINED.**

If we have space and your child hits the age threshold during the school year, we do accept students' mid-year.

**** If you have any questions or concerns about your 3 or 4 year old placement, please don't hesitate to reach out.**

We want you and your child to have the best experience as not every child is the same.

*Please indicate your choices with a 1 for 1st choice or 2 for 2nd. A letter will follow with your class placement.

<u>AGE</u>	<u>A.M. CLASS</u>	<u>TUITION</u>	<u>CLASS HOURS</u>	<u>EARLY DROP OFF</u>
___ 3/4	TUES - THURS 8:20AM - 11:05AM	\$175 / MONTH	8 Hrs/ Week	Y / N
___ 3/4	MON - THURS 8:15AM - 11:00AM	\$220 / MONTH	11 Hrs/ Week	Y / N
___ 5 PreK	MON - THURS 8:10AM - 11:45AM	\$245 / MONTH	14 Hrs/ Week	Y / N
	<u>P.M. CLASS</u>	<u>TUITION</u>	<u>CLASS HOURS</u>	<u>LATE PICK-UP</u>
___ 4	MON - WED 12:30PM- 3:10 PM	\$175 / MONTH	8 Hrs/ Week	Y / N
___ 4/5	MON - THURS 12: 25 PM- 3:15 PM	\$220 / MONTH	11 Hrs/ Week	Y / N

***TO SECURE YOUR SPOT, PLEASE PRE-REGISTER WITH THIS FORM ALONG WITH \$120 NON-REFUNDABLE REGISTRATION FEE BY MAY 1ST. A \$130.00 REGISTRATION FEE WILL BE REQUIRED AFTER MAY 1ST.**

Forms can be dropped off to First Lutheran Preschool or Mailed to P.O. BOX 66 HAVRE, MT 59501

FIRST LUTHERAN PRESCHOOL
EMERGENCY CONTACT AND PARENTAL CONSENT

Child's Name: _____ Birth Date: _____

Address: _____

Legal Gaurdian: _____ Relationship: _____

Address: _____ Cell # _____

Employer: _____ Work# _____ email: _____

Legal Gaurdian: _____ Relationship: _____

Address: _____ Cell # _____

Employer: _____ Work# _____ email: _____

Siblings & ages: _____

Babysitter/ Daycare: _____ Contact# _____

Physician: _____ Contact# _____

Health Insurance Carrier: _____ Policy # _____

PERSONS AUTHORIZED TO PICK UP YOUR CHILD FROM PRESCHOOL

Name: _____ Relationship _____ Phone# _____

Name: _____ Relationship _____ Phone# _____

Name: _____ Relationship _____ Phone# _____

Name: _____ Relationship _____ Phone# _____

Written Consent is given for:

Emergency Medical Care: Yes _____ No _____ Administration of Prescription Drugs: Yes _____ No _____

Please list any special medical, physical, or emotional needs that the school staff should be aware of.
(examples: allergies, speech clarity, hearing problems or fears)

X _____
Parent/ Guardian Signature

Date