

MOUNT OLIVE CHRISTIAN EARLY CHILDHOOD CENTER

Registration Form 2018-19

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
Address Phone #2 C
(If different from above) Phone #3 W
(H: Home / C: Cell / W: Work / O: Other)

Occupation Phone #3 W
 O

Parent/Guardian Contact #2

Full Name Phone #1 H
Address Phone #2 C
(If different from above) Phone #3 W
(H: Home / C: Cell / W: Work / O: Other)

Occupation Phone #3 W
 O

Parents are: Married Separated Divorced Other

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)

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

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 _____

Discovery Club, a non-refundable \$15 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: **Mount Olive School**

CLASS OFFERINGS	CLASS DAYS	✓
Parent & 2's Fall Session	W AM (3 month class)	<input type="checkbox"/>
Parent & 2's Spring Session	W AM (3 month class)	<input type="checkbox"/>
Young 3's	W AM (Jan. 2019)	<input type="checkbox"/>
3-4 yr olds 2 Half-Days	T/F	<input type="checkbox"/>
3-4 yr 2 Extended-Days	M/TH	<input type="checkbox"/>
4-5 yr 2 Half-Days	M/TH	<input type="checkbox"/>
4-5 yr 3 Half-Days	M/W/TH	<input type="checkbox"/>
4-5 yr 2 Extended-Days	M/TH	<input type="checkbox"/>

CLASS OFFERINGS	CLASS DAYS	✓
4-5 yr 3 Extended-Days	M/W/TH	<input type="checkbox"/>
4-5-6 Books are Fun	T/F all day	<input type="checkbox"/>
5-6 Junior Kindergarten	T/W/F all day	<input type="checkbox"/>
Discovery Club before care 7:30am-9:15am	M/T/W/TH/F <small>(circle days needed)</small>	<input type="checkbox"/>
Discovery Club after care 2:45pm-5:30pm	M/T/W/TH/F <small>(circle days needed)</small>	<input type="checkbox"/>

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	

Does your Child have an IEP or 504 Plan? _____

Does your child have any food allergies? If so please list: _____

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

Friend Website Facebook Sign in front of church Other _____

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

If YES, what church?

Would you like more information about Mount Olive Lutheran Church?

Yes No

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!