



1780 Career Center Road Bourbonnais, IL 60914

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2023-2024 SCHOOL ENROLLMENT FORM

PRESCHOOL

Student Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_

\*\*all preschool students must be potty-trained\*\*

Preschool Class Enrolling in: (mark only one option)

Pre 3's \*Must have been born before 9/1/2020\*

3 1/2 Day (M,W,F) \_\_\_\_\_ 5 1/2 Day (M-F) \_\_\_\_\_ 2 Full Day (T,TH) \_\_\_\_\_

3 Full Day (M,W,F) \_\_\_\_\_ 5 Full Day (M-F) \_\_\_\_\_

Pre 4's \*Must have been born before 9/1/2019\*

3 1/2 Day (M,W,F) \_\_\_\_\_ 5 1/2 Day (M-F) \_\_\_\_\_

3 Full Day (M,W,F) \_\_\_\_\_ 5 Full Day (M-F) \_\_\_\_\_

Primary Parent/Guardian Name: \_\_\_\_\_ Cell Phone #: \_\_\_\_\_

Second Parent/Guardian Name: \_\_\_\_\_ Cell Phone #: \_\_\_\_\_

Home Address: \_\_\_\_\_ Email: \_\_\_\_\_

\_\_\_\_\_ Email 2: \_\_\_\_\_

(Y) or (N) Members of St. Paul's Lutheran Church? \_\_\_\_\_ If no, do you attend another church? \_\_\_\_\_  
Which one: \_\_\_\_\_

What do you expect from St. Paul's Lutheran School? \_\_\_\_\_

If your child is a new student, where are you transferring from? \_\_\_\_\_

Does your child have an IEP or have been referred for special services? (E.g. speech and language therapy, occupational therapy, physical therapy or academic needs.) If so, please provide details below:

Through what grade level (1-8) do you intend to keep your child enrolled? \_\_\_\_\_

Were you referred to us by a family? If yes, please list their name: \_\_\_\_\_

Non-Refundable Enrollment Fee: Amount Paid \_\_\_\_\_ Date Paid \_\_\_\_\_

Please mark one: Check \_\_\_\_\_ Cash \_\_\_\_\_ Fast Direct \_\_\_\_\_ Square \_\_\_\_\_

\_\_\_\_\_  
Primary Parent/Guardian Signature Date

\_\_\_\_\_  
Second Parent/Guardian Signature Date