

REGISTRATION FORM 2020-2021

MILWAUKIE LUTHERAN PRESCHOOL (www.milwaukielutheran.org)

P.O. Box 22063 Milwaukie, OR 97269-2063 - email rootstogrow@gmail.com - 503-659-9881

3 Yr. (T TH 9:00-12 pm) Tuition: \$160 month (\$1,440 Year)
4 Yr. (MWF 9:00-12 pm) Tuition: \$210 month (\$1,890 Year)
4 Yr. (MTWThF 9:00-12 pm) Tuition: \$330 month (\$2,970 Year)
Please indicate above what age and time you are enrolling for

Child's Full Name _____ Child would like to be called _____

Date of birth _____ (Must be 3 or 4 by Sept. 1st) Male _____ Female _____

Address _____ City _____ Zip _____

Mom's cell # _____ Dad's cell # _____ Home # _____
(Please report changes in address, telephone or email)

Parents emails _____

Father's Name _____ Employer _____
Type of Work _____ Telephone # _____

Mother's Name _____ Employer _____
Type of Work _____ Telephone # _____

With whom does child reside? _____

Brothers and Sisters

- 1. _____ (name) _____ (age) _____ (school)
2. _____
3. _____
4. _____

Caregiver _____ Phone# _____

Church Affiliation _____ Members? _____ Where? _____

Does your child have any allergies? YES NO
If yes, please list: _____

Does your child receive services through an ESD? YES NO
If yes, please explain: _____

What do you feel your child's particular needs are? _____

Note: Your child is registered when this registration form is filled out in full and returned with a \$75.00 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. _____