



Office Use Only
 Sunscreen/bug spray:
 Photo Release:
 Emergency Contact:

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 Date Received:
 Deposit Pd:

CALVARY LUTHERAN CHRISTIAN PRESCHOOL

Student's Name _____ Today's Date: _____
 Preferred Name _____ Sex: M _____ F _____
 Current Age _____ Date of Birth _____
 Child's Primary Residence? Both Parents Dad Mom Other _____
 Parent (Guardian) Name _____
 Address _____
 Home Phone _____ Best Email _____
 Cell Phone _____ Work Phone _____
 Parent Name _____
 Address or Same as above _____
 Home Phone _____ Best Email _____
 Cell Phone _____ Work Phone _____

SELECTION OF SERVICES FOR 2024-2025 (Monthly Rates)

Select (x) Program	Days	Fee
_____ Purple Group Preschool: 4 & 5 Year Olds (8:30am-3:30pm) (Must be 4 prior to September 1 of the current school year.)	M/W/F	\$375
_____ Blue Group Preschool: 3 & 4 Year Olds (8:30am-3:30pm) (Must be 3 prior to September 1 of the current school year.)	T/Th	\$265
_____ Orange Group Preschool: Full Day (12 kids) (8:30am-3:30pm) (Potty trained & turned 33 months at their time of enrollment, which may be anytime between September 1 & February 28 depending on openings)	T/Th	\$265
_____ Childcare (See brochure & back of registration)	M/W/F	\$335
_____ Childcare (See brochure & back of registration)	T/Th	\$225
_____ Early Drop Off/Late Pick-up (7:15-8:15am / 3:45-5:45pm)	M/W/F	\$100
_____ Early Drop Off/Late Pick-up (7:15-8:15am / 3:45-5:45pm)	T/Th	\$80
_____ Early Drop Off/Late Drop Pick-up (7:15-8:15am / 3:45-5:45pm)	M-F	\$180

Total Monthly Bill: Due by the 1st of the Month \$ _____

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Please Read And Sign The Following:

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Parent/Gardian Signature _____ Date _____

**** PRIORITY IS GIVEN ACCORDING TO THE DATE WE RECEIVE THIS FORM AND THE REGISTRATION FEE.**

Please return this form to Calvary Lutheran Christian Preschool, 2508 Washington Ave. SE, Bemidji, MN 56601

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CALVARY LUTHERAN CHRISTIAN PRESCHOOL CHILD CARE REGISTRATION FORM

Student's Name _____ Todays Date _____

Class Enrolled In _____

Select (x) Program

- M/W/F **Three day option (Child is enrolled in Blue Group or Orange Group) billed monthly** **\$335**
(Minimum of 5 children-maximum of 18 children)
- T/TH **Two day option (Child is enrolled in Purple Group) billed monthly** **\$225**
(Minimum of 5 children-maximum of 18 children)

If space allows, parents may request use of the child care for their enrolled child with **48-hour** notice. Payment of \$33 per day. 8:30am-3:30pm (requires a brown bag lunch from home; includes a rest time)

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 Sunscreen/bug spray:
 Photo Release:
 Emergency Contact:

Office Use Only
 Date Received:
 Deposit Pd:

CALVARY LUTHERAN CHRISTIAN PRESCHOOL

Student's Name _____ Today's Date: _____
 Preferred Name _____ Sex: M _____ F _____
 Current Age _____ Date of Birth _____
 Child's Primary Residence? Both Parents Dad Mom Other _____
 Parent (Guardian) Name _____
 Address _____
 Home Phone _____ Best Email _____
 Cell Phone _____ Work Phone _____
 Parent Name _____
 Address or Same as above _____
 Home Phone _____ Best Email _____
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SELECTION OF SERVICES FOR 2024-2025 (Monthly Rates)

Select (x) Program	Days	Fee
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CALVARY LUTHERAN CHRISTIAN PRESCHOOL CHILD CARE REGISTRATION FORM

Student's Name _____ Todays Date _____

Class Enrolled In _____

Select (x) Program

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Office Use Only
 Sunscreen/bug spray:
 Photo Release:
 Emergency Contact:

Office Use Only
 Date Received:
 Deposit Pd:

CALVARY LUTHERAN CHRISTIAN PRESCHOOL

Student's Name _____ Today's Date: _____
 Preferred Name _____ Sex: M _____ F _____
 Current Age _____ Date of Birth _____
 Child's Primary Residence? Both Parents Dad Mom Other _____
 Parent (Guardian) Name _____
 Address _____
 Home Phone _____ Best Email _____
 Cell Phone _____ Work Phone _____
 Parent Name _____
 Address or Same as above _____
 Home Phone _____ Best Email _____
 Cell Phone _____ Work Phone _____

SELECTION OF SERVICES FOR 2024-2025 (Monthly Rates)

Select (x) Program	Days	Fee
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_____ Childcare (See brochure & back of registration)	M/W/F	\$335
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_____ Early Drop Off/Late Pick-up (7:15-8:15am / 3:45-5:45pm)	T/Th	\$80
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Total Monthly Bill: Due by the 1st of the Month \$ _____

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CALVARY LUTHERAN CHRISTIAN PRESCHOOL CHILD CARE REGISTRATION FORM

Student's Name _____ Todays Date _____

Class Enrolled In _____

Select (x) Program

- M/W/F **Three day option (Child is enrolled in Blue Group or Orange Group) billed monthly** **\$335**
(Minimum of 5 children-maximum of 18 children)
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Office Use Only
 Sunscreen/bug spray:
 Photo Release:
 Emergency Contact:

Office Use Only
 Date Received:
 Deposit Pd:

CALVARY LUTHERAN CHRISTIAN PRESCHOOL

Student's Name _____ Today's Date: _____
 Preferred Name _____ Sex: M _____ F _____
 Current Age _____ Date of Birth _____
 Child's Primary Residence? Both Parents Dad Mom Other _____
 Parent (Guardian) Name _____
 Address _____
 Home Phone _____ Best Email _____
 Cell Phone _____ Work Phone _____
 Parent Name _____
 Address or Same as above _____
 Home Phone _____ Best Email _____
 Cell Phone _____ Work Phone _____

SELECTION OF SERVICES FOR 2024-2025 (Monthly Rates)

Select (x) Program	Days	Fee
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_____ Childcare (See brochure & back of registration)	M/W/F	\$335
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_____ Early Drop Off/Late Pick-up (7:15-8:15am / 3:45-5:45pm)	T/Th	\$80
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Total Monthly Bill: Due by the 1st of the Month \$ _____

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CALVARY LUTHERAN CHRISTIAN PRESCHOOL CHILD CARE REGISTRATION FORM

Student's Name _____ Todays Date _____

Class Enrolled In _____

Select (x) Program

- M/W/F **Three day option (Child is enrolled in Blue Group or Orange Group) billed monthly** **\$335**
(Minimum of 5 children-maximum of 18 children)
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Office Use Only
 Sunscreen/bug spray:
 Photo Release:
 Emergency Contact:

Office Use Only
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CALVARY LUTHERAN CHRISTIAN PRESCHOOL

Student's Name _____ Today's Date: _____
 Preferred Name _____ Sex: M _____ F _____
 Current Age _____ Date of Birth _____
 Child's Primary Residence? Both Parents Dad Mom Other _____
 Parent (Guardian) Name _____
 Address _____
 Home Phone _____ Best Email _____
 Cell Phone _____ Work Phone _____
 Parent Name _____
 Address or Same as above _____
 Home Phone _____ Best Email _____
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SELECTION OF SERVICES FOR 2024-2025 (Monthly Rates)

Select (x) Program	Days	Fee
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_____ Early Drop Off/Late Pick-up (7:15-8:15am / 3:45-5:45pm)	T/Th	\$80
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CALVARY LUTHERAN CHRISTIAN PRESCHOOL CHILD CARE REGISTRATION FORM

Student's Name _____ Todays Date _____

Class Enrolled In _____

Select (x) Program

- M/W/F **Three day option (Child is enrolled in Blue Group or Orange Group) billed monthly** **\$335**
(Minimum of 5 children-maximum of 18 children)
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Office Use Only
 Sunscreen/bug spray:
 Photo Release:
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CALVARY LUTHERAN CHRISTIAN PRESCHOOL

Student's Name _____ Today's Date: _____
 Preferred Name _____ Sex: M _____ F _____
 Current Age _____ Date of Birth _____
 Child's Primary Residence? Both Parents Dad Mom Other _____
 Parent (Guardian) Name _____
 Address _____
 Home Phone _____ Best Email _____
 Cell Phone _____ Work Phone _____
 Parent Name _____
 Address or Same as above _____
 Home Phone _____ Best Email _____
 Cell Phone _____ Work Phone _____

SELECTION OF SERVICES FOR 2024-2025 (Monthly Rates)

Select (x) Program	Days	Fee
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____ Childcare (See brochure & back of registration)	M/W/F	\$335
____ Childcare (See brochure & back of registration)	T/Th	\$225
____ Early Drop Off/Late Pick-up (7:15-8:15am / 3:45-5:45pm)	M/W/F	\$100
____ Early Drop Off/Late Pick-up (7:15-8:15am / 3:45-5:45pm)	T/Th	\$80
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OVER

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CALVARY LUTHERAN CHRISTIAN PRESCHOOL CHILD CARE REGISTRATION FORM

Student's Name _____ Todays Date _____

Class Enrolled In _____

Select (x) Program

- M/W/F **Three day option (Child is enrolled in Blue Group or Orange Group) billed monthly** **\$335**
(Minimum of 5 children-maximum of 18 children)
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