

Application for Enrollment 2009/2010
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 2009/2010 school year!

<p style="text-align: center;">3's/4's</p> <p><u>2 Day Tuesday/Thursday</u> \$108 per month ___ 9 AM to 11:30 AM ___ 12:30 PM to 3 PM</p> <p><u>3 Day Monday, Wednesday, Friday</u> \$150 per month ___ 9 AM to 11:30 AM 3's</p>	<p style="text-align: center;">4's/5's</p> <p style="text-align: center;">Kindergarten Readiness</p> <p><u>3 Day Monday, Wednesday, & Friday</u> \$150 per month ___ 9:00 AM to 11:30 AM ___ 12:30 PM to 3:00 PM</p> <p><u>4 Day Monday-Thursday</u> \$190 per month ___ 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)

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(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, including one month of tuition by August 1st. _____ (Initial)

Signature of Parent/Guardian *Date*