



## PRESCHOOL REGISTRATION FORM 2025-2026

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 \_\_\_\_\_

**Parent/Teacher Communication will be through Class Dojo. Please note the phone# and email of your choice.**  
 Phone# \_\_\_\_\_ Email: \_\_\_\_\_

\* STUDENTS MUST BE 3 BY 9/10/25 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 1<sup>st</sup> choice or 2 for 2<sup>nd</sup>. 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 1<sup>ST</sup>. A \$130.00 REGISTRATION FEE WILL BE REQUIRED AFTER MAY 1<sup>ST</sup>.**

**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