

# Our Redeemer Lutheran Preschool

## Member/Alumni Registration Form

**Laurel Kusner – Preschool Director 440-248-4066 orlcpreschool@sbcglobal.net**

**QUALIFICATIONS:** Children in the 3-year-old program must turn 3 by September 30<sup>th</sup> and be **toilet trained**. Children in the 4-year-old program must turn 4 by September 30<sup>th</sup>. Children in the Pre-K program must turn 5 by October 31<sup>st</sup>.

I wish to enroll \_\_\_\_\_ in Our Redeemer Lutheran Pre-School.  
(Please Print) (first) (last)  
\_\_\_\_\_ Male \_\_\_\_\_ Female Date of Birth: \_\_\_\_\_  
Mo. Day Yr.

I would prefer:

\_\_\_\_\_ 3 yr. old morning class only (T, Th 9:15 - 11:45 a.m.) \$405 term/\$1,215 per year

\_\_\_\_\_ 3 yr. old morning class but would consider the afternoon class if available

\_\_\_\_\_ 3 yr. old afternoon class only (T, Th. 1:00 – 3:30 p.m.) **(Only offered if sufficient enrollment)**

\_\_\_\_\_ 4 yr. old morning class (M, W, F 9:15 - 12:15 a.m.) \$510 term/\$1,530 per year

\_\_\_\_\_ 4 yr. old morning class but would consider the afternoon class if available

\_\_\_\_\_ 4 yr. old afternoon class only (M, W, F 1:00 – 4:00 p.m.) **(Only offered if sufficient enrollment)**

\_\_\_\_\_ Pre-K morning class only (M - F 9:00 a.m. - 12:00 p.m.) \$705 term/\$2,115 per year

\_\_\_\_\_ Pre-K morning class but would consider the afternoon class if available

\_\_\_\_\_ Pre-K afternoon class only (M - F 1:00 – 4:00 p.m.) **(Only offered if sufficient enrollment)**

Please check any of the following which apply to your situation:

\_\_\_\_\_ I am a member of Our Redeemer Lutheran Church

\_\_\_\_\_ Current alumnus - my child is currently enrolled in:

\_\_\_\_\_ Mrs. Sesny's 3's class \_\_\_\_\_ Mrs. Moughan's 3's Class \_\_\_\_\_ Mrs. Kusner's 4's class

\_\_\_\_\_ Mrs. Sautter's 4's class \_\_\_\_\_ Mrs. Berman's Pre-K class

\_\_\_\_\_ Past alumnus - I have had a child in Our Redeemer Pre-School prior to this year, but currently not enrolled.

Alumni's Name \_\_\_\_\_ Last year enrolled \_\_\_\_\_

Mother's Name \_\_\_\_\_ Date \_\_\_\_\_  
(first) (last)

Father's Name \_\_\_\_\_  
(first) (last)

Address \_\_\_\_\_  
(street address) (City) (zip code)

Email Address \_\_\_\_\_

Phone Number \_\_\_\_\_

What is the primary language spoken by your child? \_\_\_\_\_

Please remit \$50.00 **non-refundable** registration fee with this form. Pay by check or money order - **no cash please!**