

St. Matthew Lutheran Preschool

10390 SW Canyon Rd. ~ Beaverton, OR 97005 ~ (503) 644-9148, ext 122

REGISTRATION FORM 2009-2010

Child's Last Name: _____ First Name: _____
Date of birth: _____ Age: _____ Potty trained? (no diapers) yes no
Home Address: _____ Zip _____
Home Phone # _____ Email: _____
Allergies/concerns? _____

Father's Name: _____ Cell phone: _____
Employer: _____ Phone: _____

Mother's Name: _____ Cell phone: _____
Employer: _____ Phone: _____

1st Emergency Contact: _____ Phone: _____

2nd Emergency Contact: _____ Phone: _____

Those authorized to pick-up your child: _____

Anyone NOT allowed to pick-up your child? _____

Class Choices - times & tuition amounts (please mark your 1st and 2nd choice):

Children need to be three by Sept. 1st and potty trained for all session choices

<input type="checkbox"/>	MWF a.m. ~ 9:00-11:45 ~ \$165/month
<input type="checkbox"/>	MWTh a.m. ~ 8:45-11:30 ~ \$165/month
<input type="checkbox"/>	T/Th a.m. ~ 9:00-11:45 ~ \$110/month
<input type="checkbox"/>	MWTh p.m. ~ 12:45-3:30 ~ \$165/month

For office use only

Date: _____
\$75 reg. fee paid: _____
May '10 tuition paid: _____
Sibling: _____
Referral: _____
Scholarship: _____
Total Amt. Paid _____
Cash _____ Ck # _____
Rec'd by _____

PLEASE COMPLETE THE BACK OF THIS FORM

