



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



REGISTRATION FORM 2020-2021

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:

<u>Terrific 3's Class</u> _____ 2 Day Session (Tues & Thur 9:30-12pm) \$120 monthly	<u>Fabulous 4's Class</u> _____ 3 Day Session (Mon-Wed-Fri 9:30-12pm) \$165 monthly	<u>Fantastic 5's Class</u> _____ 3 Day Session Mon-Wed or Tue-Thur (9:30-2:30pm) \$315 monthly
_____ Lunch Bunch Mixed 3-5 yr olds (Tue & Thur 12:00-2:30pm) \$100 monthly (\$220/mo for 2 day class & Lunch Bunch)	_____ Extended Day Mixed 4-5 yr olds (Mon & Wed 12:00-2:30pm) \$100 monthly (\$265/mo for 3 day class & 2 extended days)	_____ 4 Day Session (Mon-Thur 9:30-2:30pm) \$365 monthly 'Pay-by-day' extended day options are available for all classes (\$20 per day)

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.) _____

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!**