



***The Preschool at Allentown***  
***4900 Allentown Road***  
***Lima, Ohio 45807***  
***(419) 339-2558***  
***thepreschoolatallentown@live.com***

**2025/2026 Enrollment Form**

(Please Print)

\_\_\_\_\_  
Child's First Name    Last Name    Name Used       M    F    /    /     
Gender    Date of Birth

**Parent Authorizations**

Initial all that apply:

- \_\_\_\_\_ My child may be photographed for use in preschool publications.
- \_\_\_\_\_ I understand that I must submit all forms including but not limited to enrollment form, medical form with immunization record, pickup list and handbook acceptance form prior to the first day of school.
- \_\_\_\_\_ I agree to the tuition costs for the class in which I am enrolling my child.  
**Monday thru Thursday 12:30-3:00/ \$ 160 per month**

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

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

What school will your child be attending for kindergarten? \_\_\_\_\_

What do you expect your child to gain from his/her preschool experience this year?

\_\_\_\_\_  
\_\_\_\_\_

**\*\*Please return this form with the \$50 nonrefundable registration fee**