



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



## REGISTRATION FORM 2017-2018

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 \_\_\_\_\_ Member: Yes/No

**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:

<b><u>Terrific 3's Class</u></b> _____ 2 Day Session (Tues & Thur 9:30-12pm) \$110 monthly	<b><u>Fabulous 4's Class</u></b> _____ 3 Day Session (Mon-Wed-Fri 9:30-12pm) \$155 monthly	<b><u>Fantastic 5's Class</u></b> _____ 3 Day Session Mon-Wed or Tue-Thur (9:30-2:30pm) \$305 monthly
_____ Lunch Bunch Mixed 3-5 yr olds (Tue & Thur 12:00-2:30pm) \$90 monthly (\$200/mo for 2 day class & Lunch Bunch)	_____ Extended Day Mixed 4-5 yr olds (Mon & Wed 12:00-2:30pm) \$90 monthly (\$245/mo for 3 day class & 2 extended days)	_____ 4 Day Session (Mon-Thur 9:30-2:30pm) \$355 monthly 'Pay-by-day' extended day options are available for all classes (\$15 per day)

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 on County Rd. 22, 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!**