

Our Saviour's Preschool  
19001 Jackson St. N.E.  
East Bethel, MN 55011  
763/434-6117

**REGISTRATION FORM 2010-2011**

Child's Name \_\_\_\_\_  
Last First Middle Nickname

Address \_\_\_\_\_  
Street City State Zip

Email Address \_\_\_\_\_

Sex M or F Birthdate \_\_\_\_\_  
Month Day Year

What name would you like your child to learn to recognize and write? \_\_\_\_\_

Home Phone \_\_\_\_\_

Father or Legal Guardian's Name \_\_\_\_\_

Occupation \_\_\_\_\_ Place of Employment \_\_\_\_\_

Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Mother or Legal Guardian's Name \_\_\_\_\_

Occupation \_\_\_\_\_ Place of Employment \_\_\_\_\_

Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Parents are: Married \_\_\_\_\_ Separated \_\_\_\_\_ Divorced \_\_\_\_\_ Other \_\_\_\_\_

With whom does the child live? \_\_\_\_\_

Please list any other persons living with the child; their ages and relationship to the child

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

Church Affiliation \_\_\_\_\_ Member: Yes/No

Persons who may NOT pick up my child: \_\_\_\_\_

**To make this application/registration complete and to reserve a place in our program: a NON-REFUNDABLE \$45 (single) \$65 (family) registration fee must be included.**

Paid Check # \_\_\_\_\_ Date \_\_\_\_\_

I would like my child to be enrolled in:

**3 Year Old Session**  
(must be 3 by Sept. 1, 2010)  
\_\_\_\_\_ T/Th a.m.

**4 Year Old Session**  
(must be 4 by Sept. 1, 2010)  
\_\_\_\_\_ T/TH p.m.

\_\_\_\_\_ M/W/F a.m.

2 day/week session \$101/mo.

3 day/week session \$137/mo.

Has your child had previous preschool experience? \_\_\_\_\_ Where: \_\_\_\_\_

ALLERGIES (medication, food, insects, etc.) \_\_\_\_\_

HEALTH CONCERNS: \_\_\_\_\_

What are your expectations of our program? \_\_\_\_\_

We will be assembling a class directory including children's name, address, phone and parent's names to distribute to class families. **These lists are not to be used for solicitation.**

\_\_\_ Yes you may include our address/phone \_\_\_ No do not include us.

How did you hear about Our Saviour's Preschool? (Friend, Newspaper, Church bulletin, sign in front of Ministry Center, etc.) \_\_\_\_\_

Would you like more information about Our Saviour's Lutheran Church? \_\_\_ Yes \_\_\_ No

The following section must be completed. You must include two names. These people will be called in an emergency if we cannot reach the parents. All addresses listed below must be complete.

1. Name \_\_\_\_\_ Phone (Home) \_\_\_\_\_ (Cell) \_\_\_\_\_

Address \_\_\_\_\_ Relationship \_\_\_\_\_  
Street City Zip

2. Name \_\_\_\_\_ Phone (Home) \_\_\_\_\_ (Cell) \_\_\_\_\_

Address \_\_\_\_\_ Relationship \_\_\_\_\_  
Street City Zip

Child's Doctor \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_  
Street City Zip

Child's Dentist \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_  
Street City Zip

Date Completed \_\_\_\_\_

Signed \_\_\_\_\_

**\* Please update this form if any changes should occur during the school year. Thank you!**