

REGISTRATION FORM 2010 - 2011

MILWAUKIE LUTHERAN PRESCHOOL (www.milwaukielutheran.org)
P.O. Box 22063 Milwaukie, OR 97269-2063 - email rootstogrow@gmail.com - 503-659-9881

3 Yr. (class time: T TH 9:15-11:30 a.m.) 4 Yr. (class time: MWF 9:00-11:30 a.m.)
3 Yr. Tuition: \$855. Year. (\$95 month) 4 Yr. Tuition: \$1,125. Year. (\$125. month)

Please indicate above what age and time you are enrolling for

Child's Full Name Child would like to be called

Date of birth Male Female

(Must be 3 or 4 by Sept. 1st)

Address City Zip

Telephone Number Cell Phone Number

(Please report changes in address, telephone or email)

Parents email (if used)

Father's Name Employer

Type of Work Telephone #

Mother's Name Employer

Type of Work Telephone #

With whom does child reside?

Caregiver Telephone #

Brothers and Sisters

1. (name) (age) (school)

2.

3.

4.

Church Affiliation Members? Where?

Child writes with Right Hand Left Hand

What do you feel are your child particulas needs or other pertinent Information which would be of value to the preschool (other school experiences, special circumstances, health problems, child taking medication, fears, likes, dislikes, etc.)

Note: Your child is registered when this registration form is filled out in full and returned with a \$60.00 non-refundable registration fee providing the maximum enrollment has not been exceeded. Make check payable to Milwaukie Lutheran Preschool.

OFFICE USE ONLY: Date registered Check # Amount No.