

**The Lutheran Church of St. Andrew Preschool**  
 15300 New Hampshire Avenue Silver Spring, MD 20905  
 email: preschool@mystandrew.org 301-384-2660 www.mystandrew.org  
**Application for Enrollment 2024-2025**

Child's Name: \_\_\_\_\_  
 (First) (Middle) (Last)

Date of Birth: \_\_\_\_\_ Name Child is called: \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_

Address: \_\_\_\_\_

Apt # \_\_\_\_\_ City \_\_\_\_\_ Zip code \_\_\_\_\_

Home Phone number \_\_\_\_\_ Mom Cell \_\_\_\_\_ Dad Cell \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Email: \_\_\_\_\_

Mother's Address: \_\_\_\_\_ Work phone: \_\_\_\_\_

(If different from child's address)

Father's Name: \_\_\_\_\_ Email: \_\_\_\_\_

Father's Address: \_\_\_\_\_ Work phone: \_\_\_\_\_

(If different from child's address)

**Please Mark (X) the program you are interested in:**

	<b>Beginners Class</b> for 2 ½ year olds	Tuesday and Thursday 9:15-Noon	\$285 per month	Must be 2 by June 30, 2024
	<b>Preschool 3A</b> for 3 year olds	Monday, Wednesday, Friday 9:15-Noon	\$360 per month	Must be 3 by September 1, 2024 and <b>potty trained</b>
	<b>Preschool 3B</b> <b>with Lunch Bunch</b> for 3 year olds	Monday, Wednesday, Friday 9:15-1:15	\$470 per month	Must be 3 by September 1, 2024 and <b>potty trained</b>
	4 Year old <b>Pre-Kindergarten</b>	Monday-Friday 9:15-Noon	\$535 per month	Must be 4 by September 1, 2024
	4 year old <b>Pre-kindergarten</b> <b>With Lunch Bunch</b>	Mon-Wed-Fri 9:15-1:15 And Tues, Th. 9:15-Noon	\$650 per month	Must be 4 by September 1, 2024

Primary language spoken at home \_\_\_\_\_

Emergency Contact: \_\_\_\_\_

Please list any allergies or special circumstances: \_\_\_\_\_

Are you a member of the Lutheran Church of St. Andrew? Yes \_\_\_\_\_ No \_\_\_\_\_

Has your child been evaluated for any concerns? \_\_\_\_\_

How did you hear about our program? \_\_\_\_\_

I have read and understand the information sheet, payment and registration procedures. I am enclosing a **NON-REFUNDABLE** application fee of \$75 for returning students and \$100 for new students.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Office use only: Date \_\_\_\_\_ Check # \_\_\_\_\_ Application Fee \_\_\_\_\_ Deposit \_\_\_\_\_

Please make checks payable to: **LCSA Preschool**