

Application for Enrollment 2020-2021
Let Me Shine Christian Playschool and Preschool
 1070 S. Foothill Dr. 84108
 801-583-6400

Please indicate your enrollment choice for playschool or preschool below. *Class grade level is determined by your child's age as of September 1, 2020.* School begins at 9:00am and concludes at 12:00pm. Optional "Morning Bunch, and Lunch Bunch" programs are available for a small fee. The school office has details.

General enrollment begins on February 1, 2020. Applications, however, are accepted on a continuous basis and may be turned in before this date. Our classrooms have limited seating but we make every effort to accommodate your request for admission. Admission is based upon order received so please plan accordingly.

The 2020-2021 application fee is \$100 and is non-refundable. *A non-refundable deposit of \$30 must accompany this form to activate your request and is good for the 2020-2021 school year only.* Once you are notified of acceptance, your balance of \$70 is due immediately to reserve your seat.

Playschool		Preschool / Pre-kindergarten	
18 Month	<input type="checkbox"/> M / W	3 Years (Must be potty trained)	<input type="checkbox"/> M / W / F
	<input type="checkbox"/> T / Th		<input type="checkbox"/> T / Th
2 Years	<input type="checkbox"/> M / W / F	4 Years (Must be potty trained)	<input type="checkbox"/> T / Th / F
	<input type="checkbox"/> T / Th		<input type="checkbox"/> M / W / F
			<input type="checkbox"/> T / W / Th
			<input type="checkbox"/> Monday through Friday

Child's Full Name _____ Boy Girl

Birth Date _____ Age on September 1, 2020 _____ Telephone () _____

Address _____ City _____ Zip _____

Race/Ethnicity:

African American Asian Caucasian/White Hispanic Native American

Full Name of Parent or Guardian

Best Email Address _____

Mother _____

Employed by _____

Work Phone _____

Occupation _____

Cell Phone _____

Father _____

Employed by _____

Work Phone _____

Occupation _____

Cell Phone _____

Guardian's Name (if different from above) _____

Relationship to Child _____

Siblings

Name _____ Age__ School_____
Name _____ Age__ School_____
Name _____ Age__ School_____

Church Affiliation _____ Church you attend _____

Emergency Contacts

Table with 3 columns: Name, Relationship, Phone. Three empty rows for data entry.

Physician (To be called in an emergency) _____ Phone () _____

Clinic or Address _____

Please list any allergies or conditions that your child may have

Is your child currently taking any medication? [] Yes [] No
If "yes," please list _____

What languages are spoken at home? _____

Has your child been diagnosed with any learning disabilities or does your child have an Individual Education Plan (IEP)? [] Yes [] No If "yes," please explain on an additional sheet.

How did you learn about Let Me Shine Christian Playschool and Preschool?
[] Friend _____ [] Advertisement (sign/poster) [] Church bulletin [] Other _____

Please read and sign...

I hereby agree to comply with the rules and regulations of Let Me Shine Christian Playschool and Preschool regarding fees, attendance, health, clothing and other items specified in the Parent's Handbook.

I authorize our name, number, address and email to be printed in a school student directory.
[] Yes [] No

Signed _____ Date _____
Mother or legal guardian

Signed _____ Date _____
Father or legal guardian

For Office Use only
Check# _____
Amount _____
Date & Time Received _____