Application for Enrollment 2027-2028
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, 2027.* 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 the 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 **2027–2028 application fee is $35.00 and is non-refundable**. Once you are notified of acceptance in mid-February, the remaining **$100.00 registration fee** will be due. This brings the **total registration fee to $135.00, which is non-refundable**. To secure your child's spot, we kindly ask that the remaining balance be paid promptly upon acceptance. **Registration fees are for the 2027–2028 school year only and cannot be carried over or transferred to a future school year.**

Playschool		Preschool / Pre-Kindergarten	
18 Month	○ M/W/F	3 years (must be potty-trained)	○ M/W/F
	○ T/Th		○ T / Th
			○ Mon. thru Friday
2 years	○ M/W/F	4 years	○ T/Th
	○ T/Th		○ M/W/F
			○ T/W/Th
			○ Mon. thru Friday

*Class offerings may be adjusted based upon actual enrollment numbers.

Child's Full Name _____ ☐ Boy ☐ Girl

Birth Date _____ Age on September 1, 2027 _____ 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 # _____

Billed Brightwheel _____

Amount: _____

Date & Time Received _____

Set up on Brightwheel _____

Confirmation of Enrollment _____

Last Month Tuition Information _____

Summer Packet _____