

**ENROLLMENT APPLICATION FOR 2006-2007 SCHOOL YEAR
FAITH LUTHERAN PRE-SCHOOL
208 S. DERBY
DERBY, KS 67037
(316) 788-1715**

Date _____

Phone # _____

Child's Full Name _____ Sex: M/F _____ Child's Birth date _____

Street Address _____ City _____ Zip _____

Parent's Full Name(s) _____ E-mail Address _____

**Please ck ___ if your child is being considered for the Derby Preschool/Model Student Program*

CLASS DESIRED: (Please circle one)

M/W/F A.M. (9-11:30)	M/W/F P.M. (12:30-3:00)	T/Th A.M. (9-11:30)	T/Th P.M. (12:30-3:00)
4 yrs. old by 9/1/06	4 yrs. old by 9/1/06	3 yrs. old by 9/1/06	4yrs. old by 12/31/06
\$91.00/month	\$91.00/month	\$66.00/month	\$66.00/month

I hereby give permission for Faith Lutheran Preschool to release my phone # (yes/no) address (yes/no) E-mail address (yes/no) for the *SCHOOL DIRECTORY*. **Parent's Signature** _____

How did you hear about our school? _____

****Please return this application with your \$45.00 NON-REFUNDABLE enrollment fee/activity fee to the pre-school. Enrollment fee is non-refundable.**

For more information, please call: School Office @788-1715