

# St. Paul's Lutheran Preschool

1376 Felspar Street,  
San Diego, California 92109  
Phone (858) 272-6282 Ext. 110  
[www.stpaulspb.com](http://www.stpaulspb.com)



## 2026-2027 Enrollment

Please attach your non-refundable registration fee of \$250 with this form. Acceptance of this form does not guarantee enrollment until confirmed by the Director.

### STUDENT INFORMATION

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle: \_\_\_\_\_

Birth date: \_\_\_ / \_\_\_ / \_\_\_ Place of Birth: \_\_\_\_\_  Male  Female

Baptized?  Yes  No Date: \_\_\_ / \_\_\_ / \_\_\_ Church: \_\_\_\_\_

Affiliation: \_\_\_\_\_ Pastor's Name: \_\_\_\_\_

Ethnicity: (please circle)

White Hispanic Multi-ethnic Black Pacific Islander Asian **(For statistical Purposes Only)**

### ENROLLMENT INFORMATION

#### Preschool 1 Class

#### Requirement-age 2 by Aug 1 (Pre1)

I wish my child to be enrolled: (days each week)

- Two Days (Tues/Thurs)
- Three Days (Mon/Wed/Fri.)
- Five Days

I wish my child to be enrolled: (length of day)

- Half Day 8:00 am – 12:00 pm
- School Day 8:00 am – 3:00 pm
- Full Time 8:00 am – 5:00 pm

I intend to add the 7:30am-8:00am option

#### Preschool 2 Class or Junior Kindergarten Class

#### Requirement – Must turn 4 by September 1(JK) Or 3 by Sept 1 (Pre2)

I wish my child to be enrolled: (days each week)

- Three Days
- Five Days

I wish my child to be enrolled: (length of day)

- Half Day 8:00 am – 12:00 pm
- School Day 8:00 am – 3:00 pm
- Full Time 8:00 am – 5:00 pm

I intend to add the 7:30am-8:00am option

### FAMILY INFORMATION

Student resides with (check one):  both parents  Mother  Father  Guardian  Shared Custody

	Parent/Guardian #1	Parent/Guardian #2
First and Last Name (please print)		
Home Address		
City, State, Zip Code		
Cell Phone		
Email Address		
Occupation/Employer		
Church Attending		
Sibling Name: Age:	Sibling Name: Age:	Sibling Name: Age:

### MEDICAL CONSENT/INFORMATION

