



# American Lutheran Preschool Registration Form

401 Flynn Drive | Milbank, SD 57252 | Church Office Phone: (605) 432-5566

2026-2027 School Year

Please check program for which you are registering:

**{\$50 Non-Refundable Registration Fee}**

**\*Fee includes School Supplies, T-Shirt, Snacks & Student Placement\***

Cash \_\_\_\_\_ Check \_\_\_\_\_ Paid Date \_\_\_\_\_

☐

3 Year Olds  
(by Sept. 1<sup>st</sup>)

8:00-11:00 AM

☐

4 Year Olds  
(by Sept. 1<sup>st</sup>)

12:15-3:15 PM

## Registration Timeline:

**January 6-11** – Currently Enrolled Students

**January 12-25** – American Lutheran Church Members

**January 26-February 1** – Siblings of Currently Enrolled Students

**Beginning February 2** – Open to All

*Spots will be filled on a first come, first serve basis (with a registration fee paid).*

*Registrations not accepted before the dates of your applicable Registration Timeline (see left). An acceptance letter will be sent out to families once classes have filled.*

Student's Name (First, Middle, Last):	Nickname:	Gender	Date of Birth (Mo/Day/Yr)
Street Address:	City:	State:	Zip Code:

Students Living Arrangements: Both Parents 50/50 Other: \_\_\_\_\_

Please include all parental information applicable:

(1) Legal Guardian Name:	Relationship to Student:	Home Phone:	Mobile Phone:
Street Address: (if different than child)	City:	State:	Zip Code:
Employer:	Occupation:	Work Phone:	E-Mail Address:

(2) Legal Guardian Name:	Relationship to Student:	Home Phone:	Mobile Phone:
Street Address: (if different than child)	City:	State:	Zip Code:
Employer:	Occupation:	Work Phone:	E-Mail Address:

Other Siblings:	Ages:	Church Affiliation/Home Church:	<p>Would you be interested in financial scholarship opportunities?</p> <input type="checkbox"/> Yes
		Will your child need to utilize the Milbank Community Transit Bus Service for Drop-Off or Pick-Up?	
		<input type="checkbox"/> Yes <input type="checkbox"/> No	
		After-school, will your child be going to a daycare provider? If yes, please list name:	

**Any other information you would like to provide regarding your child's family, personality, needs, habits, custody arrangement, etc.: (Use back of form if you need more room to write)**

I acknowledge and wish to enroll my child in the American Lutheran Preschool Program. If applicable, a \$50 non-refundable Registration Fee MUST accompany this Registration Form. This Fee will serve as a guarantee for the student's class placement in Preschool, along with school supplies, snacks, and t-shirt as well.

Parent's Signature: \_\_\_\_\_

Date: \_\_\_\_\_