



CHRIST CHURCH PRESCHOOL LEARNING CENTER
 3244 - 34TH AVENUE SOUTH
 MINNEAPOLIS, MINNESOTA 55406-2185
 (612) 721-6611

| |
|--------------------------------|
| Office Use Only |
| ____ Registration Number |
| ____ Registration Fee |
| ____ Pre-enrollment Conference |

Please check:
 ____ Age 3 years by Aug. 31
 Choose at least two days:
 M ____ W ____ F ____
 ____ Age 4 years by Aug. 31 (MWF)

Registration Form

Child's full name (LAST) _____ (FIRST) _____ (MI) _____
 Name child goes by _____
 Date of birth _____ Sex _____
 Child's home address _____

 Child's home phone number _____

Parent or Guardian information:

Name _____ Phone _____
 Address _____

 Occupation _____
 Place of employment _____
 Phone _____
 Religious/Church affiliation _____

Name _____ Phone _____
 Address _____

 Occupation _____
 Place of employment _____
 Phone _____
 Religious/Church affiliation _____

Family information:

Brothers and/or Sisters (please indicate ages and whether they live with your child)

Please list any other persons living with your child and their relationship (if any) to your child.

Pets (type / name) _____

Pick - Up:

Persons authorized to pick up your child (names and phone numbers)

Persons who *may not* pick up your child (names only)

Personal History:

Child's regular source of medical care

Name _____

Address _____

Child's regular source of dental care

Name _____

Address _____

Does your child have any allergies?

Are there any medical problems of which we should be aware?

Has your child had a previous group or preschool experience? _____

If so, where and when? _____

School and Home Communication:

How do you prefer to get your information? (This decision can be changed at any time.)

_____ Printed copy.

_____ Via email. Email address(es) _____



I understand that this Registration Form, accompanied by a non-refundable Registration Fee, will reserve a place for my child in this program, Further, I understand that I will be informed of the program's policies and procedures, schedule, program plan and tuition before my child is enrolled. I will also be asked to give written permission for emergency procedures at that time.

Signature _____ Date _____

Please return this form with check for \$50.00 payable to *Christ Church Lutheran*.