

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

REGISTRATION FORM 2012-2013

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 \$50 (single) \$70 (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, 2012)
_____ T/Th a.m.

4 Year Old Session
(must be 4 by Sept. 1, 2012)
_____ T/TH p.m.

_____ M/W/F a.m.

2 day/week session \$104/mo.

3 day/week session \$141/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!**