MT. OLIVE CHRISTIAN PRESCHOOL

Registration Form

110 North Whitney Way Madison, WI 53705

238-5656

Please circle choice of session: **A)** 9 am-noon, 4-5 yr. olds, MWF additional day _____

B) 9-11:30 am, 3-5 yr. olds, TR additional day_____

Child's Name _____
(Last) (First) (Middle) (Nickname)

Birthdate_____ Sex M_____ F_____

Child's Home Address: Street_____

City _____ Zip_____

Home Phone_____ Cell_____

E-Mail_____

Father's Full Name _____

Mother's Full Name_____

Father's Occupation_____ Work Phone _____

Mother's Occupation_____ Work Phone_____

Is your child baptized? _____Date_____Church_____

Church Affiliation:
Mother_____Father_____

Does your child have any special physical or emotional disabilities or allergies?_____

_____

A non-refundable Registration Fee of $40.00 must accompany this application.
(***Please make checks payable to: Mt. Olive Lutheran Church***)
Tuition fees: MWF: $195.00 per month TR: $145.00 per month
Tuition is due the first day of the month that the class is in session except for September's tuition which is due in August at the Orientation.
Date this form was signed and registration paid:_____

Parent or Guardian's signature:_____

Questions? Please call 238-5656. Thank You!