



ST. PAUL'S LUTHERAN CHURCH Preschool

2024 – 2025 Registration Form

Please fill out and return the Registration Form, check deposit, and signed Tuition Contract. We will make every effort to ensure your child is placed in your first choice of class. If a class fills up, placement will be determined by the date of receipt of the application.

Full Name of Child _____ Nickname _____

Date of birth _____ Sex assigned at birth _____

Address _____

City _____ State _____ Zip Code _____

Parent/Guardian 1 Name _____ Parent/Guardian 2 Name _____

Parent/Guardian 1 Phone _____ Parent/Guardian 2 Phone _____

Parent/Guardian 1 Email _____ Parent/Guardian 2 Email _____

Names & ages of siblings _____

Previous Pre-School Experience? _____ Where? _____ How long? _____

Please use the following area to mention any special consideration such as developmental challenges, health concerns, special interests, which might help your child's teacher better understand their needs.

Please take a few minutes to answer the following questions. Thank you for your time.

How did you hear about us? _____

Our family has an employment situation that makes our preferred placement necessary. yes no

My child's current teacher has recommended a preferred placement for my child. yes no

My child has/will have a sibling at St. Paul's Lutheran Church Pre-School. yes no

I am a member of St. Paul's Lutheran Church. yes no

I am interested in learning more about St. Paul's Lutheran Church yes no n/a

If your child is currently enrolled, please briefly describe your experience and any suggestions to consider on the reverse side of this form.

1609 Kurtz Avenue, Lutherville, MD 21093

410-252-3867

stpaulsluthschool.org