

HOPE LUTHERAN PRESCHOOL
 1041 E. Foothill Blvd. Glendora, CA 91741
 (626) 335-5315x2, e-mail, preschool@hopeglendora.org

Start Date: _____
Days: _____
____FT____3hr____4hr____PM
Registration Fee: _____
____/____/____
check# amount date
Monthly Tuition: _____
Parent
Participation: _____Hrs

Enrollment Application

Student Information

Student's Name _____ Home Phone Number _____ Birth date _____

Address _____ City _____ Zip _____

Is your child potty Trained? Yes No Does your child take a nap? _____ Does your child use a bottle/pacifier at home _____

Other children in Family: Name, Age, _____

School Last Attended _____ Reason for Leaving _____

Briefly explain why you want your child to attend Hope Lutheran Preschool _____

Parent Information

Father's Information:

Name: _____

Address: _____

City _____ Zip _____

Phone #s: Home _____

Cell _____

Work _____

Email _____

Occupation: _____

Employer: _____

Marital Status: Married Separated
 Divorced Widower Other

Child lives with: Father Mother
 Both Parents

Mother's Information:

Name: _____

Address: _____

City: _____ Zip _____

Phone #s: Home _____

Cell _____

Work _____

Email _____

Occupation: _____

Employer: _____

Marital Status: Married Separated
 Divorced Widow Other

Child lives with: Father Mother
 Both Parents

Religious Background

Church Presently Attending _____ Is child Baptized? Yes NO Date of Baptism (month) _____

 Date _____
 Father's Signature, Full name

 Date _____
 Mother's Signature, Full name

(for emergency Verification only) DL# _____

DL# _____