Hope Lutheran Preschool

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

PROGRAM SELECTOR FOR ENROLLMENT 2026- 2027

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) _____
(7:00am - 5:30pm)

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 _____

Changes to initial schedule requests can only be made if space is available, on a first come, first serve basis. Please note, you may make one schedule change a year, any changes after will be a $75.00 charge.