

Christ Lutheran Preschool

growing in God's love

waiting list

Today's Date	
Child's Name	
Child's Birthday	
Mother's Name	
Work Phone	
Father's Name	
Work Phone	
Home Address	
City	
Zip Code	
Home Phone	

Briefly explain why you are interested in having your child enrolled at CLP: _____

Select Preferred Program

Monday Tuesday Wednesday Thursday Friday

I am interested in the Half Day Program Full Day Program

My child's approximate hours would be _____ a.m. to _____ p.m.

Preferred date to start _____

How did you hear about our school? _____

Are you an active member of Christ Lutheran Church? Yes No

Is your child toilet trained? Yes No Notes _____

For Office Use Only				
Tour Date	Current Age	Class	Reference	Note