



Lutheran Church of Our Redeemer Preschool Registration Form

2001 2nd Street NW | Watertown, SD 57201 | Church Office Phone: (605) 886-2696

2019-2020 School Year

Please check program for which you are registering:

4/5 Year Olds
(by Sept. 1st)
8:30–11:30am
M – Th

4/5 Year Olds
(by Sept. 1st)
12:15–3:15pm
[WAIT LIST] M – Th

{ \$30 Non-Refundable Registration Fee }

Cash _____ Check _____ Paid Date _____

Student's Name (First, Middle, Last):	Nickname:	Gender:	Date of Birth (Mo/Day/Yr):
Street Address:	City:	State:	Zip Code:

Marital Status of Parents: Married Separated Divorced Single Parent
Student lives with: Both Parents Mother Father Guardian Other

Legal Guardian Name(s):	Relationship to Student:	Home Phone:	Mobile Phone:
Street Address: (if different than child)	City:	State:	Zip Code:
Employer:	Occupation:	Work Phone:	E-Mail Address:

(Please fill out box (2) also, if marital status of parents is separated or divorced)

(2) Legal Guardian Name:	Relationship to Student:	Home Phone:	Mobile Phone:
Street Address: (if different than child)	City:	State:	Zip Code:
Employer:	Occupation:	Work Phone:	E-Mail Address:

Other Siblings:	Ages:	Church Affiliation/Home Church:	Tuition: Tuition is \$130 per month; due by the 10 th . Class enrollment is limited. Make checks payable to LCOOR.
		Would you be willing to provide a nutritious snack for your child and other children in the class on a rotating basis? <input type="checkbox"/> Yes <input type="checkbox"/> No	
		List any allergies or special needs:	

Any other information you would like to provide regarding your child's family, personality, needs, habits, custody arrangement, etc.: *(Use back of form if you need more room to write)*

I acknowledge and wish to enroll my child in the LCOOR Preschool. A \$30 non-refundable Registration Fee MUST accompany this Registration Form. This Fee will serve as a guarantee for the student's class placement in Preschool. Make checks payable to LCOOR.

Parent's Signature: _____

Date: _____