

**OUR SAVIOR LUTHERAN PRESCHOOL  
WASHINGTON, ILLINOIS  
2019-2020 SCHOOL 4-YEAR-OLD PM REGISTRATION FORM**

Date of Application \_\_\_\_\_

DEPOSIT - \$40 Nonrefundable

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

Monday, Wednesday, and Friday 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 \_\_\_\_\_

Church Name \_\_\_\_\_  
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