

Return this form with your first month's tuition and non-refundable enrollment fee of \$250.

Office Use Only

Student Name _____ Student Number _____ Class _____

Registration Fee & 1st months tuition _____ Date Received _____ Check # _____



ProCare _____ Pro Care entered _____ Pro Care billing plan _____



Desert Foothills Lutheran
Preschool & Kindergarten
shaping young hearts & minds

School Year 2025 - 2026

29305 N. Scottsdale Road Scottsdale, Arizona 85266
480-502-8101 www.dflc.org
Email: Martha@dflc.org

Student Information

Student Legal Last Name _____ First Name _____ Middle Name _____ Preferred name or nickname _____

Address _____ City _____ State _____ Zip _____ Phone _____ () _____

Date of Birth: _____ Age: _____ Baptized: Yes ☐ No ☐ Gender: ☐ Male ☐ Female

Race: Caucasian Black Hispanic Asian Am. Indian Pac Isl. ☐ Two or ☐ more Races ☐ Other

Applying for: 20____/20____ School Year 2's _____ 3's _____ 4's _____ Kindergarten _____

Days of the week requested: Mon _____ Tues _____ Wed _____ Thurs _____ Fri _____

Anticipated Start Date: _____ First day of school year or Date: _____

How did you hear about us? _____ Referred by: _____

Teacher Request _____

* We try to honor teacher or friend requests while balancing our classrooms with boys and girls.

2 year old classes are 9:00 am – Noon. 3 and 4 year old classes are 9:00—1:00. Kindergarten is 9:00—2:00.

Mini 3s 2-3s 9:00—12:00	Monthly Tuition	Three Years 3s 9:00—1:00	Monthly Tuition	Pre K 4 years 4s 9:00—1:00	Monthly Tuition	Kindergarten 9:00—2:00	Monthly Tuition
2 day	\$425	2 day	\$450	<input type="checkbox"/> 3 day	\$550	<input type="checkbox"/> 5 day M-F	\$800
Must be fully potty trained		3 day	\$550	<input type="checkbox"/> 4 day	\$650		
Must be 2 by Sept 1		5 day M-F	\$750	<input type="checkbox"/> 5 day M-F	\$750	Must be 5 by Sept 1	

Educational History

How would you describe your child? (e.g. - shy, outgoing, timid, etc.) _____

Has your child had previous preschool experience? _____ Where? _____

Has your child been tested or recommended for testing for any condition which may affect school performance (e.g. Attention Deficit Disorder, Autism, learning disabilities, behavior/emotional disorders, etc?) No ☐ Yes ☐

Has this student ever been dismissed from any school for any reason? No ☐ Yes ☐

Does your child have an Individualized Education Plan (IEP)? No ☐ Yes ☐

If "yes" to any question above, please explain: (attach additional pages if needed)

** Desert Foothills Lutheran School reserves the right to dismiss a student after enrollment acceptance has been finalized if prior disciplinary action or undisclosed special needs come to light or if accommodations for special needs are unable to be met.*

Family Information

Student lives with (Check all that apply) :

☐ Father and Mother ☐ Father ☐ Mother ☐ Step-Father ☐ Step-Mother Guardian (relationship _____)

Additional Family Information: ☐ Father deceased ☐ Mother deceased Parents divorced Parents separated

Who has legal custody of the student? _____

Information for: ☐ Father ☐ Mother ☐ Guardian

Full Name: _____

Address _____

Non-Custodial Spouse (if applicable) _____ Home Phone (_____) _____

Occupation: _____ Employer: _____

Email: _____

Cell Phone: (_____) _____

Church where attending: _____

Information for: ☐ Father ☐ Mother ☐ Guardian

Full Name: _____

Address (if different from above) _____

Non-Custodial Spouse (if applicable) _____ Home Phone (_____) _____

Occupation: _____ Employer: _____

Email: _____

Cell Phone: (_____) _____

Church where attending: _____

First Name	Last Name	Age

Would you like information about Desert Foothills Church? ☐ No Yes

Would you like information about baptism? ☐ No Yes

I give permission for the following:

- My email address to be used for DLFC communication.
- My child to visit the Chapel of DFLC and attend other large group activities on church property.
- My child to participate in PE, Music and Art in designated class spaces.
- My child's picture to be taken for use in classroom projects, for advertisement purposes, (DFLC website, DFLLP website, brochures, banners, local newspapers), on DFLC social media, and the ProCare app.
- My child's name address, phone number, parent(s) name, and email address to be published on a class list and distributed to other parents of children in my child's class.

_____ Yes

_____ No—If a parental consent has not been given, no images or information on that student will be posted on our website or Social Media. Nor will any image of the student will be allowed in classroom or on bulletin boards outside of the classroom.

Signature _____
Parent/Guardian

Signature _____ Date _____
Parent/Guardian

Acceptance Policy/Admission Requirements

1. Immunizations must be current.
2. Children must be self sufficient in the restroom.
3. Because we want children to be successful at Desert Foothills Lutheran Preschool/Kindergarten, all new students will be accepted on a **probationary status**. Should there be questions about school/student fit, parents will be contacted for a conference. Desert Foothills Lutheran Preschool reserves the right to rescind acceptance if concerns persist.
4. I promise to be responsible for payments in a timely manner. Prompt payment of tuition is required for all families through ProCare. Tuition is due the last day of the previous month. Payment is made online.
5. Tuition payments are required regardless of ESA funding applications. Once ESA funding is approved and received by the school, a refund will be processed, if applicable.

Desert Foothills Lutheran Preschool/Kindergarten admits students of any race, color, national or ethnic origin to all rights, privileges, programs and activities generally accorded or made available to students at the school. It does not discriminate on the basis of race, color, national or ethnic origin in administration of it's educational policies in athletics and other administered programs.

Desert Foothills Lutheran Preschool/Kindergarten,
is regulated by the Arizona Dept. of Health Services:
150 N. 18th Ave., #400
Phoenix, AZ 85007
602.364.2539

Inspection reports are available upon request and also online at www.azdhs.gov.

I certify that the information in this application is complete, true and accurate to the best of my knowledge. I realize that my failure to provide accurate information could jeopardize my student's enrollment at Desert Foothills Lutheran Preschool/Kindergarten.

Signature _____
Parent/Guardian

Signature _____ Date _____
Parent/Guardian