

## MARK DESIRED CLASS

|                            |          |              |
|----------------------------|----------|--------------|
| <u>3 Year Olds</u>         |          |              |
| <input type="checkbox"/>   | T TH     | 9:00-11:30am |
| <u>4 &amp; 5 Year Olds</u> |          |              |
| <input type="checkbox"/>   | M W F    | 9:00-11:30am |
| <input type="checkbox"/>   | M thru F | 12:00-2:30pm |

### Registration Fee:

In order to secure a spot in a class, this form, along with a non-refundable fee of \$30 (*for the five day per week class*) and \$25 (*for all other classes*) should be submitted to Fremont Alliance Preschool. If the class you've requested is full, you will be notified at once and your fee will be refunded.

### Agreement:

I have completed the above information and request my child be enrolled in the Fremont Alliance Preschool. I give permission for my child to participate in field trips. As the parent or guardian, I do herewith authorize the treatment, by a qualified and licensed medical doctor, of the registered minor in the event of a medical emergency, which in the opinion of the attending physician may endanger his/her life, cause disfigurement, physical impairment or undue discomfort if delayed. This authority is granted only after a reasonable effort has been made to reach me or my designee. The undersigned does hereby release and agree to hold harmless, Fremont Alliance Preschool/Church, its directors, employees, agents or representatives from any and all liabilities or claims for personal injury, illness or death, as well as property damage and expenses of any nature whatsoever which may be incurred while the child is participating in activities of the Fremont Alliance Preschool.

Parent/Legal Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_

*(Tear off and return this form with the appropriate registration fee.)*



### AWANA

Wednesdays ~ 6:30 - 8:15 pm  
(September - May)

### SUNDAY MORNINGS

#### Nursery

9:15am - Noon  
0 - 36 months

#### Sunday School

9:15 - 10:15am  
3 years - grade 6

*(Youth & Adult Classes also available during this time)*

#### Children's Church

Sunday mornings ~ during 10:45 service  
Age 3 - Grade 2

*(children are excused during the service)*

### FALL FESTIVAL

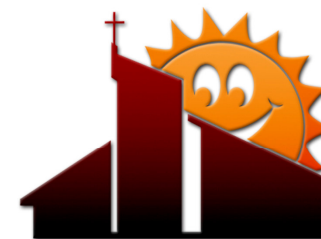
October 31 (*times TBA*)

### MOPS (Mothers Of PreSchoolers)

Monday evenings at 7:00pm  
September - May \*\* Childcare provided  
*(For mothers of children birth - kindergarten)*



Contact the church office for more information on any of the above activities.  
(402) 721-5180



fremont  
alliance  
preschool

**(402) 727-7487**

**2011/2012 School Year**



**1615 N Lincoln Ave  
Fremont, NE 68025**

**Lynnda Johnsen, Director  
Julie Johnson, Teacher**

# Fremont Alliance Preschool Offers:

- A Christ centered educational program
- Education stations that provide a stimulating educational environment
- Small teacher to student ratio with two teachers in the classroom
- Close parent -teacher communication through newsletters, conferences, etc.
- Family visitation days
- Field trips
- State licensed
- A thematic curriculum tying together each days activities
- Beginning cooking activities
- Programs at Christmas and in the Spring
- A fun time in preparation for Kindergarten
- Concern for the total child: spiritually, socially, intellectually, and emotionally
- Caring, nurturing staff committed to encouraging your child

## Classes Available:



## 2011/2012 Registration Form:

Child's full name: \_\_\_\_\_

Preferred name: \_\_\_\_\_

Sex: M F Birthday: \_\_\_\_\_

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

Home phone: \_\_\_\_\_

Father's name: \_\_\_\_\_

Occupation: \_\_\_\_\_

Business phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Mother's name: \_\_\_\_\_

Occupation: \_\_\_\_\_

Business phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Siblings name/s: \_\_\_\_\_ Age: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Child lives with: Mother Father Both Other

Physician's name: \_\_\_\_\_

Physician's phone: \_\_\_\_\_

Do you have a church home? Yes No

If yes, where? \_\_\_\_\_

Emergency Contact:

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Does your child have any special needs?

\_\_\_\_\_

\_\_\_\_\_