

2008-2009 ATONEMENT PRESCHOOL REGISTRATION FORM

School Use Only: Reg. Date ___/___/___ Check # _____
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NOTE: All information on this and the back side of this form *must* be completed before registration can be completed.

Child's Name _____ Male ___ Female ___

How did you hear about Atonement Preschool? _____

Member of Atonement Lutheran Church _____ Non-member _____

Note: Children must be fully toilet-trained and must turn three on or before September 1, 2008 to enroll. Please see the list of characteristics to help determine your child's readiness for preschool.

To register, please confirm the class with a check [X]:

3 year old class (\$105.00 per month tuition):*
_____ 9:00-11:30am Tuesday & Thursday

***This class is designed to be an introduction to preschool for first-year students. Four year old students in their first year of school are also welcome here.**

A non-refundable application fee of \$40.00 is due upon registration.

Registration begins January 14, 2008 and continues until all classes are filled, after which you may request to be placed on a waiting list.

A minimum of 10 students is needed for a class to be offered.

Please return completed registration form with application fee to:

Atonement Preschool
1144 29th Avenue North
St. Cloud, MN 56303

Additional information:

*All children ***must*** be toilet-trained before school starts.

*Children must turn three on or before September 1, 2008 to enroll.

*School begins the Tuesday after Labor Day. Classes run through May with the last day of class meeting the last day before Memorial weekend.

*Tuition is due the first day of each month.

If you would like to arrange a visit to our preschool, **please call Atonement Preschool at 252-6203.**

Upon registration a Welcome Letter, including additional forms to be completed, will be sent to you.

A Parent Handbook and information about preschool orientation will be delivered to you in August.

Atonement Preschool Emergency/Personal Information

Help us get to know your family better & obtain the emergency information we need before your child begins school.

This information is for staff use only and will not be released to anyone without your consent.

Child's Name _____ Birth date ____/____/____

Address _____ City _____ Zip _____

Mother's Name: _____ Father's Name: _____

Mom's Day Phone (while child's in school): _____ Dad's Day Phone (while child's in school): _____

Occupation: _____ Occupation: _____

Address (if different from child): _____ Address (if different from child): _____

Home Phone: _____ Home Phone: _____

Cell Phone: _____ Cell Phone: _____

E-mail: _____ E-Mail: _____

Doctor's Name/Clinic _____ Phone _____

Dentist's Name/Office _____ Phone _____

Are these the doctor/dentist you would like contacted *in an emergency*? Yes ____ Other contact information: _____

Please list any **allergies or special needs** your child has which we need to be aware of _____

List any persons (*other than parents*) authorized to pick your child up from school: attach list if needed

Name	Relationship	Phone
1. _____	_____	_____
2. _____	_____	_____

Please list **two persons** who can be contacted (*other than parents*) in an **emergency: (required by state law)**

Name	Address	Relationship	Phone
1. _____	_____	_____	_____
2. _____	_____	_____	_____

Child's Siblings Names & Ages: _____

Pet's Names & Type of Animal: _____

Activities you enjoy doing as a family: _____

****ALL INFORMATION MUST BE COMPLETE BEFORE RETURNING. THANK-YOU!**