



# ALL SAINTS

Preschool and Child Care

15915 Excelsior Boulevard  
Minnetonka, MN 55345  
952.934.3552

## 2018-19 School Year Enrollment Form

Please use a "1" to indicate your 1st choice and a "2" for your 2nd choice. (See Registration Guide for details on class offerings.)

If your child's age is:	30—32 months by 9/1/17 or later	33—47 months by 9/1/17	4 years or older by 9/1/17
Friday AMs		NA	Friday Plus Only
Tues/Thurs AMs			NA
Mon/Wed/Fri AMs	NA		
Mon-Thurs AMs	NA	NA	
Mon-Friday AMs	NA		4 day with Friday Plus

**For office use only:**

\$60 registration fee received \_\_\_\_\_  
Date \_\_\_\_\_ Check # \_\_\_\_\_

**Extended care you are likely to use: check all that apply**

\_\_\_ Early Birds (8-9 am) M-F  
\_\_\_ Lunch Bunch (12:00—1:00) M-F

### GENERAL INFORMATION

Name \_\_\_\_\_ Birthday \_\_\_\_\_  
 Nickname (if any) \_\_\_\_\_ Gender: Male \_\_\_\_\_ Female \_\_\_\_\_  
 Parent 1 Name \_\_\_\_\_ Parent 2 Name \_\_\_\_\_  
 Parent 1 Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_  
 Parent 2 Address (if different) \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_  
 Telephone (home) \_\_\_\_\_ Cell Phones \_\_\_\_\_  
 Parent 1 Occupation \_\_\_\_\_ Business Phone \_\_\_\_\_  
 Parent 2 Occupation \_\_\_\_\_ Business Phone \_\_\_\_\_  
 Email Address: \_\_\_\_\_

A. Do we have permission to secure medical aid for this child in an emergency? YES \_\_\_\_\_ NO \_\_\_\_\_

B. Names of Persons other than parents or prearranged carpool drivers authorized to pick up child (if any):

\_\_\_\_\_ Phone #'s \_\_\_\_\_  
 \_\_\_\_\_ Phone #'s \_\_\_\_\_

C. Names of Persons **not** authorized to take a child from the preschool (if any):

\_\_\_\_\_ Phone #s \_\_\_\_\_  
 \_\_\_\_\_ Phone #s \_\_\_\_\_

(Please fill out backside of form)

**FAMILY INFORMATION**

Who lives with your child? \_\_\_\_\_

Children in Family:	Name	Age	Name	Age
	_____	_____	_____	_____
	_____	_____	_____	_____

What language (s) do you and your child speak at home? \_\_\_\_\_

Any other information about your family or family traditions that will help us better meet your child’s needs?  
\_\_\_\_\_  
\_\_\_\_\_

**GENERAL INFORMATION**

Has your child had a previous group experience? \_\_\_\_\_ If so, where? \_\_\_\_\_

Does your child have playmates? \_\_\_\_\_

Circle the words that best apply to your child: Confident Cautious Intense Easy-going \_\_\_\_\_

Favorite play activities: \_\_\_\_\_

Favorite toys/equipment: \_\_\_\_\_

What do you expect for your child from preschool? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Is there any other information about your child that would be helpful for us to know: \_\_\_\_\_  
\_\_\_\_\_

**SPECIAL HEALTH OR DEVELOPMENTAL NEEDS:**

Does your child have any special health or developmental needs we should be aware of? (Please describe.)  
\_\_\_\_\_

**EARLY CHILDHOOD SCREENING:** Has your child completed the early childhood screening offered by your local school district? \_\_\_\_Yes \_\_\_\_ No

**PERMISSION TO BE INCLUDED ON CLASS LIST**

\_\_\_\_ **Yes, I do** OR \_\_\_\_ **No, I do not** give All Saints Preschool and Child Care permission to use my child’s name, parent’s names, home phone number and address on his or her class-list.

This list is published in August and shared only with parents in the class and staff.

PARENT GUARDIAN) SIGNATURE \_\_\_\_\_ Date \_\_\_\_\_

**NOTE: A \$60 NON-REFUNDABLE REGISTRATION FEE SHOULD ACCOMPANY THIS FORM.**

All Saints Preschool and Child Care admits students of any of race, color, national and ethnic origin to the rights, privileges, programs and activities generally accorded or made available to students at the school.