

**FIRST LUTHERAN PRESCHOOL ENROLLMENT FORM**  
**303 6TH AVENUE, P.O. BOX 66**  
**HAVRE, MONTANA 59501**  
**(406) 265-5883**

**SPONSORSHIP**

The First Lutheran Church in Havre sponsors the First Lutheran Preschool for children ages 3-5. This educational facility is operated for the purpose of providing a Christian environment to aid the child's development spiritually, physically, emotionally, and socially. The Preschool Ministry, consisting of members of First Lutheran Church and one Pastor, govern the Preschool. The teaching staff is responsible for carrying out the policies of the Preschool Ministry.

**ELIGIBILITY**

Preschool is available to children who are at least 3 years of age as of September 10<sup>th</sup> of the current school year. Children **MUST** be toilet trained. First Lutheran Preschool does **NOT** allow the use of pull-ups. Classes are divided into a 5-year-old group (must be 5 by December 31 unless the class does not fill, then we will open it to 4-year-olds) 4 & 5-year old group, and a 3-year old group. Only children officially enrolled in the program will be allowed to attend. **Please do not send visiting children.**

**ENROLLMENT**

Enrollment is necessary for the full term (September - May); any exceptions must be made known to the Director in writing. Notify the Director and/or teacher if your child will be absent for an extended period or withdrawn from the school. If a child is withdrawn either by the parents or the school, that child cannot be re-admitted until the following school year. **A one-month withdrawal notice must be given in writing, along with that month's tuition.** If after a period of time, it is felt the child is not ready for preschool, or if a child exhibits extreme or disruptive behavior, we will require that the child to be withdrawn.

**PAYMENT**

First Lutheran Preschool is a non-profit organization. **Tuition is due by the 1st of each month.** Payments can be made in our drop box at the preschool or mailed to First Lutheran Preschool, P. O. Box 66. Make your money orders or checks payable to First Lutheran Preschool. We do not accept cash as a form of payment. **If your payment is not received by the 10th of the month,** you will be assessed a late fee of \$10.00 in addition to your tuition.

**PRESCHOOL MINISTRY**

Becky Miller – Preschool Ministry Director  
Cheree Bekker  
Katie Solomon

**TEACHERS**

Trish Sands  
Kristi Olson  
Jamie Mangold

Mallory Walton, Teacher Assistant

**Please return application, registration fee and vaccination records as soon as possible. The classes fill quickly due to limited class sizes.**

Date \_\_\_\_\_  
Check # \_\_\_\_\_  
Amount \_\_\_\_\_

**FIRST LUTHERAN PRESCHOOL 2022/2023 ENROLLMENT FORM**

Child's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Boy/Girl \_\_\_\_\_

Nickname: \_\_\_\_\_

Name child will learn to write: \_\_\_\_\_

Address: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Home Phone #: \_\_\_\_\_

Father's Name: \_\_\_\_\_ Cell #: \_\_\_\_\_

Father's Employer: \_\_\_\_\_ Work #: \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Cell #: \_\_\_\_\_

Mother's Employer: \_\_\_\_\_ Work #: \_\_\_\_\_

Primary Residence of Child:      Mother & Father      Father      Mother      Joint Custody

Siblings and ages: \_\_\_\_\_

Babysitter's Name & Phone #: \_\_\_\_\_

Doctor's Name and Phone #: \_\_\_\_\_

Are there any special medical, physical, or emotional needs that the school staff should be aware of?

(Examples: allergies, speech clarity, hearing problems or fears)

\*In the event of an emergency, may we take your child and/or treat your child at the hospital? Yes/No

\*Is your child toilet trained? Yes/No \*Please note your child **MUST** be toilet trained to attend preschool.

We do **NOT** allow the use of pull-ups.

\*Would you like to do volunteer work for the preschool? Yes/No (This could be in the classroom or prep work at home)

**Persons authorized to pick up your child from preschool:**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone #: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone #: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone #: \_\_\_\_\_

**CLASSROOM ENROLLMENT**

*\*\*Please indicate your choices with a 1, 2 and 3.*

<b>CLASS DAYS</b>	<b>CLASS TIMES</b>	<b>AGES</b>	<b>TUITION</b>
___ Wed/Fri Morning	8:55-11:25 am	Age 3	\$100/month
___ Mon/Tues/Wed Afternoon	12:35-3:05 pm	Age 4 & 5	\$135/month

**A \$110.00 NON-REFUNDABLE REGISTRATION FEE AND VACCINATION RECORDS MUST BE SUBMITTED WITH THIS ENROLLMENT FORM. FINANCIAL ASSISTANCE MAY BE AVAILABLE FOR QUALIFYING APPLICANTS**