



# Beautiful Savior Lutheran School

1541B St. Mary's Road - Winnipeg, MB - R2M 3V8

52 Birchdale Avenue - Winnipeg, MB - R2H 1R9

Phone: 984-9600

Fax: 984-9607

Office Use Only:			
REG:	<input type="checkbox"/>	Uris:	<input type="checkbox"/>
		Frms:	<input type="checkbox"/>
GS#:	_____		

## ST. MARY'S CAMPUS REGISTRATION FORM 2012 - 2013

### STUDENT INFORMATION

Last Name: \_\_\_\_\_ First name: \_\_\_\_\_ Age: \_\_\_\_\_ Gender: \_\_\_\_\_  
 Address : \_\_\_\_\_ City : \_\_\_\_\_ Prov: \_\_\_\_\_ Postal Code: \_\_\_\_\_  
 Home Phone: \_\_\_\_\_ Birthdate m/d/y: \_\_\_\_\_  
 Primary E-mail: \_\_\_\_\_ (for weekly school information)

### FAMILY INFORMATION

Mother: \_\_\_\_\_ Father: \_\_\_\_\_  
 Mother Home#: \_\_\_\_\_ Father Home#: \_\_\_\_\_  
 Mother Address: \_\_\_\_\_ Father Address: \_\_\_\_\_  
(if different from student) (if different from student)  
 Mother Employer: \_\_\_\_\_ Father Employer: \_\_\_\_\_  
 Mother Work #: \_\_\_\_\_ Cell : \_\_\_\_\_ Father Work #: \_\_\_\_\_ Cell: \_\_\_\_\_  
 Lives with: \_\_\_\_\_ Legal custody?: \_\_\_\_\_ (Please provide custody order)  
 Siblings: \_\_\_\_\_ (month/year of birthdate)  
 Congregation: \_\_\_\_\_ Denomination: \_\_\_\_\_  
 Aboriginal Ancestry: Not applicable First Nations Metis/Mixed Ancestry Inuit Undeclared  
(please circle one)

### MEDICAL INFORMATION

Family Med: \_\_\_\_\_ (6 digit) Doctor: \_\_\_\_\_  
 Pers Hlth Ins #: \_\_\_\_\_ (9 digit) Doctor Phone #: \_\_\_\_\_  
 Does your child have a life threatening allergy? Yes  No   
 Is your child prescribed an Epipen? Yes  No   
 Does your Child have asthma medication prescribed? Yes  No   
 Does your child have any health concerns that we should be aware of? Yes  No   
 Explain: \_\_\_\_\_

### EMERGENCY CONTACTS

\*Other than the parents/guardians

EC#1: \_\_\_\_\_ Address: \_\_\_\_\_  
 Home #1: \_\_\_\_\_ Work #1: \_\_\_\_\_ Cell #1: \_\_\_\_\_ Relationship :: \_\_\_\_\_  
 EC#2: \_\_\_\_\_ Address : \_\_\_\_\_  
 Home #2: \_\_\_\_\_ Work #2: \_\_\_\_\_ Cell #2: \_\_\_\_\_ Relationship: \_\_\_\_\_

Child may be released to the following people:

\*\*Other than the parents'guardians

Rel #1: \_\_\_\_\_ Home #: \_\_\_\_\_ Work #: \_\_\_\_\_ Cell #: \_\_\_\_\_  
 Rel #2 : \_\_\_\_\_ Home # : \_\_\_\_\_ Work # : \_\_\_\_\_ Cell # : \_\_\_\_\_

## REGISTRATION INFORMATION

### Nursery School Program Options: 3 Year Olds

- \* a.m. - Wed. and Fri.      These twice-weekly programs also include the option to add a third session on Mon. a.m. or p.m.
- \* p.m. - Wed. and Fri.

**Please mark the boxes that correspond with your program preference:**

3 Year Olds		Monday (optional)	Tuesday	Wednesday	Thursday	Friday
9:00 - 11:15	a.m.	<input type="checkbox"/>	N/A	<input type="checkbox"/>	N/A	<input type="checkbox"/>
1:00 - 3:15	p.m.	<input type="checkbox"/>	N/A	<input type="checkbox"/>	N/A	<input type="checkbox"/>

We occasionally accept children just before their 3rd birthday. Please note that all children under 3 years of age will have a two-week trial period, during which time their readiness for the classroom environment will be assessed.

### Nursery School Program Options for: 4 Year Olds

- \* a.m. - Tues. and Thurs.      These twice-weekly programs include the option to add a third session on Mon. a.m. or p.m.
- \* p.m. - Tues. and Thurs.
- \* p.m. - Wed. and Fri.

**Please mark the boxes that correspond with your program preference:**

4 Year Olds		Monday (optional)	Tuesday	Wednesday	Thursday	Friday
9:00 - 11:15	a.m.	<input type="checkbox"/>	<input type="checkbox"/>	N/A	<input type="checkbox"/>	N/A
1:00 - 3:15	p.m.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

I understand that Beautiful Savior Nursery School is a Christian School, and that all classes are taught from the perspective of the Christian faith. I desire my child to be a part of this school and agree to pay the tuition and fees as they have been explained to me.

I hereby certify that the information provided on this form is true and accurate.

Signature of Parent \_\_\_\_\_ Date \_\_\_\_\_

**TO COMPLETE THE REGISTRATION PROCESS, PLEASE RETURN THIS FORM WITH A  
NON-REFUNDABLE DEPOSIT OF ONE MONTH'S FEES. (applicable to last month's fees)**

START DATE: .....