

ENROLLMENT FORM

Redeemer Christian Preschool and Pre-K 1811 Lincoln Avenue, Evansville, IN 47714 (812) 476-9991 - preschool@redeemerchurch.org Website: preschoolredeemerchurch.org

Please type or print all information.

Child's full name		
Name child goes by		
Date of birth		Sex
Child's home address and zip code		
Child's home phone number		
PARENT OR GUARDIAN INFO	<u>DRMATION</u>	
Father's name		Phone
Father's address		
Father's occupation, place of employn	nent and work phone	
Email address	Home phone	Cell phone
Mother's name		Phone
Mother's address		
Email address	Home phone	Cell phone
FAMILY INFORMATION Brothers and/or sisters (please indi	cate ages and whether they liv	ve with the child)
Please list any other person(s) livir	ng with the child and their rela	tionship (if any) to the child
Church in which you are an active	member (please indicate pasto	or's name)

How did you learn about our preschool?_____

TIMES AND DAYS OF THE WEEK

I wish my child to be enrolled:	Preschool (3-4 yr olds Tues/Thurs) 8:30 - Noon	
	Pre-K (4-5 yr olds Mon/Wed/Fri) 8:30 - Noon	
Pres	school & Pre-K (3-5 yr olds Mon-Fri) 8:30 - Noon	
PICK-UP		
Persons authorized to pick up chil	ld	
Persons who may NOT pick up ch	nild	
PERSONAL HISTORY		
Has your child had a previous gro	pup or preschool experience?	
If so, where and when?		
	s?	
	of which we should be aware?	
Are there any special food or eating	ng instructions?	
Any additional information of wh	ich we should be aware	
The first month's tuition c	harge must accompany this Enrollment Form to be complete.	
Please send	<u>d a copy of your child's immunization records.</u>	
Pre-K - 4-5 year-old class mee	d class meeting on Tuesday and Thursday mornings - \$125.00/month eting on Monday, Wednesday, and Friday mornings - \$150.00/month 3-5 year-old class meeting M-F mornings - \$225/month	
Please make all checks payable to	THE LUTHERAN CHURCH OF OUR REDEEMER	
Send this form and the first month	n's tuition to: Director	

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