

REGISTRATION FORM
OUR SAVIOUR PRESCHOOL
AT
THE LUTHERAN CHURCH OF OUR SAVIOUR
2415 CHILI AVENUE, ROCHESTER, NEW YORK 14624

Date: _____

Child's Name: _____
Last First Middle

Address: _____
Street and Number City Zip Code

Telephone: _____ Child's Birth Date: _____

Parents' Names: _____
Father Mother

Father's Occupation Business Address Telephone

Mother's Occupation Business Address Telephone

Family Church Membership: _____

Church Address: _____

Is your child currently enrolled in Our Saviour Day Care Center? _____

Present Health Status of Child (Describe and special needs as well as general health).

If your child is four years old, please indicate your first and second choice in the appropriate space below. All three year olds will attend Session 3. Please mark that Session only.

Session 1 (M-W-F AM 9:00-11:30) _____ Session 3 (T-Th AM 9:00-11:30) _____
(three year olds only)

Session 2 (M-W-F PM 12:30-3:00) _____ Session 4 (T-Th PM 12.30-3:00) _____

Although every effort will be made to place your child in the Session of your choice, this cannot be guaranteed.

A non-refundable registration fee of \$25.00 is required with registration. (This registration fee is not applied toward the tuition.) Please make checks payable to: Our Saviour Preschool.