



# Lutheran Church of Our Redeemer Preschool Registration Form

2001 2<sup>nd</sup> Street NW | Watertown, SD 57201 | Church Office Phone: (605) 886-2696

## 2018-2019 School Year

Please check program for which you are registering:

4/5 Year Olds  
(by Sept. 1<sup>st</sup>)  
8:30–11:30am  
M – Th

4/5 Year Olds  
(by Sept. 1<sup>st</sup>)  
12:15–3:15pm  
M – Th

{ \$30 Non-Refundable Registration Fee }

Cash \_\_\_\_\_ Check \_\_\_\_\_ Paid Date \_\_\_\_\_

<b>Student's Name (First, Middle, Last):</b>	<b>Nickname:</b>	<b>Gender:</b>	<b>Date of Birth (Mo/Day/Yr):</b>
<b>Street Address:</b>	<b>City:</b>	<b>State:</b>	<b>Zip Code:</b>

**Marital Status of Parents:** Married    Separated    Divorced    Single Parent  
**Student lives with:** Both Parents    Mother    Father    Guardian    Other

<b>Legal Guardian Name(s):</b>	<b>Relationship to Student:</b>	<b>Home Phone:</b>	<b>Mobile Phone:</b>
<b>Street Address: (if different than child)</b>	<b>City:</b>	<b>State:</b>	<b>Zip Code:</b>
<b>Employer:</b>	<b>Occupation:</b>	<b>Work Phone:</b>	<b>E-Mail Address:</b>

*(Please fill out box (2) also, if marital status of parents is separated or divorced)*

<b>(2) Legal Guardian Name:</b>	<b>Relationship to Student:</b>	<b>Home Phone:</b>	<b>Mobile Phone:</b>
<b>Street Address: (if different than child)</b>	<b>City:</b>	<b>State:</b>	<b>Zip Code:</b>
<b>Employer:</b>	<b>Occupation:</b>	<b>Work Phone:</b>	<b>E-Mail Address:</b>

<b>Other Siblings:</b>	<b>Ages:</b>	<b>Church Affiliation/Home Church:</b>	<b>Tuition:</b> Tuition is \$130 per month; due by the 10 <sup>th</sup> . Class enrollment is limited.  Make checks payable to LCOOR.
		<b>Would you be willing to provide a nutritious snack for your child and other children in the class on a rotating basis?</b> <input type="checkbox"/> <input type="checkbox"/> <div style="display: flex; justify-content: space-around;"> <span>Yes</span> <span>No</span> </div>	
		<b>List any allergies or special needs:</b>	

**Any other information you would like to provide regarding your child's family, personality, needs, habits, custody arrangement, etc.:** *(Use back of form if you need more room to write)*

I acknowledge and wish to enroll my child in the LCOOR Preschool. A \$30 non-refundable Registration Fee MUST accompany this Registration Form. This Fee will serve as a guarantee for the student's class placement in Preschool. Make checks payable to LCOOR.

Parent's Signature: \_\_\_\_\_

Date: \_\_\_\_\_