



**CHRIST LUTHERAN
SCHOOL & PRESCHOOL**
LA MESA CALIFORNIA

APPLICATION FOR PRESCHOOL ENROLLMENT

2024-2025 SCHOOL YEAR

DATE OF APPLICATION ____/____/____

STUDENT INFORMATION

Last Name: _____ First: _____ Middle: _____

Name Child is Called: _____

Date of Birth: ____/____/____ Place of Birth: _____ Gender: ____ Male ____ Female

Race: (For statistical purpose only) ____ African-American ____ Caucasian ____ Hispanic ____ Asian ____ Other _____

Date of Baptism: ____/____/____ Church: _____ Denomination: _____

Has your child had previous group experience? If yes, please explain: _____

Student resides with: ____ Both Parents ____ Mother ____ Father ____ Guardian ____ Shared Custody

FAMILY INFORMATION

	Parent/Guardian #1	Parent/Guardian #2
First and Last Name		
Home Address		
City, State, Zip Code		
Phone Number		
Email Address		
Occupation		
Employer Name		
Business		
Relationship to the student		

Brother(s)/Sister(s):

Name: _____ DOB: _____ Grade: _____ School: _____

Name: _____ DOB: _____ Grade: _____ School: _____

Name: _____ DOB: _____ Grade: _____ School: _____

Please list any other persons living with, and their relationship (if any) to the child. _____

(Continued on back)

GENERAL INFORMATION

How did you come to know about Christ Lutheran Preschool? _____

Does your child have any special needs of which we should be aware? _____

Special medical concerns of which we should be aware? _____

Allergies, Asthma, Allergic reactions, etc. _____

Medications _____

Doctor(s) Contact Information _____

ENROLLMENT INFORMATION

I wish my child to be enrolled: (check desired schedule) ___ **MON** ___ **TUE** ___ **WED** ___ **THUR** ___ **FRI** ___

Start Date: _____ **Drop off time:** _____ **Pick up time:** _____

Please initial if potty trained _____

I understand my monthly fee will be \$ _____ and is due the 20th of each month. I understand that a late fee (see Handbook page 8) will be assessed for payments received after the last day of each month. I also understand that I will be charged an additional hourly rate, and may be subject to a new monthly fee, if my child stays at preschool beyond their agreed schedule. All schedule changes must be approved in writing by the director.

I/We acknowledge that Christ Lutheran School and Preschool uses photographs of our Child/Children for publicity purposes associated with the school program, videos, Facebook, Instagram and website.

Please read the following statement and sign the application below:

The 2024-2025 school year begins August 12, 2024 and concludes June 4, 2025. The tuition fees for part time and full time schedules are based on 10 equal monthly payments, August 2024 through May 2025. The summer program, which begins June 9, 2025, is a separate weekly charge.

For admission of my child to Christ Lutheran Preschool, I agree to pay the tuition charges and fees as established by the administration for the year 2024 - 2025. I pledge to support my child's development by working cooperatively with the Christ Lutheran Preschool staff, adhering to the school's policies and procedures.

Signature of parent/guardian: _____ Date: _____

Signature of parent/guardian: _____ Date: _____

Please return this form to Christ Lutheran School's Admissions Counselor.

The \$175 non-refundable registration fee must accompany this application for enrollment.

For Office Use Only

Application received _____

Registration fee received _____

Paid online _____ Check number _____