
Our Saviour Lutheran Preschool

Pre-Enrollment Form

2018-2019

I wish to enroll my child/children in preschool beginning September 2018.

List Names: _____ Birthdate: _____

_____ Birthdate: _____

_____ Birthdate: _____

My child will be eligible for the class listed below on September 1, 2018

_____ 3year old class (AM only)

_____ 4 year old class

_____ I prefer Morning class

_____ I prefer Afternoon class

_____ I would like my child to attend both morning and afternoon classes

_____ I would like to enroll my 4 year old in a 5 day a week program

Parent: _____

Address: _____

Phone number Home : _____

Cell: _____

Email: _____

To reserve a place for your child in Preschool return this form to Mrs. Donna or call the church office at 913-236-6228. You may also mail this form into the office at 4153 Rainbow Blvd. Kansas City, Kansas 66103. Or email it to preschool@oursaviourkc.org.