

Risen Savior Preschool

Registration Form

2026-2027

Risen Savior Catholic Church, Brandon, SD

New Student

Child's Full Name: _____ Child prefers to be called: _____
Current Age: _____ DOB: _____ Sex: M F Age of child on September 1, 2026: _____
Address: _____ City/State/Zip: _____
Mother's Name: _____ Father's Name: _____
Phone #: _____ Phone #: _____
Email: _____ Email: _____
Siblings and their Ages: _____
Any Allergies or health conditions to share: _____

\$75 non-refundable registration fee is required at the time you turn in your child's registration form.

Please select the class you intend for your child :

_____ **Caterpillar** (3/4 -year-olds) Tues/Thurs 8:30-11:30am
(Must be 3 on or before Sept 1 and potty trained) \$135/month
Includes Catechesis of the Good Shepherd on Tuesdays



_____ **Butterfly** (4/5-year-olds) Mon/Wed/Fri 8:30-11:30am
(Must be 4 on or before Sept 1) \$185/month
Includes Catechesis of the Good Shepherd on Wednesdays



_____ **Dragonfly** (4/5-year-olds) Mon/Wed/Thur/Fri 8:30-11:30am
Kindergarten Bound! (Must be 4 on or before June 1) \$225/month
Includes Catechesis of the Good Shepherd on Wednesdays



Preview Camp:

Free with your registration fee paid.

August 4 and 5

8:00am - 10:00am Caterpillars

10:30am - 12:30pm Butterflies and Dragonflies

___ Yes, My child will be at Preview Camp.

___ No, My child will not attend.

___ Summer Preview Camp only.

We want to "Check it out" first.

This is a great opportunity to "Check it out" before you decide to fully commit to registering your child for preschool. Cost is \$30 non-refundable camp fee - due when you turn in this form. If you choose to register your child for pre-school after preview camp, the \$30 will go toward the \$75 registration fee. And you would only owe the remaining. If classes are full at that time, we will put your child on the waiting list.

Director/Lead Teacher: Ms. Julie Sheppard

B/S in Elem & Spec Education.

Teacher Assistant: Miss Amanda Brown

Volunteer for about 15 years

We are registered members of Risen Savior: ___ Yes ___ No **Referred by:** _____

If you are members of another parish or congregation please write name below:

We are looking for a Church Family. Please send us information about Risen Savior Parish. ___ Yes

Office Use Only:

Registration Paid: _____ Check#: _____ Date: _____