OUR SAVIOR LUTHERAN PRESCHOOL WASHINGTON, ILLINOIS 2021-2022 SCHOOL YEAR 3-YEAR-OLD REGISTRATION FORM

Date of Application		DEPOSIT - <u>\$40</u> Nonrefundable			
(3-YrOlds) Tuition - \$105	(Monthly) Septemb	oer - May			
Tuesday and Thursday 8:	30 - 11:00 AM				
	FAMILY AND HEA	ALTH INFORM	MATION		
Child's Name(Last)	· · · · · · · · · · · · · · · · · · ·	-	Birth date		
Name to Be Used					
Address		(Zip)	Phone		
E-mail	Ce	ell Phone			
Father's Name		Bu	Bus. Phone		
Father's Occupation	En	Employer			
Mother's Name	Bu	Bus. Phone			
Mother's Occupation	En	Employer			
Legal Guardian (if other than	parents)				
Names of persons to be notif					
		,		ar emergency	
(Name)	(Address)		(Phone)		
(Name)	(Address)		(Phone)		
,	,		Hospital		
Any special health problems?					
Any allergies?					
Brothers and Sisters					
(Name)	(Age)	(N	ame)	(Age)	
(Name)	(Age)	/NI	ame)	(Age)	
(ivaine)	, ,	,	,	(Age)	
Preschool attended last year					
Church Name					
					