

**St. Matthew's Preschool
Registration Form
2026-2027**

Child's Name _____ Date _____

Age on September 1st _____ Birth date _____ Gender _____

Name of parent(s) or guardian(s) with whom child resides:

Mailing Address _____

Phone # _____

Are you currently a member of St. Matthew's Lutheran Church? ____ Yes ____ No

If you are currently a member of a church other than St. Matthew's, please inform us for our records. Our family belongs to the Congregation of

How did you hear about our program? _____

Which school district will your child be attending for kindergarten? _____

Session Preferred:

____ AM Three-Year-Old Class: 9am – 11am (Tues. & Thurs.)

____ PM Three-Year-Old Class: 12pm – 2pm (Tues. & Thurs.)

____ AM Four-Year-Old Class: 9am – 11:30am (M, W & F)

____ PM Four-Year-Old Class: 12pm – 2:30pm (M, W & F)

Please send (or drop off) this form accompanied with a \$60.00 registration fee to:

St. Matthew's Preschool
222 Church Street
Lehighton, PA 18235
Attention: Donna Austin-Ahner