

REGISTRATION FORM

Christ Our Savior Lutheran Preschool

4610 Belding Road, Rockford, MI 49341
(616) 866-1881 OR www.cosrock.org
lewkowski9101@aol.com or (616) 481-3011

Fee:

Folder:

Please circle the class you are requesting.

**Toddler Time – Friday
(9:30 am – 11:00 am)**

**Fall Session – 15 weeks
Winter/Spring Session – 15 weeks**

\$175 per session + \$25 registration fee

Child's Name _____ Date _____
(Last) (First) (Middle)

Nickname _____ Male ___ Female ___ Date of Birth _____

Street Address _____ Home Phone _____

City _____ State _____ Zip Code _____

Email Address _____ Cell Phone _____

Church you regularly attend _____ Child baptized? Y ___ N ___

Has your child previously attended preschool, day care, story hour, etc.? _____

If so, explain child's experience: _____

Mother's Name _____

Mother's Address if different than child's _____

Mother's Employer _____ Work Phone _____

Father's Name _____

Father's Address if different than child's _____

Father's Employer _____ Work Phone _____

List brothers, sisters and/or other persons living in the home:

Name _____ Age _____ Relationship to Preschooler _____

**A non-refundable registration fee of \$25.00 is due with this registration form.
Please make check payable to "Christ Our Savior Lutheran Church"**