

**St. Matthew's Preschool  
Registration Form  
2019-2020**

Child's Name \_\_\_\_\_ Date \_\_\_\_\_

Age on September 1<sup>st</sup> \_\_\_\_\_ Birth date \_\_\_\_\_ Gender \_\_\_\_\_

Name of parent(s) or guardian(s) with whom child resides:

\_\_\_\_\_

Mailing Address \_\_\_\_\_

Phone # \_\_\_\_\_

Are you currently a member of St. Matthew's Lutheran Church? \_\_\_ Yes \_\_\_ No

If you are currently a member of a church other than St. Matthew's, please inform us for our records. Our family belongs to the Congregation of

\_\_\_\_\_

How did you hear about our program? \_\_\_\_\_

Which school district will your child be attending for kindergarten? \_\_\_\_\_

Session Preferred:

\_\_\_ AM Three-Year-Old Class: 9am – 11am (Tues. & Thurs.)

\_\_\_ PM Three-Year-Old Class: 12pm – 2pm (Tues. & Thurs.)

\_\_\_ AM Four-Year-Old Class: 9am – 11:30am (M, W & F)

\_\_\_ PM Four-Year-Old Class: 12pm – 2:30pm (M, W & F)

Please send (or drop off) this form accompanied with a \$45.00 registration fee to:

St. Matthew's Preschool  
222 Church Street  
Lehighton, PA 18235  
Attention: Donna Austin-Ahner