



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: Uris: Frms:

GS#: _____

ST. MARY'S CAMPUS REGISTRATION FORM 2011-2012

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: _____
 Mother Work Address: _____ Father Work Address: _____
 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

EC#1: _____ Address: _____
 Home #1: _____ Work #1: _____ Cell #1: _____
 EC#2: _____ Address : _____
 Home #2: _____ Work #2: _____ Cell #2: _____

Child may be released to the following people:

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
- * p.m. - Wed. and Fri. to add a third session on Mon. a.m. or p.m.

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
- * p.m. - Tues. and Thurs. 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:

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: _____