



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



REGISTRATION FORM 2022-2023

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 _____

With whom does the child live? _____

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

Church Affiliation _____

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:

<p><u>Younger Preschool Class</u> _____ 2 Day Session Monday/Wednesday (9:30-12:00) \$125/Month</p>	<p><u>Younger Preschool Class</u> _____ 3 Day Session Monday through Wednesday \$170/Month (9:30-12:00)</p>	<p><u>Older Preschool Class</u> 3 Day Session 2 Options _____ Mon. though Wed. _____ Tues. through Thurs. \$170/Month (9:30-12:00)</p>
<p><u>Younger Preschool Class</u> _____ Extended Day Mixed ages 3-5 Monday/Wednesday (9:30-2:30) \$225/Month</p>	<p><u>Younger/Older Preschool Extended Day</u> _____ Extended Day Mixed ages 3-5 Same days as above \$320/Month (9:30-2:30)</p>	<p><u>Older Preschool Class</u> _____ 4 Day Session Mon. through Thurs. (9:30-2:30) \$370/Month</p>

Has your child had previous preschool experience? _____ If so, where _____

ALLERGIES (medication, food, insects, etc.) _____

HEALTH CONCERNS: _____

What are your expectations of our program? _____

Has your child had a Preschool Screening done? _____ If so, where _____

How did you hear about Our Saviour's Preschool? (Friend, Newspaper, Church bulletin, Sign on County Rd. 22, etc.) _____

The following section must be completed. You must include two names. These people will be called in an emergency and authorized to pick up 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

Signed _____

Date _____

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