

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 2025-2026 (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	\$385
_____ 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	\$275
_____ 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	\$275
_____ Childcare (See brochure & back of registration)	M/W/F	\$345
_____ Childcare (See brochure & back of registration)	T/Th	\$235
_____ Early Drop Off/Late Pick-up (7:15-8:15am / 3:45-5:30pm)	M/W/F	\$120
_____ Early Drop Off/Late Pick-up (7:15-8:15am / 3:45-5:30pm)	T/Th	\$80
_____ Early Drop Off/Late Drop Pick-up (7:15-8:15am / 3:45-5:30pm)	M-F	\$200

Total Monthly Bill: Due by the 1st of the Month

\$ _____

OVER

Please Read And Sign The Following:

I understand that:

A non-refundable registration fee of \$75 for M/W/F Purple or \$60 for T/Th Blue or Orange is required to hold my child's place.

Payment is due on the 1st of the month. No refunds will be given for days absent. (Late fees may apply after the 10th of the month.)

Tuition is averaged out over the year. Therefore, there is no additional charge for a 5-week month, nor is there a lesser charge for shorter months.

Parent/Guardian 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

Calvary Lutheran Christian Preschool admits students of any race, color and national or ethnic origin.

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CALVARY LUTHERAN CHRISTIAN PRESCHOOL CHILD CARE REGISTRATION FORM

Student's Name _____ Today's Date _____

Class Enrolled In _____

Select (x) Program

____ M/W/F **Three day option (Child is enrolled in Blue Group or Orange Group) billed monthly** **\$345**
(Minimum of 5 children-maximum of 18 children)

____ T/TH **Two day option (Child is enrolled in Purple Group) billed monthly** **\$235**
(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 \$35 per day. 8:30am-3:30pm (requires a brown bag lunch from home; includes a rest time)

Please Read And Sign The Following:

I understand that:

A non-refundable registration fee of \$60 for T/Th and \$75 for M/W/F is required to hold my child's place.

Payment is due on the 1st of the month. No refunds will be given for days absent. (Late fees may apply after the 10th of the month.)

Parent/Guardian Signature _____ Date _____

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

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To use our Child Care Services, you must have filled out a child care registration form and paid the registration fee.