

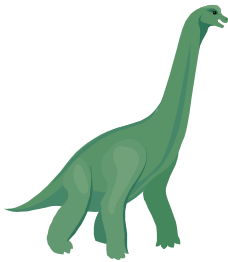


*Peace Lutheran Church Preschool*  
 20 Northdale Blvd. NW Coon Rapids, MN  
 763-754-2383

**Summer 2009 Program**

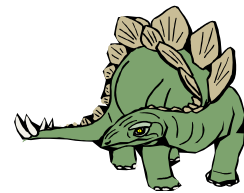


Peace Preschool will be offering three preschool sessions this summer for children ages 3 through 5 years old. Each session will include LOTS of discovery, special visitors and projects. Registration Begins April 5<sup>th</sup>. Spaces are limited.



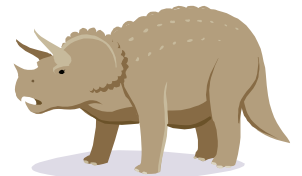
**Session Options**

2 weeks/ 3 times a week (Tues/Wed./Thurs)  
 Mornings 9:00 am – 11:30 am  
 Cost: \$60 per session



**Session 1:** Weeks of May 26<sup>th</sup> & June 2<sup>nd</sup>  
**Session 2** Weeks June 16<sup>th</sup> & June 23<sup>rd</sup>  
**Session 3:** Weeks July 7<sup>th</sup> & July 14<sup>th</sup>

**Dinosaurs**  
**Water, Water, Water.**  
**Creative Expressions** – art, music, movement



**Registration information:**

- Tuition for the 1<sup>st</sup> session is due when registering.
- A non-refundable registration fee of \$25 is due upon registering for any class. This fee will be applied to your account towards tuition.
- Full tuition is due two weeks before the class starts.
- **Registration forms must be completed before enrollment into a class.**





# EMERGENCY AUTHORIZATION FORM

Child's Name: \_\_\_\_\_ Birth date \_\_\_\_\_

Parents/Guardian \_\_\_\_\_

**Phone Numbers:**

Home: \_\_\_\_\_ Mom's Cell: \_\_\_\_\_ Dad's Cell: \_\_\_\_\_

Father's Work: \_\_\_\_\_ Mother's Work: \_\_\_\_\_

Daycare provider: Name \_\_\_\_\_ Phone \_\_\_\_\_

**Medical:**

Child's Doctor: \_\_\_\_\_ Phone: \_\_\_\_\_

Address(Clinic) \_\_\_\_\_

Street \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Child's Dentist: \_\_\_\_\_ Phone: \_\_\_\_\_

Address(Clinic) \_\_\_\_\_

Street \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Any Allergies or special medical problems? \_\_\_\_\_

Are there any restrictions of activities? \_\_\_\_\_ Yes \_\_\_\_\_ No if yes, please explain \_\_\_\_\_

**Authorization to pick up child from school.**

Children will be released only to those individuals authorized by parents or legal guardian. Any changes of who will be picking up a child should be promptly reported to the school's office or the child's teacher. Photo identification will be required by anyone who does not regularly pick up the child.

(please give phone numbers for ALL names listed)

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

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

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

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

Anyone specifically not allowed to pick up your child? \_\_\_\_\_

Please list at least two(2) people who could be called in case of emergency illness and may pick up your child from the center if parents cannot be reached.

1. Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Relationship: \_\_\_\_\_

2. Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Relationship: \_\_\_\_\_

We give Peace Lutheran Preschool permission to act in an emergency situation if we cannot be reached or are delayed in arriving. The child will be transported to Mercy Hospital Center for emergency treatment.

\_\_\_\_\_  
Mother's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Father's Signature

\_\_\_\_\_  
Date

