

Application for Enrollment 2025-2026
Let Me Shine Christian Playschool and Preschool
 1070 South Foothill Dr., SLC., UT 84108
 801-583-6400

Please indicate your enrollment choice for playschool or preschool below. *Class grade level is determined by your child's age as of September 1, 2025.* School begins at 9:00 am and concludes at 12:00 pm. Optional "Morning Bunch and Lunch Bunch" programs are available for a small fee.

Our classrooms have limited seating, but we make every effort to accommodate your request for admission. Admission is based upon the order received; so please plan accordingly. Currently enrolled families receive priority during the month of January. Starting February 1st, all remaining available seats will open to the public.

The 2025-2026 application fee is \$35.00 and is non-refundable. Once you are notified of acceptance in mid-February, the balance of \$90.00 (Total registration fee is \$125) is due immediately to reserve your seat.

Playschool		Preschool / Pre-Kindergarten	
18 Month	<input type="radio"/> M/W/F	3 years (must be potty-trained)	<input type="radio"/> M/W/F
	<input type="radio"/> T/Th		<input type="radio"/> T / Th
			<input type="radio"/> Mon. thru Friday
2 years	<input type="radio"/> M/W/F	4 years	<input type="radio"/> T/Th
	<input type="radio"/> T/Th		<input type="radio"/> M/W/F
			<input type="radio"/> T/W/Th
			<input type="radio"/> Mon. thru Friday

*Class offerings may be adjusted based upon actual enrollment numbers.

Child's Full Name _____ Boy Girl

Birth Date _____ Age on September 1, 2025 _____ Telephone _____

Address _____ City _____ Zip _____

Race/Ethnicity:

African American Asian Caucasian/White Hispanic Native American Other _____

Full Name of Parent or Guardian:

Best Email Address: _____

Mother: _____

Employed By: _____

Work Phone: _____

Occupation: _____

Cell Phone: _____

Father: _____

Employed By: _____

Work Phone: _____

Occupation: _____

Cell Phone: _____

Guardian's Name (if different from above) _____

Relationship to Child _____

Siblings:

Name: _____ Age: _____ School: _____

Name: _____ Age: _____ School: _____

Name: _____ Age: _____ School: _____

Church Affiliation: _____ Church you attend: _____

Emergency Contacts:

NAME	RELATIONSHIP	PHONE

Physician (to be called in an emergency) _____ Phone: _____

Please list any allergies or conditions that your child may have: _____

Is your child taking any medications: Yes No If yes please list _____

What languages are spoken at home: _____

Has your child been diagnosed with any learning disabilities or does your child have an Individual Education Plan (IEP)?

Yes No If "yes" please explain on a separate sheet of paper.

How did you learn about "Let Me Shine Christian Playschool and Preschool"?

Web Church Bulletin Friend _____ Other _____

Please read and sign

I understand that I am free to make requests for teachers, friends etc., but Let Me Shine administration has the final word on class selection for all children involved. Let Me Shine reserves the right to maintain a balanced classroom environment and do not guarantee requests.

I hereby agree to comply with the rules and regulations of Let Me Shine Christian Playschool and Preschool regarding fees, attendance, health, clothing and other items specified in the Parent's Handbook.

I authorize our name, number, address and email to be printed in a school student directory. Yes No

Mother or legal guardian Signature _____ Date: _____

Father or legal guardian Signature _____ Date: _____

For Office Use Only

Check # _____

Amount: _____

Date & Time Received _____