

**Application for Enrollment 2012/2013**  
**Christ Victorious Preschool**  
**9860 Shady Oak Drive, Chaska, MN 55318**  
**952/443-2993 \*225**

*Please complete this form and return it to the church or early childhood office. The registration fee of \$75 must be received before your child is placed on the roster and is non-refundable. \$25 of the \$75 will be put towards September's tuition.*

***Please mark your first AND second choice for the 2012/2013 school year!***

<p><b>3's/4's</b></p> <p><b><u>2 Day Tuesday/Thursday</u></b>  <b>\$129 per month</b>          ___ 9 AM to 11:30 AM           ___ 12:30 PM to 3 PM</p> <p><b><u>3 Day Monday, Wednesday, Friday</u></b>  <b>\$175 per month</b>          ___ 9 AM to 11:30 AM 3's</p>	<p><b>4's/5's</b></p> <p><b>Kindergarten Readiness</b>  <b><u>3 Day Monday, Wednesday, &amp; Friday</u></b>  <b>\$175 per month</b>          ___ 9:00 AM to 11:30 AM           ___ 12:30 PM to 3:00 PM</p> <p><b><u>4 Day Monday-Thursday</u></b>  <b>\$218 per month</b>          ___ 12:30 PM to 3:00 PM</p>
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**LIMIT of 10 Children per Class: 1 lead teacher and an aide**

***CHILD INFORMATION***

Name of child: \_\_\_\_\_ Date of birth: \_\_\_\_\_ M/F  
 Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Allergies, dietary or medical needs: \_\_\_\_\_

***PARENT INFORMATION***

Father: _____	Mother: _____
Email: _____	Email: _____
Cell Phone: _____	Cell Phone: _____
Occupation: _____	Occupation: _____
Employer: _____	Employer: _____
Work Phone: _____	Work Phone: _____
Address if different than child's: _____	Address if different than child's: _____

Marital Status: (Mar/Sep/Div/Wid/Single) _____	Marital Status: (Mar/Sep/Div/Wid/Single) _____
Church Affiliation _____ (optional)	Church Affiliation _____ (optional)

**(Continue on back side)**

**FAMILY INFORMATION**

Other children in family (names & ages): \_\_\_\_\_

If there has been a separation or divorce; with whom is the child living?  
\_\_\_\_\_

If child is living with someone other than parents, please complete:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Relationship: \_\_\_\_\_

**Name of person authorized to remove your child from school or in the event that parents cannot be reached in an emergency:**

Name and address: \_\_\_\_\_

Relationship: \_\_\_\_\_ Phone No: \_\_\_\_\_

Name and address: \_\_\_\_\_

Relationship: \_\_\_\_\_ Phone No: \_\_\_\_\_

**Doctor's Name:** \_\_\_\_\_ **Dentist's Name:** \_\_\_\_\_

Address: \_\_\_\_\_ Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Phone: \_\_\_\_\_

I agree that Christ Victorious Preschool staff may authorize the physician of his/her choice to provide emergency medical care in the event that neither I, my spouse, alternate contact(s), nor my child's doctor can be located immediately. \_\_\_\_\_ (Initial)

We pledge our support of the early childhood education program provided by Christ Victorious Preschool. We also accept our financial responsibility and agree to pay the fees and tuition on or before the 1<sup>st</sup> school day of each month, including one month of tuition by August 1<sup>st</sup>.  
\_\_\_\_\_ (Initial)

\_\_\_\_\_  
*Signature of Parent/Guardian* *Date*

Registration Fee Paid \_\_\_\_\_ Time/Date \_\_\_\_\_