

Child: _____

Risen Savior Preschool

2010-2011 School Year

4-5 Year Olds
Mon./Wed./Fri.
(Child must be 4 by Sept. 1)

(Session #1)
_____ 8:30 - 11:30 AM ~ \$130/month

(Session #2)
_____ 12:00 - 3:00 PM ~ \$130/month

3-4 Year Olds
Tues./Thurs.
(Child must be 3 by Sept. 1)

(Session #3)
_____ 8:30 - 11:30 AM ~ \$95/month

NEW
2 Day Session
for
4-5 Year Olds
(Child must be 4 by Sept. 1)
Tues./Thurs.

(Session #4)
_____ 12:00 - 3:00 PM ~ \$95/month

\$25 Deposit required at time of registration.

_____ We would be interested in Extended Care Program hours Circle: AM PM
*Program/times/fees to be determined based on need & interest. Please call to inquire.

Parent Signature _____ Date _____

Risen Savior Preschool

Information Sheet

(Please Print)

Office Use:

Reg. fee Paid: _____

Check # _____

Date: _____

Please register my child for:

___ **July 3-day Preschool Preview Day Camp ONLY** *Enclose \$15 camp fee

___ **Fall 2010-2011 Preschool** (Select session desired on front.) *Enclose \$25 registration fee

___ **BOTH Preschool Preview Day Camp & Fall 2010-2011** *Enclose \$25 registration fee

Child's Full Name: _____

Age: _____ Birthday: Month _____ Day _____ Year _____

Address: _____ Home Phone: _____

City/State/Zip: _____

Mother's Name: _____

Mother's Occupation: _____ Work Phone: _____

Mother's Cell Phone: _____ e-mail: _____

Father's Name: _____

Father's Occupation: _____ Work Phone: _____

Father's Cell Phone: _____ e-mail: _____

Names and Ages of Brothers and Sisters: _____

Emergency Contact: _____ Phone: _____

Day Care Address: _____ Phone: _____

Allergies or other issues that might affect school (phobias, behavior, toileting, etc.):

Risen Savior Parish Member: Yes _____ No _____

___ Member of Other Parish/Denomination: _____

___ We will be transporting our child to/from preschool.

___ We will call the City of Brandon to arrange/reserve a seat on the bus
(Spaces are available to families/individuals on a first come, first served basis.)