For Office Use Only Date received_____

LMUMCC
Preschool Interest Form

Please complete this form and return it to the office. If a spot is not currently available, you will be placed on our wait list, and we will contact you when we have an opening. To reserve your child's spot, the registration fee needs to be paid in full.

CHILD'S NAME_____ SEX: ☐ MALE ☐ FEMALE

BIRTHDATE_____ POTTY TRAINED: ☐ YES ☐ NO

ADDRESS_____
(Street) (City, State, Zip Code)

PARENT/GAURADIAN NAME _____

PHONE NUMBER.:_____ E-MAIL ADDRESS_____

PARENT/GAURDIAN NAME _____

PHONE NUMBER:_____ E-MAIL ADDRESS_____

Please Choose Desired Schedule

Full Days 7:30am-5:30pm

_____ 5 days Mon- Fri _____ 3 days Mon, Wed, Fri _____ 2 days Tues, Thurs

Half Days 7:30am-12:00pm

_____ 5 days Mon- Fri _____ 3 days Mon, Wed, Fri _____ 2 days Tues, Thurs

Preferred Start Date: _____

Referred by: _____

Schedules may need to be changed or adjusted at the Director's discretion.