



Registration Form School Year 2026-2027
Promise Lutheran Preschool
7323 Schwartz Rd Fort Wayne, IN 46835. 260-493-9953
preschooldirector@promisefw.com 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

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

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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: _____