



2018 - 2019 School Registration

BEAUTIFUL SAVIOR LUTHERAN CHURCH
Preschool - Prekindergarten - Kindergarten

	Class	Class Times	Monthly payment
<input type="checkbox"/>	2 Day Morning Preschool (3yr olds)	T/Th 9:00 - 11:00 a.m.	\$150
<input type="checkbox"/>	2 Day Mid-Day Preschool (3yr olds)	T/Th 11:45 - 1:45 a.m.	\$150
<input type="checkbox"/>	3 Day Prekindergarten (4yr olds)	M/W/F 9:00 - 11:30 a.m.	\$200
<input type="checkbox"/>	4 Day Prekindergarten (4yr olds)	M/T/W/F 12:15 - 2:45 p.m.	\$225
<input type="checkbox"/>	5 Day Prekindergarten (4yr olds)	M - F 9:00 - 11:30	\$250
<input type="checkbox"/>	5 Day Kindergarten	M - F 9:00 a.m. - 1:00 p.m.	\$375

Child's Name: _____ Date of Birth: _____ Male / Female

Address: _____ City: _____ Zip code: _____

E-mail address: _____ Primary phone: _____

Father's Name: _____ Occupation: _____ Cell Phone: _____

Mother's Name: _____ Occupation: _____ Cell Phone: _____

Marital Status: Married _____ Single _____ Divorced _____ Widowed _____

Other Children in Family: _____ Age: _____

_____ Age: _____ Age: _____

Name of your Church: _____ Child Baptized? Yes ___ No ___

Name of emergency contact other than parents: _____

Relationship _____ Phone: _____

Pediatrician: _____ Address: _____ Phone: _____

Dentist: _____ Address: _____ Phone: _____

Health Problems/concerns we should know about _____

Allergies? _____

Insurance Carrier _____ Policy # _____

Application must be accompanied by the \$100 materials fee and one month's tuition.

The materials fee is non-refundable.

How did you hear about us? Church ___ Friend ___ Newspaper ___ Banner ___ Website ___



Permission for Field Trips and Photography
BEAUTIFUL SAVIOR LUTHERAN CHURCH
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FIELD TRIPS

I hereby consent to have my child participate in programs including field trips offered by Beautiful Savior Lutheran Pre-School. It is hereby agreed that I, my child, my executors, waive and release all rights and claims for damages that I may have at any time against the Preschool, its representatives whether paid or volunteer for any injury or damages in connection with the program. I further give my permission to the person or persons in charge at the Preschool to contact my child's physician and/or the nearest hospital to have my child treated for any emergency when parents or guardians cannot be reached.

SIGNATURE: _____ DATE: _____

PHOTOGRAPHY

Photographs are taken on a regular basis and are used for a variety of purposes. Mostly our photos are taken to be able to share with parents as a small window into your child's day. These are shared by individual teachers via text message or email. In addition, the following are some possible uses of photos. Please give or withhold consent with initials for the following uses.

- _____ Our school facebook page. Children are never identified, but photos of classroom or school activities are shared on our Facebook page.
- _____ Our school e-newsletter, Beautiful Times, distributed to our school families on a regular basis.
- _____ Promotional materials such as pamphlets or flyers for events.
- _____ Our school website.

PARENT SIGNATURE _____

DATE _____

PRINT NAME OF MINOR _____