

First Lutheran Church Preschool  
2020-2021 Pre-registration

\_\_\_\_\_ I am interested in my child attending Summer 2020 Program at  
First Lutheran Church Preschool \_\_\_\_\_ days a week (\$30/day)

\_\_\_ Mon. \_\_\_ Tue. \_\_\_ Wed. \_\_\_ Thur. \_\_\_ Fri.

\_\_\_\_\_ I am interested in my child attending First Lutheran Church  
Preschool the 2020-2021 School year (September to May)

\_\_\_ Mon. \_\_\_ Tue. \_\_\_ Wed. \_\_\_ Thur. \_\_\_ Fri.

\_\_\_\_\_ I am interested in before/after child care for \$7 a day for  
school year

Student Name \_\_\_\_\_ Today's Date \_\_\_\_\_

Birth Date \_\_\_\_\_

Child lives with \_\_\_ Both parents \_\_\_ Dad \_\_\_ Mom

\_\_\_ Other \_\_\_\_\_ (name)

Mother's Name \_\_\_\_\_

Father's Name \_\_\_\_\_

Other \_\_\_\_\_

Address \_\_\_\_\_

Phone Numbers - Mom: \_\_\_\_\_ Dad: \_\_\_\_\_

Cell - Mom: \_\_\_\_\_ Dad: \_\_\_\_\_

Email addresses Mom \_\_\_\_\_

Dad \_\_\_\_\_

Any Medical Concerns: \_\_\_\_\_

Is the child fully potty trained: \_\_\_ yes \_\_\_ no

**Preschool Classes:**

Recommend 3 year olds only attend 2-3 days a week (M/W or T/Th)

Recommend 4 and 5 year olds attend 4-5 days a week

2 days = \$225/mo 3 days = \$325/mo 4 days = \$425/mo 5 days = \$525/mo

\*\*Tuition is averaged out over the year. The school will follow the Bemidji School  
District calendar with a few exceptions but monthly rates remain the same

Please return this form to:  
First Lutheran Church Preschool  
900 Bemidji Ave N  
Bemidji, MN 56601  
(218)444-5303

First Lutheran Church Preschool admits students of any race, religion or ethnic origin

By signing this form I understand that:

- A non refundable registration fee of \$50 is required to hold my child's place for the **2020-2021 school year**
- All tuition payments are due by the 10th of each month. No refunds will be given for days that students are absent or school is not in session (Late fees will be applied after the 10th)
- Tuition is averaged throughout the school year.
- A month's notice is required for withdrawal and I will be charged for the last month.

Parent/Guardian Signature \_\_\_\_\_  
Date \_\_\_\_\_

Office use only Date received: _____ Deposit paid: _____ Check #: _____
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