



CALVARY LUTHERAN CHRISTIAN PRESCHOOL
SUMMER PRESCHOOL 2017
REGISTRATION FORM

Office Use Only
 Date received: _____
 Deposit Pd: _____
 Check #: _____

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 _____

Father's Name _____

Address _____

Home Phone _____ E-Mail _____

Cell Phone _____ Work Phone _____

Mother's Name _____

Address _____

Home Phone _____ E-Mail _____

Cell Phone _____ Work Phone _____

PLEASE CHECK THE SESSION (S) YOU ARE REGISTERING FOR:

<input type="checkbox"/> SESSION 1 Bugs JUNE 13, 14, 15 & 20, 21, 22 9:00 am - 12:00 pm	<input type="checkbox"/> SESSION 2 Oceans & Lakes JULY 11, 12, 13 & 18, 19, 20 9:00 am - 12:00 pm
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\$15 non-refundable deposit per session (applies to tuition; balance due first day of session)
\$85 tuition fee per session (balance due by the 1st day of class)

Parent/Guardian Signature _____ Date _____

**** PRIORITY IS GIVEN ACCORDING TO THE DATE WE RECEIVE THIS FORM WITH DEPOSIT**
 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.