

REGISTRATION AGREEMENT – 2025-26

Vinland Lutheran Preschool
P.O. Box 2134
2750 NW Finn Hill Road
Poulsbo, WA 98370
(360) 865-0510 preschool@vinlandlc.org

For Office Use Only: Non-refundable registration fee of \$75.00 received _____ Date: _____ Initials: _____ Waiting List: _____
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I would like to register my child for the following class (**check one**):

Select	Classes	Days	Time	Age by 8/31/2022	Annual Tuition
<input type="checkbox"/>	Morning 3 day*	T / W / Th	9:15-12:00	3-5 years	\$2750
<input type="checkbox"/>	Afternoon 4 day*	T / W / Th / F	12:45-3:30	3-5 years	\$3670
<input type="checkbox"/>	Friday morning**	F	9:30-11:30	2-3 years	\$900

*Minimum of 10 children needed for morning and afternoon classes.

**Minimum of 8 children needed for Friday morning class.

Child's Name _____ Birthdate _____

Preferred Name _____ Boy Girl Best Phone _____

Address _____

City _____ State _____ Zip _____

Parent 1 _____ Email _____ Phone _____

Parent 2 _____ Email _____ Phone _____

Place(s) of Employment: Parent 1 _____ Parent 2 _____

Names and ages of siblings: _____

Child's previous preschool or group experience _____

Future Kindergarten (school and year to begin) _____

Special needs or restrictions (speech, vision, allergies, etc.) _____

Is your child potty trained? (Not required for our classes) _____

Home Church, if any _____

How did you hear about Vinland Lutheran Preschool? _____

Tell us a little about your child & family _____

Parent/Legal Guardian Signature _____ Date _____