

IMMANUEL LUTHERAN PRESCHOOL (LCMS)

906 E. Grant Street
Macomb, IL 61455
(309) 833-1100



2017-18 **Application** for Enrollment

Child's Full Name _____ M F

Preferred Name _____ Date of Birth _____

Name of Parents _____

Address _____

Home Phone _____ Work Phone _____

Cell Phone(s) _____

E-Mail Address _____

I learned about the program by _____

Class applying for:

_____ 3 year old class
Tuesday and Thursday, 8:30 – 11:00
(Must be 3 by Sept. 1, 2017)*

_____ 4 year old class
Mon., Wed., and Fri., 8:30 – 11:00
(Must be 4 by Sept. 1, 2017)*

* If our program is not full we will accept children with a Fall birthday (turning 3 or 4 after Sept. 1st) as long as the child is toilet-trained.

Member of Immanuel Lutheran Church? Y _____ N _____

Please return the completed application form and \$40.00 registration fee to Immanuel Lutheran Preschool at the above address. Please make checks payable to: Immanuel Lutheran Preschool. After we receive your application, the remaining enrollment forms will be sent to you. Thank you for your interest in Immanuel Lutheran Preschool. Please call if you have questions.