

ENROLLMENT APPLICATION

St. Luke's Preschool

300 Carroll St. Waukesha, WI 53186 262-522-6747

Child's Name _____
Name you would like your child to be called _____
Date of Birth _____
Address _____

Phone Number _____
Email Address _____
Name of Parent(s) _____
or Guardian(s) _____

- Are you a member of St. Luke's Lutheran Church? _____
- Will your child need wrap-around childcare? _____
- Will a sibling also be enrolled in a St. Luke's C.L.M. program? _____ If yes, which program? _____
- Would you be interested in serving as a classroom volunteer? _____
- Do you have any special requests or considerations?

Please indicate class preferences below:

3 Years Old (by Sept. 1)

Monday and Wednesday _____ (9:00AM - 12:00PM)
Tuesday and Thursday _____ (9:00AM - 12:00PM)
We are flexible, either class is fine! _____ (9:00AM - 12:00PM)

4 Years Old (by Sept. 1)

Monday, Wednesday, Friday _____ (9:00AM - 12:00PM)
Tuesday and Thursday _____ (9:00AM - 12:00PM)
*If we open an afternoon Preschool section, would you be interested in switching your child's schedule (AM 4K, PM Preschool?)
_____ Yes _____ Maybe _____ No

Registration Fee Paid _____