

Mt. Olive Christian Preschool and Kindergarten Registration Form

Child's Name _____
(Last) (First) (Middle) (Nick name or preferred)

Birthdate: Month _____ Day _____ Year _____ Sex M _____ F _____

Address _____ City _____ Zip _____

Telephone (____) _____

Email Address _____

Father's Name _____ Occupation _____

Working Hours _____ Work Phone (____) _____ Cell Phone (____) _____

Mother's Name _____ Occupation _____

Working Hours _____ Work Phone (____) _____ Cell Phone (____) _____

Parents are: Married _____ Separated _____ Divorced _____ Other _____

Are you affiliated with a church? Yes _____ No _____ Child Baptized? Yes _____ No _____

If yes, what church? Father _____ Mother _____

Persons authorized to pick up child _____ Phone _____

_____ Phone _____

Persons **NOT** authorized to pick up child _____

Please choose a password or code for phone-in authorization to release your child to someone who is not listed above _____ (Minimum of 5 characters - Maximum of 8 characters).

In order to make this application/registration complete and to reserve a spot in our:

Pre-kindergarten a non-refundable \$50 registration fee must be included Paid _____ Date _____

Kindergarten a non-refundable \$85 registration fee must be included Paid _____ Date _____

(When adding a 2nd class you do not need to pay 2 full reg. fees, rather \$50 for the 1st class and only \$15 for the 2nd class)

Please make checks payable to: **Mt. Olive Christian School**

Kindergarten

_____ **K** M/T/TH/F All Day

_____ **KB** Books W All Day

3-4-5 Year Old Session

_____ **MX** Mixed Age M/TH PM

4-5 Extended Day Pre-Kind.

_____ **4-5 B** M/TH All day

_____ **4-5 C** T/F All day

_____ **B** Books W All Day

_____ **KR** Readiness T/F All Day

3-4 Year Old Sessions

_____ **3A** W AM

_____ **3B** M/TH AM

_____ **3C** T/F AM

_____ **3D** W AM (Jan 7, 2009)

Parent and 2's (\$35 reg fee)

Fall 2009

_____ **2A** Wed AM _____ **2B** Thurs AM

Spring 2010

_____ **2C** Tues AM _____ **2D** Thurs AM

4-5 Year Old Sessions

_____ **4A** M/TH AM

Please fill out this portion of the form so that we may best serve your child's needs.

Names of other children in the household	Age	Sex	Relationship to child
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Names of other adults in the household and relationship to child _____

How did you hear about Mt. Olive Christian School? (Friend, Newspaper, Yellow pages, Sign in front of church, etc.) _____

Would you like more information about Mt. Olive Lutheran Church? Yes _____ No _____

Child's Day care provider (list only if coming from or going to day care after school.) _____

We will be assembling a class directory including children's name, address, phone, and parent's name to distribute to all school families (this list will not be given out to anyone else).

Yes _____ you may include our address/phone. No _____ do not include us.

We have some great opportunities to promote our school through the local newspaper. However we need parental permission to use any photographs of your children in this manner. For example, the Anoka Union wanted to take some pictures of the children playing in the snow to be used in their paper. We would always notify you of any possible opportunities but need to have this permission slip on file. Marking Yes indicates that you give permission for your child's photograph to be used for public purposes (local newspaper, publicity flyer etc...). Marking NO indicates you do not give permission

Yes _____ No _____

Name _____

Date Completed _____

Signed _____

Please update this form if any changes should occur during the school year. Thank You!

For Office Use Only

Date Entered _____
Updated _____