

Salem Lutheran Children's Center

School Year Proposal 2025-2026

Child's Full Name: _____

Male / Female (please circle) Grade in the fall (school-age only): _____

Age of child on September 1st: _____ Birthdate: _____

Email Address: _____

Phone Number: _____

Parent/Guardian Name(s): _____

Mailing Address (street, city, state & zip): _____

For office use only:

Amount Paid: _____

Check#: _____

Cash: _____

Credit Card: _____

Initials: _____

Date: _____

This is not your fall contract. We will create a contract based on the information provided below.

Please check the appropriate boxes below for 2025-2026 school year:

- ☐ 2 Day 3-year-old Preschool – Tuesday / Thursday 9 am to 11:30 am
- ☐ 3 Day 4-year-old Preschool – Monday / Wednesday / Friday 9 am to 11:30 am
- ☐ 5 Day Transitional Kindergarten Preschool – Monday – Friday 9 am to 12 pm
- ☐ All-Day Preschool - Children Aged 3 and 4 (minimum 2 days):

Monday	
Tuesday	
Wednesday	
Thursday	
Friday	

- ☐ School-Age Care – K-5th Grades:

Before Care	After Care

Allergies: _____

Comments: _____

Parent's Signature: _____ Date: _____