



Hope Lutheran Preschool

1041 E. Foothill Blvd.
Glendora, CA. 91741
(626) 335-5315

PROGRAM SELECTOR FOR ENROLLMENT 2025- 2026

Child's Name _____
First Middle Last

Birth Date _____ Age _____ Phone _____

Address _____
Street City Zip

ENROLLING FOR FALL SESSION:

Application & Selector must be accompanied by a \$300.00 non-refundable payment

Full Time = 5 days (M-F) _____ 3 days (M,W,F) _____ 2 days (T,TH) _____
(6:30am - 6:00pm)

3/4 Hours = 5 days (M-F) _____ 3 days (M,W,F) _____ 2 days (T,TH) _____
(8:00am - 3:00pm)

4 Hours AM 5 days (M-F) _____ 3 days (M,W,F) _____ 2 days (T,TH) _____
(8:00am - 12:20pm)

Parent Signature _____ Date _____

Director Signature _____ Date _____

Every attempt will be made to fill your schedule request. It is our plan to notify all families of their child's enrollment status by the end of April. Changes to initial schedule requests can only be made if space is available, on a first come, first served basis.