

# Faith Preschool

10707 Coldwater Rd., Ft. Wayne, IN 46845  
260-637-9957

Dear Parents,

Thank you for your interest in Faith Preschool. We look forward to being a part of your child's education experience.

When I receive the completed form and non-refundable fees, your child will be enrolled in the class that corresponds to his/her age. If you feel that this class is not academically correct for your child, it is your responsibility to make an appointment with me so that I may help determine the best class for your child. Your child may only change classes with the approval of the director. Requests for teachers will be considered, but cannot be guaranteed. Please remember students must be toilet trained by September 2019.

After receiving your registration form, I will process it and mail you a confirmation letter. Please ensure that all the information on the label is correct. If corrections need to be made or you don't receive a confirmation letter, please call as soon as possible. Please feel free to call during office hours with any questions or concerns at 260-637-9957.

Sincerely,  
Judy Berggren  
Director

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## 2019-2020 Registration Form – Faith Preschool

Child's Name \_\_\_\_\_ Preferred name for child to write \_\_\_\_\_  
(last) (first)

Child's Birth Date \_\_\_/\_\_\_/\_\_\_ Age on Sept. 1<sup>st</sup> \_\_\_ Gender \_\_\_\_\_

Father's Name \_\_\_\_\_ Mother's Name \_\_\_\_\_

Telephone Number(s): Landline \_\_\_\_\_ Mom's Cell \_\_\_\_\_ Dad's Cell \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Above address is both parents \_\_\_\_\_ father's only \_\_\_\_\_ mother's only \_\_\_\_\_

E-Mail Address \_\_\_\_\_

Please provide the names of any other preschools that your child has attended \_\_\_\_\_.

**AM 3'S CLASS ONLY:** Which class do you prefer? M/W \_\_\_\_\_ T/TH \_\_\_\_\_ PM 3/4's \_\_\_\_\_

**PRE-K CLASS ONLY:** Which class do you prefer? AM \_\_\_\_\_ PM \_\_\_\_\_ (Please note that the AM Pre-K class is very popular and is usually filled by our returning students.)

\*Please return completed form with the class appropriate registration fee. The following amount includes registration fee and May 2020 tuition: AM 3's...\$165 PM 3/4's...\$180 AM 4's...\$180 AM 4/5's...\$190 PM 4/5's...\$190 Pre-K...\$200

**The fee required includes a \$50 registration fee as well as the May tuition for the 2019-2020 school year. The entire fee is NON-REFUNDABLE AND SHALL BE FORFEITED FOR EARLY WITHDRAWAL FROM FAITH PRESCHOOL IN THE 2019-2020 SCHOOL YEAR.** Each sibling requires a \$40 registration fee along with the May tuition appropriate for that class.

Please return your form promptly, classes fill quickly and class sizes are limited.

Mail to: Faith Preschool Director, Jacob's Well, 10707 Coldwater Road, Fort Wayne, IN 46845

For Office Use:

Class Placement: \_\_\_\_\_ Date Received: \_\_\_\_\_

Cash/Check# \_\_\_\_\_ Amount Received: \_\_\_\_\_

How did you hear about Faith Preschool?

Facebook \_\_\_\_\_

Family or Friends \_\_\_\_\_

Internet/Website \_\_\_\_\_