



2025-26 Shepherd of the Valley Preschool Registration Form

Forms will be accepted on or after January 14, 2025 at 8 am.

Registration for (choose one):

Yellow Class (3 & 4 year old): 9:30-12:00 (Mon. & Wed.) _____

Blue Class (3 & 4 year old): 9:30-12:00 (Tues. & Thurs) _____

Green Class (4 & 5 year old morning class): 9:30-12:00 (Tues. Wed. & Thurs.) _____

Red Class (4 & 5 year old afternoon class): 12:45-3:15 (Tues. Wed. & Thurs.) _____

**Purple High Five: 9:30-12:00 (Mon. Tues. Wed. & Thurs.) _____

Child's Name _____

Preferred Name _____

Primary Phone _____

Address (include City and Zip Code) _____

Date of Birth _____

Parent 1/Legal Guardian _____

Parent 1 email address _____

Occupation/Business Name _____

Parent 1 Work Phone _____ Parent 1 Cell Phone _____

Parent 2/Legal Guardian _____

Parent 2 email address _____

Occupation/Business Name _____

Parent 2 Work Phone _____ Parent 2 Cell Phone _____

Name, age and school (if applicable) of siblings...

Has anyone in your family previously been enrolled at Shepherd of the Valley Preschool? If so, who & when?

Has your child attended preschool before? If so, where and how long?

I was referred by _____.

If a Non-Member, would you like to receive information about Shepherd of the Valley Lutheran Church and our activities? Yes _____ No _____

I hereby agree that, if my child is accepted by the school, I will pay the monthly fee in advance, by the 15th of the month, and will cooperate with the school in carrying out any requirements set for the parents. I will notify the school of any changes in the information as entered on this record.

I hereby agree to notify the school two weeks in advance of withdrawal, should such an event occur, or pay the difference.

An immunization record must be on file before the child may attend. After a trial period, the school reserves the right of dismissing a child who does not fit into the school's program or whose parents do not cooperate with the school.

SIGNED _____ Date _____
(Parent 1 or legal guardian)

SIGNED _____ Date _____
(Parent 2 or legal guardian)

Please attach a check to the completed registration form which includes a
\$65.00 non-refundable registration fee plus 1 month's tuition of \$170 for a total of
\$225 the 3 year old classes
or
\$65.00 non-refundable registration fee plus 1 month's tuition of \$200 for a total of
\$255 for the 4 year old classes
or
\$65.00 non-refundable registration fee plus 1 month's tuition of \$235 for a total of
\$290 for the High Five class
Tuition is refundable until July 31, 2025 for all classes

In the event that my child does not get into the preferred session, please...

___ put my child's name on the morning waiting list (3/4's please circle M & W T & Th or Both)

___ put my child's name on the afternoon waiting list (only available to 4/5 class)

___ put my child's name on both the morning and afternoon waiting lists (only available to 4/5 class)

___ remove my child's registration

and

destroy or return my check. (circle one)

_____ I am willing to donate _____ to the Preschool scholarship fund.

**There is a possibility of an afternoon class but it is only available if I have enough students to run it.

(For office use only)
REGISTRATION INFORMATION

Date Paid: _____

Amount Paid: _____

Check Number: _____