

Lancaster Brethren Preschool

717.397.6227

lcobpreschool@gmail.com

Enrollment Application

For New Families

Name of Child _____

Birthdate _____ Child's Age by Aug. 31 _____

Home Address _____

City _____ Zip Code _____ Phone Number _____

Email Address _____

Parent's Name/Number _____

Occupation _____

Parent's Name/Number _____

Occupation _____

Other Children in the Family

_____ age: _____

_____ age: _____

_____ age: _____

Are both parents living in the home? _____

If not, with whom does the child primarily reside? _____

Other adults living in the home (please give relationship) _____

Does your child have any allergies or medical dietary restrictions that we should be aware of? Y N

If yes, please elaborate

Is there any medical information that it would be helpful for us to know about your child?

Please list any other preschools that your child has attended

Is your child currently receiving services of any kind? (IU13, speech therapy, etc.) yes no

If **yes**, please list services and contact person:

Is there any other information that we should know to better understand your child?

Please check the class you wish to enroll in

_____ 2-Year-Old class (M & W 9:30-12:00)

_____ 3-Year-Old class (T&TH 9:30-12:00)

_____ 3+ class (T, TH, F 9:30-12:00)

_____ 4/5 class **mornings only** (M-F 9:30-12:00)

_____ 4/5 class **full day** (MWF 9:30-2:30)

_____ 4/5 class **3 full days, 2 mornings** (MWF 9:30-2:30 & T,TH 9:30-12:00)

A \$100.00 registration fee must accompany this registration form for new students.

All registration fees are non-refundable.

Checks may be made payable to Lancaster Brethren Preschool.

Please mail this completed form and payment to:

Lancaster Brethren Preschool
Jessica Steinman
1601 Sunset Avenue
Lancaster, Pennsylvania 17601