

MOUNT OLIVE CHRISTIAN EARLY CHILDHOOD CENTER

Registration Form 2016-17

Child's Name M
Last First Preferred name F

email Primary Phone #
(main email address to receive school info)

Address birthdate / /
Street City ZIP month day year

Parent/Guardian Contact #1

Full Name Phone #1 H C O
(H: Home / C: Cell / W: Work / O: Other)

Address Phone #2 C W
(If different from above)

Occupation Phone #3 W O

Parent/Guardian Contact #2

Full Name Phone #1 H C O
(H: Home / C: Cell / W: Work / O: Other)

Address Phone #2 C W
(If different from above)

Occupation Phone #3 W O

Parents are: Married Separated Divorced Other

Are you affiliated with a church? YES NO Child Baptized? YES NO

If YES, what church?

Persons Authorized to Pick Up Child Phone
 Phone

Persons NOT Authorized to Pick Up Child

Choose a password or code for phone-in authorization to release your child to someone who is not listed above *(minimum 5 characters-maximum 8)*

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

Preschool, a non-refundable \$50 registration fee must be included. Paid _____ Date _____

Parent & 2's, a non-refundable \$35 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)

| CLASS OFFERINGS | CLASS DAYS | ✓ |
|-----------------------------|-----------------------|---|
| Parent & 2's Fall Session | TH AM (3 month class) | |
| Parent & 2's Winter Session | TH AM (3 month class) | |
| Parent & 2's Spring Session | TH AM (3 month class) | |
| Young 3's | W AM (Jan. 2017) | |
| 3-4 yr olds 2 Half-Days | M/TH | |
| 3-4 yr 2 Extended-Days | T/F | |
| 4-5 yr 2 Half-Days | M/TH | |
| 4-5 yr 2 Half-Days | T/F | |
| 4-5 yr 3 Half-Days | M/T/TH | |

| CLASS OFFERINGS | CLASS DAYS | ✓ |
|-------------------------|---------------|---|
| 4-5 yr 2 Extended-Days | M/TH | |
| 4-5 yr 2 Extended-Days | T/F | |
| 4-5 yr 3 Extended-Days | M/T/TH | |
| 4-5-6 Books are Fun | W all day | |
| 5-6 Junior Kindergarten | T/W/F all day | |

Please make checks payable to: **Mount Olive School**

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

| <i>Names of other children in household</i> | <i>Age</i> | <i>Sex</i> | <i>Relationship to student</i> |
|---|------------|------------|--------------------------------|
| 1 | | | |
| 2 | | | |
| 3 | | | |

| <i>Names of other adults in household</i> | <i>Relationship to student</i> |
|---|--------------------------------|
| 1 | |
| 2 | |

How did you hear about Mount Olive Christian Early Childhood Center?

- Friend
 Newspaper
 Website
 Facebook
 Sign in front of church
 Other _____

Would you like more information about Mount Olive Lutheran Church?

- Yes
 No

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

We can provide a class list including children's name, address, phone, and parent's name to distribute to parents for scheduling play dates, sending out birthday party invitations etc. This would be available upon request and the class list will not be given out to anyone other than school families.

- 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, website, social media, 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!