

Grace Lutheran Preschool Registration

Child's Full Name _____ Preferred Name/Nickname _____

Date of Birth _____ Age on September 10, 2017 in Years _____ and Months _____

Physical address _____ Mailing address _____

Telephone (home) _____ Email _____

Mother or Guardian 1

Name _____ Cell # _____

Employer _____ Work Phone _____

Father or Guardian 2

Name _____ Cell # _____

Employer _____ Work Phone _____

Childcare Provider:

Name _____ Phone _____

Who is to pick your child up from preschool? List any and all people who are allowed to pick up your child. If, at a later date, you notify us of a new pick-up person, that person will be asked to show I.D.

Child lives with: _____

Siblings (names and ages) _____

Church affiliation _____

Would you be willing to help on holiday/party days? Y / N

Would you be willing to volunteer in your child's class? Y / N

Would you be willing to substitute should the teacher or aide be absent? Y / N

I would prefer to register my child for:

____ **Early Childhood Class (ages 3 ½ - 4)** Tuesdays/Thursdays 9:00-11:30

Tuition of \$80 is due on the first of each month

____ **Pre-Kindergarten Class (ages 4-5)** Tuesdays/Thursdays 12:30-3:00

Tuition of \$80 is due on the first of each month

(over, please)

My child has permission to participate in all activities of the preschool and to leave the school premises for preschool field trips. Initial here: _____

Grace Lutheran Preschool has permission to take photos of my child for classroom use, newspaper, church web page, church Facebook page, etc. Initial here: _____

I give my permission to Grace Lutheran Preschool staff and volunteers to transport my child by car if there is an emergency, field trip, or the staff is not able to contact parents/guardians.

Signature: _____ Date: _____

Tuition is due on the 1st of every month. Tuition is \$80 each month starting in September and ending in May. Our preschool is a non-profit, so we need a monthly commitment from each family to keep our program running smoothly. If tuition is not paid two months in a row, your child will be released from the program. If you need to discuss payment options please contact our Board of Education Director, Karen Rose, at 580-9061. Please make checks payable to: *Grace Lutheran Church* and write the month in the memo.

*****Please mail registration and medical forms to Amber Veltkamp, 7 Ava Way, Three Forks, MT 59752**