

Application for Enrollment 2022-2023
Let Me Shine Christian Playschool and Preschool
 1070 South Foothill Dr., SLC., UT 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, 2022.* School begins at 9:00 am and concludes at 12:00 pm. Optional "Morning Bunch and Lunch Bunch" programs are available for a small fee.

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. Currently enrolled families receive priority during the month of January. Starting February 1st, all remaining available seats will open to the public.

The 2022-2023 application fee is \$35.00 and is non-refundable. Once you are notified of acceptance in mid February, the balance of \$90.00 (Total registration fee is \$125) is due immediately to reserve your seat.

Playschool		Preschool / Pre-Kindergarten	
18 Month	<input type="radio"/> M / W	3 years (must be potty-trained)	<input type="radio"/> M/W/F
	<input type="radio"/> T/Th		<input type="radio"/> T / Th
2 years	<input type="radio"/> M / W / F	4 years	<input type="radio"/> T/Th
	<input type="radio"/> T/Th		<input type="radio"/> M/W/F
			<input type="radio"/> T/W/Th
			<input type="radio"/> Mon. thru Friday

Child's Full Name _____ Boy Girl
 Birth Date _____ Age on September 1, 2022 _____ Telephone _____
 Address _____ City _____ Zip _____

Race/Ethnicity:

African American Asian Caucasian/White Hispanic Native American Other _____

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:

NAME	RELATIONSHIP	PHONE

Physician (to be called in an emergency) _____ Phone: _____

Please list any allergies or conditions that your child may have: _____

Is your child taking any medications: 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 a separate sheet of paper.

How did you learn about "Let Me Shine Christian Playschool and Preschool"?

Web Church Bulletin Friend _____ 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

Mother or legal guardian Signature _____ Date: _____

Father or legal guardian Signature _____ Date: _____

For Office Use Only

Check # _____

Amount: _____

Date & Time Received _____