

**Application for Enrollment 2024-2025**  
**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, 2024.* 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 1<sup>st</sup>, all remaining available seats will open to the public.

**The 2024-2025 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.  
 \*\*Please mark a "second choice" option if applicable.

| Playschool |                                 | Preschool / Pre-Kindergarten    |                                        |
|------------|---------------------------------|---------------------------------|----------------------------------------|
| 18 Month   | <input type="radio"/> M / W / F | 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 |

\*Class offerings may change based upon actual enrollment numbers.

Child's Full Name \_\_\_\_\_  Boy  Girl

Birth Date \_\_\_\_\_ Age on September 1, 2024 \_\_\_\_\_ 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 understand that I am free to make requests for teachers, friends etc., but Let Me Shine administration has the final word on class selection for all children involved. Let Me Shine reserves the right to maintain a balanced classroom environment and do not guarantee requests.

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 \_\_\_\_\_