

**Application for Enrollment 2012
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 \$50 must be received before your child is placed on the roster
and is non-refundable.***

***YOUNG 3's
2 Day Tuesday/Thursday
\$125
9 AM to 11:30 AM***

First day of class: January 3, 2012

LIMIT of 10 Children per Class: 1 lead teacher and an aide

CHILD INFORMATION

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

PARENT INFORMATION

Father: _____ Mother: _____
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)

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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 1st school day of each month. _____ (Initial)

Signature of Parent/Guardian *Date*