Preschool 2025-26

CHRIST LUTHERAN CHURCH

Enrollment Form

Please fill out the information on this form and return it with your non-refundable registration fee of $125. We accept Cash, Check (payable to Christ Lutheran Preschool) or PayPal (3% processing fee applies). One form per student please. Thank you.

School contact information:
847-367-5791

Christ Lutheran Preschool
595 Deerpath Dr., Vernon Hills, IL 60061
info@preschool.christlutheranvh.org

Preschool Director:
Stephanie Vertucci
director@preschool.christlutheranvh.org

Child's Name: _____ Today's Date: _____
First Last

Preferred Name/Nickname: _____ Boy ( ) Girl ( ) Birthdate: _____
mm / dd / yy

Main Contact Name: _____

Main Contact Phone: _____ Main Contact Relationship: _____

Secondary Contact name: _____

Secondary Contact Phone: _____ Secondary Contact Relationship: _____

Email Address(es): _____

Street Address: _____ City: _____ Zip code: _____

Referral Name/How did you hear about us? _____

Siblings/ages: _____ Religious Affiliation (optional): _____

Please select your desired class for enrollment. Filling out this registration form does not guarantee registration in the selected program. All placements are made on a first come first served basis and are dependent on open spaces in the class. Class offerings are subject to change based on student enrollment.

Morning Program Selection (8:30-11:30am) Age at Enrollment: _____

Preschool Sea Turtles (2.5-3 years old)	Pre- Kindergarten Birds/Butterflies (3.5-4 years old)	Pre-Kindergarten Lions (4 years old)
☐ M W F	☐ M W F	☐ M T W Th
☐ T Th	☐ T W Th	☐ M T W Th F
☐ M T W Th F		

Are you interested in signing up for Early Drop-off from 8:00-8:30am? If so, on what days?

_____

Are you interested in signing up for Lunch Bunch from 11:30am-12:45pm? If so, on what days?

_____

Are you interested in signing up for Enrichment from 12:45-2:00pm? If so, on what days?

_____

Allergy/Medical Information:

Does your child have any allergies or have any medical conditions our staff should be aware of:

YES ( ) NO ( )

Food Allergies/Intolerances: _____

Other Allergies: _____

Medical conditions/special needs: _____

Will your child have an inhaler or Epi-pen at school: _____

All guardians must provide a current school physical form and proof of vaccinations by Oct. 15 or the start of school.