

Our Savior's New Horizons Christian School  
615 - 12<sup>th</sup> Street  
Cloquet, MN 55720  
218-879-7138

## Student Registration Form

Today's Date \_\_\_\_\_

Child's Name \_\_\_\_\_ Prefers to be called \_\_\_\_\_  
(Last), (First) (Middle)

Class child is registering for: \_\_\_\_\_

**\*\*Students in all classes must be toilet trained\*\***

### Half-day options:

**Discovery Kids** - must be at least  
3 years old on the first day  
of attendance

Tues and Thursday: 9am - 12pm

**Pathfinders** - must be at least  
4 years old on the first day  
of attendance

Mon-Wed-Friday: 9am-12pm  
or  
Mon-Friday: 9am-12pm

### Full-Day options:

**Pathfinders**  
Mon-Wed-Friday: 9am-3pm

**Pathfinders**  
Mon-Friday: 9am-3pm

Child's Age \_\_\_\_\_

Birthdate \_\_\_\_\_

Mother's Name \_\_\_\_\_ Father's Name \_\_\_\_\_

Home Phone \_\_\_\_\_ Home phone \_\_\_\_\_

Cell phone \_\_\_\_\_ Cell phone \_\_\_\_\_

Email \_\_\_\_\_ Email \_\_\_\_\_

Address \_\_\_\_\_ Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_ City/State/Zip \_\_\_\_\_

Employer \_\_\_\_\_ Employer \_\_\_\_\_

Address \_\_\_\_\_ Address \_\_\_\_\_

Work phone \_\_\_\_\_ Work phone \_\_\_\_\_

Child lives with: \_\_\_\_\_

Persons authorized to call in an emergency and to pick up the child (besides the parents):

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

Doctor \_\_\_\_\_ Address \_\_\_\_\_

Phone \_\_\_\_\_

Dentist \_\_\_\_\_ Address \_\_\_\_\_

Phone \_\_\_\_\_

In listing the previous information, I am giving consent to call the child's doctor/dentist if an emergency arises, and the child's parents/guardian cannot be reached.

If a serious incident occurs, the child will be taken to Cloquet Community Memorial Hospital. 911 will be called for emergency services, if needed. Every effort will be made to contact a parent or legal guardian of the child.

If a serious event needing dental attention occurs, Tomhave/Olson Dental Associates will be called unless otherwise indicated here, in writing, by the parent or legal guardian.

I understand the above medical policy, and with my signature give my consent for care as necessary.

Parent/Legal Guardian Signature \_\_\_\_\_

Date \_\_\_\_\_

Any pertinent medical/dietary information not listed on the health care summary

\_\_\_\_\_  
\_\_\_\_\_

Permission for the child's pictures to be released for local, preschool use, and the church website.

Yes \_\_\_\_\_ No \_\_\_\_\_

(Signature of parent/guardian)

(Signature of parent/guardian)

Any other information you feel it is important for the preschool to be aware of:

\_\_\_\_\_  
\_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

**A registration fee of \$30 must accompany this form. It is non-refundable.** This is to reserve a place for your child in our preschool. Registrations are accepted on a first-come, first-serve basis.

The following must be completed and submitted prior to the first day of attendance:

- a. Student Registration Form
- b. Health Care Summary Form
- c. Record of Immunizations