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## CALVARY LUTHERAN CHRISTIAN PRESCHOOL 2017-18 PRE-REGISTRATION FORM

Student's Name \_\_\_\_\_ Today's Date: \_\_\_\_\_

Preferred Name \_\_\_\_\_ Sex: m \_\_\_\_\_ f \_\_\_\_\_

Current Age \_\_\_\_\_ Date of Birth \_\_\_\_\_

Child's Primary Residence? Both parents \_\_\_\_\_ Dad \_\_\_\_\_ Mom \_\_\_\_\_ Other \_\_\_\_\_

Dad's Name \_\_\_\_\_

Address \_\_\_\_\_

Home Phone \_\_\_\_\_ E-Mail \_\_\_\_\_

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

Mom's Name \_\_\_\_\_

Address \_\_\_\_\_

Home Phone \_\_\_\_\_ E-Mail \_\_\_\_\_

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

### CLASSES

PLEASE CHECK THE CLASS OR CLASSES YOU ARE INTERESTED IN:

\_\_\_\_\_ THE ORANGE GROUP—Half day (5 kids) 33 months Two Day Program on T & TH (8:30 am - 11:30 am) OR

\_\_\_\_\_ THE ORANGE GROUP—Full day (10 kids) (8:30 am—3:30 pm)  
(Potty trained & turned 33 months at their time of enrollment, which may be anytime between September 1 and February 28 depending on openings)

\_\_\_\_\_ THE BLUE GROUP 3 & 4 year olds Two Day Program on T & TH (8:30 am - 3:30 pm)  
(Must be 3 prior to September 1 of the current school year.) See brochure for details

\_\_\_\_\_ THE PURPLE GROUP 4 & 5 year olds Three Day Program on M-W-F (8:30 am - 3:30 pm)  
(Must be 4 prior to September 1 of the current school year.)

PLEASE INDICATE POSSIBLE INTEREST IN THE EXTRA FEE SERVICES: (for fall staffing purposes)

\_\_\_\_\_ Early Drop-off (7:15-8:20am) (\$4.25/day) \_\_\_\_\_ Late Pick-up (3:40-5:45 pm) (\$5.75/day) \_\_\_\_\_ Child Care Separate (see brochure & registration)

OVER

**PLEASE READ AND SIGN THE FOLLOWING:**

I understand that:

- \* A **non-refundable** registration fee of **\$50** is required to hold my child's place. (The registration fee goes to support our scholarship fund.)
- \* **Tuition is due on the 1<sup>st</sup> of the month.** No refunds will be given for days absent. (Late fees may apply after the 10<sup>th</sup> of the month.)
- \* Tuition is averaged out over the year. Therefore, there is no additional charge for a five week month, nor is there a lesser charge for shorter months.

Parent/Guardian Signature \_\_\_\_\_

Date \_\_\_\_\_

**\*\* PRIORITY IS GIVEN ACCORDING TO THE DATE  
WE RECEIVE THIS FORM AND THE REGISTRATION FEE.**

Please return this form to: Calvary Lutheran Christian Preschool, 2508 Washington Ave. SE, Bemidji, MN 56601

*Calvary Lutheran Christian Preschool admits students of any race, color and national or ethnic origin.*