

2019/2020 **Little Angels Christian Preschool** Of

Guardian Angels Church

Registration Fee	
Check #	
Date	

Return the completed registration form along with the \$75 non-refundable registration fee (\$100 per family) to Little Angels Preschool Office or mail to Little Angels Preschool at 8260 4th Street N, Oakdale, MN 55128.

For more information, call the preschool office at 651-730-7450 or email at nlyons@guardian-angels.org Check Session Desired: (Indicate 1st and 2nd choice; there is a possibility that your child will be placed in your 2nd choice.) Classes for 3 year olds: (Must be 3 by December 31st and have self-help toileting skills) _____9-11:30 am, Mon/Wed (\$160/mo.) ______ 1 pm dismissal time (\$200/mo.) _____9-11:30 am, Tuesday/Thursday (\$160/mo.) ______ 1 pm dismissal time (\$200/mo.) _____9-11:30 am, Mon/Wed/Fri (\$200/mo.)** _____1 pm dismissal time (\$250/mo.) **need 6 or more to have class Classes for 4 year olds: (Must be 4 by September 30) 9 am -2:00 pm, Tuesday/Thursday (\$255/mo.) _____9 am -1:00 pm, Mon/Wed/Fri (\$275/mo.) Class for High 5's: (Must be 5 by December 31) _____9 am – 2:00 pm Monday – Thursday (\$350/mo.) ___9 am - 2:00 pm Monday - Friday (\$395/mo.) **need 6 or more to have class on Friday Child's Name:_____ (Middle) (First) (Last) Birth Date: Current Age: Male/Female Home Phone: Address: (Street) (City, State) (Zip Code) Father's Name:_ Home/Cell Phone (Last) (First) Address:___ (City, State) (Street) (Zip Code) Mother's Name: Home/Cell Phone_ Address: (City, State) (Zip Code) (Street) Primary Email Address:____ GA Parishioner? Y ____N__ Little Angels Preschool Alumni? Y____ N____

How did you hear about Little Angels?

Referred By _____