



Family of Christ

Christian Preschool

16345 Polk St. NE, Ham Lake, MN 55304
(763) 434-7337

"Train up a child in the way he should go, and
when he is old he will not turn from it."
Proverbs 22:6

REGISTRATION FORM

(Please Print)

CHILD INFORMATION

Child's full name _____
(Last) (First) (Middle)

Does your child have a nickname? _____ Sex: M/F

What name would you like your child to learn to recognize and write? _____

Date of birth: _____ Date of Baptism: _____

Allergies (medication, food, insects, etc.) _____

Health Concerns: _____

Are you open to carpooling with other families in our area? **Yes** or **No**

FAMILY INFORMATION

Father or Legal Guardian's name _____

Address of Father or Legal Guardian _____

City: _____ Zip Code _____

1st Phone # _____ 2nd Phone # _____ 3rd Phone # _____

Occupation and place of employment _____

Email: _____

Mother or Legal Guardian's name _____

Address of Mother or Legal Guardian (if different than father's address) _____

City: _____ Zip Code _____

1st Phone # _____ 2nd Phone # _____ 3rd Phone # _____

Occupation and place of employment _____

Email: _____

Marital Status of Parents _____

With whom does the child live? _____

Please list any other persons living with the child and age and relationship to the child:

ADDITIONAL INFORMATION

Church name/location: _____ Member: Yes/No

How did you hear about our school? _____

(Continued on Back)

Under no circumstances will a child be released to a person without authorization from parents or guardian. If someone other than the regular person is picking up your child we need to receive a phone call or note from you telling us to whom we should release the child.

Persons who may NOT pick up my child: _____

ENROLLMENT INFORMATION

I would like my child to be enrolled in:

3 & 4 Year Old Program: Monday/Wednesday A.M. _____

Tuesday/Thursday A.M. _____

3 & 4 Year Old Preschool Plus: Friday A.M. _____

4 & 5 Year Old Program: Monday/Wednesday A.M _____

Tuesday/Thursday A.M. _____

Monday/Wednesday Extended Day _____

Tuesday/Thursday Extended Day _____

4 & 5 Year Old Preschool Plus: Friday A.M. _____

We pledge our support of the early childhood education program ministry provided by Family of Christ Christian Preschool. We also have read the tuition policies set forth by Family of Christ Christian Preschool and accept our financial responsibility. We agree to pay the fees and tuition according to the policies set forth.

(Signature of Parent/Legal Guardian)

(Date)

For School Use Only

Date received: _____ Waiting List: _____ Health Form: _____

Reg. Fee paid: _____ Check #: _____