

HARVEST PRESCHOOL

Harvest Fellowship Church
400 2nd Avenue North
Sauk Rapids, MN 56379
(320) 529-8838

Dear Parents,

Enclosed is a registration form for your child to be enrolled in the HARVEST PRESCHOOL program. Please complete and return to:

HARVEST PRESCHOOL

Harvest Fellowship Church
400 2nd Avenue North
Sauk Rapids, MN 56379

A \$50 registration fee must be paid when the registration form is returned to the preschool. This is non-refundable and \$25.00 will be applied toward the September tuition. Checks should be made payable to: HARVEST PRESCHOOL

Registrations will be accepted on a first-come basis.

HARVEST PRESCHOOL runs from September to May, and your class options are as follows:

HARVEST I is for children who are 3 and toilet trained as of September 1, 2009

Harvest IA	Mon & Wed	9:00-11:30	10 Children
Harvest IB	Tues & Thurs	9:00-11:30	10 Children

HARVEST II is for children who are 4 or 5 as of September 1, 2009
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Harvest IIA	Mon & Wed	9:00-11:30	15 Children
Harvest IIB	Tues & Thurs	9:00-11:30	15 Children
Harvest IIC	Mon, Wed, & Fri	9:00-11:30	15 Children
Harvest IID	Tue, Thurs, & Fri	9:00-11:30	Combine on Fridays for A total of 15 Children

Once your registration and fee are received, you will be getting an envelope with the additional forms which we must have on file for your child. These forms may be turned in at the Harvest Preschool parent-child orientation.

Your September tuition is due August 1, 2009. You will receive a reminder about these matters around the first of July.

If you have any further questions or concerns, you may call me at 251-5562 or 761-5678

Sincerely,
Susan Arvan, Director

MOTHERS NAME _____
First Middle Last

MOTHER'S ADDRESS _____
Street City State Zip

MOTHER'S HOME TELEPHONE _____

LEGAL GUARDIAN'S NAME _____
First Middle Last

LEGAL GUARDIAN'S ADDRESS _____
Street City State Zip

LEGAL GUARDIAN'S TELEPHONE _____

Father's occupation _____

Place of employment _____

Working hours _____ Business Phone _____

Mother's occupation _____

Place of employment _____

Working hours _____ Business Phone _____

Guardian's Occupation _____

Place of employment _____

Working hours _____ Business Phone _____

Church affiliation _____

Child's physician _____ Phone _____

Address _____

Street Address City State Zip

Child's dentist _____ Phone _____

Address _____

Street Address City State Zip

Who is authorized to bring your child to preschool?

Name _____ Phone _____

Name _____ Phone _____

Name _____ Phone _____

Who is authorized to pick up your child from preschool?

Name _____ Phone _____

Name _____ Phone _____

Name _____ Phone _____

Who may not pick up your child from preschool?

Name _____ Phone _____

Name _____ Phone _____

EMERGENCY CONTACTS (If parents/guardian can not be reached in an emergency):

Name _____ Phone _____

Address of Emergency Contact Person _____

Name _____ Phone _____

Address of Emergency Contact Person _____

Has your child had previous group experiences? _____ Where? _____

Does your child have neighborhood playmates? _____ How Many? _____

Sex and age _____, _____, _____, _____, _____, _____, _____, _____

How well does s/he get along with other children? _____

Social Behavior (Circle the appropriate word)

SHY FRIENDLY CAUTIOUS OUTGOING

What do you expect for your child from preschool?

**HARVEST PRESCHOOL
CLASS SCHEDULE & MONTHLY TUITION
2009-20010**

HARVEST I is for children who are 3 and toilet trained as of September 1, 2009

Harvest IA	Mon & Wed	9:00-11:30	10 Children	\$95.00
Harvest IB	Tues & Thurs	9:00-11:30	10 Children	\$95.00

HARVEST II is for children who are 4 or 5 as of September 1, 2009

Harvest IIA	Mon & Wed	9:00-11:30	15 Children	\$95.00
Harvest IIB	Tues & Thurs	9:00-11:30	15 Children	\$95.00
Harvest IIC	Mon, Wed, & Fri	9:00-11:30	15 Children	\$115.00
Harvest IID	Tue, Thurs, & Fri	9:00-11:30	15 Children	\$115.00