

# REGISTRATION FORM

## Christ Our Savior Lutheran Preschool

4610 Belding Road, Rockford, MI 49341 | (616) 866-1881 | cosrock.org  
Linda Gauger, Director: lindagauger@live.com, m.: (616) 866-0611

Fee:

Folder:

Visit:

*Check the class you are requesting.*

3 Year Old Class – Mon. & Wed.  
(9:15 – 11:45 am.) \$110 / month

4 Year Old Class – Mon. & Wed. & Fri.  
(9:00 – 11:30 am.) \$135 / month

3 Year Old Class – Tues & Thurs  
(9:15 – 11:45 am.) \$110 / month

4 Year Old Class – Tues. & Thurs.  
(9:00 – 11:30 am.) \$110 / month

4 Year Old Class – Tues. & Thursday  
(9:00 a.m. – 12:30 p.m.) \$125 / month

Child's Name \_\_\_\_\_  
(Last) (First) (Middle)

Nickname \_\_\_\_\_ Male \_\_\_ Female \_\_\_ Date of Birth \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Has your child previously attended preschool, day care, story hour, etc.? \_\_\_\_\_

How did you hear about our preschool?: \_\_\_\_\_

Church you regularly attend \_\_\_\_\_ Child baptized? Y \_\_\_ N \_\_\_

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

Mother's Address if different than child's \_\_\_\_\_

Mother's Email \_\_\_\_\_ Cell Phone \_\_\_\_\_

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

Father's Address if different than child's \_\_\_\_\_

Father's Email \_\_\_\_\_ Cell Phone \_\_\_\_\_

List brothers, sisters and/or other persons living in the home:

Name \_\_\_\_\_ Age \_\_\_\_\_ Relationship to Preschooler \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

*A non-refundable registration fee of \$50.00 is due with this registration form.  
Please make check payable to "Christ Our Savior Lutheran Church"*