REGISTRATION FORM 2024-2025

MILWAUKIE LUTHERAN PRESCHOOL (www.milwaukielutheran.org) P.O. Box 22063 Milwaukie, OR 97269-2063 - email rootstogrow@gmail.com - 503-659-9881

3-4 Yr. (T Th 9 Tuition: \$295 month				Tuition: \$575 mor	1TWThF 9am - 1pm) nth (\$5,175 Year)
Child's Full Name_	Full NameChild would like to be called				
		for 4/5 class by Sept. 1st)	Male	Female	<u> </u>
,		* * *	City	Zii	ρ
11441055		(Please report changes in a	ddress, telephone or emai		· · · · · · · · · · · · · · · · · · ·
Parent/Guardian 1			Telepho	ne #	
With whom does ch	ild reside?				
Siblings Name	<u>.</u>	Age		School	
2.					
3					
Caregiver			Phone#	: 	
Church Affiliation_		Members?	Where?		
Does your child have If yes, please list:	any allergies?	YES NO			
Does your child recei		ough an ESD? YE			
What do you feel you	r child's partic	cular needs are?			
Will you be applying	for tuition assis	stance? YES NO			
refundable registration Make check payable	on fee providing to Milwaukie L	this registration form is g the maximum enrolln utheran Preschool. card through Brightwh	nent has not been e	xceeded.	75.00 non-
OFFICE USE ONL					
Date registered		Check #	Brightwheel_	Amount	No