



## Registration Form School Year 2026-2027

### Promise Lutheran Preschool

7323 Schwartz Rd Fort Wayne, IN 46835. 260-493-9953

[preschooldirector@promisefw.com](mailto:preschooldirector@promisefw.com) [www.promisefw.com](http://www.promisefw.com)

### Registration Information

THE NON-REFUNDABLE REGISTRATION FEE IS: \$100 per year  
School information will be emailed in July with first tuition  
payment due August 3, 2026

#### Preschool Sessions

Classes for Age 3 by 9/1/2026

Tuesday & Thursday	9:00-11:30 am _____	\$178.00/month
Tues/Wed/Thurs	9:00-11:30am _____	\$237.00/month

#### PreK Sessions

Classes for Age 4 by 9/1/2026

Tues/Wed/Thurs	9:00-11:30am _____	\$237.00/month
Mon-Thurs	9:00-11:30am _____	\$274.50/month
Mon-Thurs	9:00- 3:00pm _____	\$475.00/month

#### Before School Care

(Child must attend class the day that before school is utilized. There must be a minimum of three children registered to hold before school care)

Monday-Thursday	7:30am- 9:00am _____	\$10.00/day
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Days to be utilized Monday \_\_\_\_\_ Tuesday \_\_\_\_\_ Wednesday \_\_\_\_\_ Thursday \_\_\_\_\_

Please select the class you would like, fill out the reverse side of this paper and return it to the school with the registration fee.

**Classes will be in session from September 7, 2026 until May 20, 2027**

### Payment information

Payments will be collected through Brightwheel Child Care Management System  
Check or cash

Please let us know how you heard about Promise Lutheran Preschool!

____ Sibling attended	____ Friend/Neighbor	____ Promise Staff
____ Internet	____ Other. _____	
____ Church member		

For Office use only: Class placement \_\_\_\_\_ Date Received \_\_\_\_\_ Amount \_\_\_\_\_

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Name: \_\_\_\_\_  
First (name your child would like to be called in class). Last

Date of Birth: \_\_\_\_\_ Male/Female

Address: \_\_\_\_\_  
City Zip

Parent/Guardian #1 Name: \_\_\_\_\_

Cell phone: \_\_\_\_\_ Email: \_\_\_\_\_

Parent/Guardian #2 Name: \_\_\_\_\_

Cell phone: \_\_\_\_\_ Email: \_\_\_\_\_

Child resides with: \_\_\_\_\_ both parents \_\_\_\_\_ mother \_\_\_\_\_ father \_\_\_\_\_ grandparents/other

Sibling information:

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Name: \_\_\_\_\_ Age: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Name: \_\_\_\_\_ Age: \_\_\_\_\_

Allergies (food, insects, etc.): \_\_\_\_\_

Fears: \_\_\_\_\_

Do you currently have a home church? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, please list: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_

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

**\*\*All children will need a copy of a health certificate and immunizations for their records before they start school**

Doctor: \_\_\_\_\_ Phone: \_\_\_\_\_