

FAITH LUTHERAN PRESCHOOL
of East Wenatchee
171 Eastmont Ave., East Wenatchee WA 98802
(509) 888-3316

Preschool Mission Statement

The mission of Faith Lutheran Preschool is to provide a safe, Christ-centered learning environment where children are spiritually, mentally, emotionally, socially and physically nurtured by a dedicated Christian staff through an academic & Christian curriculum.

Objective: Kindergarten Readiness.

Affiliation

Faith Lutheran Church is a member of the Lutheran Church Missouri Synod (LCMS).

www.faithlutheranwen.com

Enrollment/Withdrawal Information

Faith Lutheran's Preschool Program is open to children 3-5 years of age. Children must be fully potty trained, able to communicate his/her bathroom needs and for the most part take care of bathroom needs independently.

Upon acceptance to the preschool, a completed information packet is required to be completed for our files (medical consent forms, allergy information, immunization records, emergency contact, etc.). These forms must be on file before a child can attend Faith Lutheran Preschool.

If it should be necessary for you to withdraw your child from preschool, we ask for a two week notification prior to withdrawal.

Registration Fee \$40 (non-refundable)

Tuition

T/TH - 2 days a week (3-4yr olds) - \$105

M/W/F - 3 days a week (4-5yr olds) - \$160

Tuition is due the first preschool day of each month. You will be charged this fixed rate from September through May. There is no credit given for sick days or family vacations.

Please make all checks payable to Faith Lutheran Preschool.

Hours of Operation

9-9:15am - Arrival

12pm - Pick Up

FAITH LUTHERAN PRESCHOOL OF EAST WENATCHEE

171 Eastmont Ave., East Wenatchee, WA 98802
(509) 888-3316

Application/Registration

Birthdate: _____

STUDENT PROFILE			
Last Name:	First:	Male or Female	
Street Address:		Apartment/Unit #	
City:	State	ZIP	
Name of Parents/Guardians			
Does child live with both parents?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If not, which parent?
Name(s) and ages of siblings and other living in your household			
FAMILY PROFILE			
Mother/Guardian:		Address:	
Occupation:			
Home Phone:	Cell Phone:		
Work Phone:	Email:		
Church Membership:			
Father/Guardian:		Address:	
Occupation:			
Home Phone:	Cell Phone:		
Work Phone:	Email:		
Church Membership:			
ALLERGY INFORMATION			

Please list any allergies your child has.

PEOPLE ALLOWED TO PICK UP YOUR CHILD

Name:	Phone Number:
Name:	Phone Number:
Name:	Phone Number:

EMERGENCY CONTACTS

IN CASE OF AN EMERGENCY AND WE ARE UNABLE TO REACH YOU, PLEASE LIST TWO PEOPLE WE SHOULD CONTACT.

Name:

Phone Number(s):

Relationship to the family:

Name:

Phone Number(s):

Relationship to the family:

HELPFUL INFORMATION

Please use the following space to list any information about your child that you think would be helpful.

PARENT/ GAURDIAN SIGNATURE

DATE