

**OUR SAVIOR LUTHERAN PRESCHOOL
WASHINGTON, ILLINOIS
2017-2018 SCHOOL 4-YEAR-OLD REGISTRATION FORM**

Date of Application _____

DEPOSIT - \$40 Nonrefundable

(4-Yr.-Olds) Tuition - \$100 (Monthly) September- May

Monday, Wednesday, and Friday Circle one: 9:00 - 11:30 AM OR 12:30 - 3:00 PM

FAMILY AND HEALTH INFORMATION

Child's Name _____ Birth date _____
(Last) (First) (Middle)

Name to Be Used _____

Address _____ (Zip) _____ Phone _____

E-mail _____ Cell Phone _____

Father's Name _____ Bus. Phone _____

Father's Occupation _____ Employer _____

Mother's Name _____ Bus. Phone _____

Mother's Occupation _____ Employer _____

Legal Guardian (if other than parents) _____

Names of persons to be notified and to whom child may be released in event of emergency

(Name) (Address) (Phone)

(Name) (Address) (Phone)

Doctor's Name _____ Phone _____ Hospital _____

Any special health problems? _____

Any allergies? _____

Brothers and Sisters _____
(Name) (Age) (Name) (Age)

(Name) (Age) (Name) (Age)

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Preschool attended last year _____

Are you a member of Our Savior? Yes Member/attend Do not have
a different church a church home

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