



MOUNT OLIVE CHRISTIAN PRESCHOOL

Registration 2026-27

STUDENT INFORMATION

Student Name _____

Preferred Name _____ DOB _____

Primary Email: _____

Primary Phone#: _____

Address: _____
City: _____ ZIP: _____

Does your child have an IEP or 504 Plan? Yes No

Does your child have any allergies? Yes No

If YES, list: _____

PROGRAM INFORMATION

CLASS	CLASS DAYS	✓
3-4 yr old - 2 Half Day	T/F a.m.	
3-4 yr old - 2 Half Day	M/TH a.m.	
3-4 yr old - 2 Full Day	M/TH	
4-5 yr old - 3 Half Day	M/W/TH a.m.	
4-5 yr old - 3 Full Day	M/W/TH	
4-5 yr old - 2 Half Day	T/F a.m.	
4-5 yr old - 2 Full Day	T/F	
5 yr old ("High 5s") - 3 Full Day	M/W/TH all day	

- A \$100 non-refundable registration fee is due at the time of registration
- A \$25 registration fee for additional siblings
- Please make checks payable to **MOUNT OLIVE SCHOOL**

PARENT/GUARDIAN INFORMATION

Contact #1 Name: _____ Phone#: _____

Address: _____
if different from child City: _____ ZIP: _____

Email: _____ Occupation: _____

Contact #2 Name: _____ Phone #: _____

Address: _____
if different from above City: _____ ZIP: _____

Email: _____ Occupation: _____

Parents are: Married Separated Divorced Other

FAMILY INFORMATION

Persons (other than parents) authorized to pick up child:

Name: _____ Phone #: _____

Name: _____ Phone #: _____

Persons NOT authorized to pick up child:

Name(s): _____

Names of other children in household: _____ **Age** _____ **Relationship to student** _____

OTHER INFORMATION

Are you affiliated with a church? Yes No If YES, name of church: _____

Would you like more information about Mount Olive Lutheran Church? Yes No

Is your child baptized? Yes No

Name (printed): _____ Date completed: _____

Signature: _____