



15915 Excelsior Boulevard
 Minnetonka, MN 55345
 952.934.3552

2017-2018 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	NA
Tues/Thurs AMs			NA
Mon/Wed/Fri AMs	NA		
Mon-Thurs AMs	NA	NA	
Mon-Friday AMs	NA	Sign-up for both 2 & 3 day class if need five days	(4day with Fri+)

For office use only:

\$50 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
- ___ Stay & Play (1:00—4:30, M-Th & 1:00—2:00 on Fri.
- ___ Friday Morning Drop-in (9:00—noon)

GENERAL INFORMATION

Name _____ Birthday _____
 Nickname (if any) _____ Gender: Male _____ Female _____
 Father's Name _____ Mother's Name _____
 Mother's Address _____ City _____ Zip _____
 Father's Address (if different) _____ City _____ Zip _____
 Telephone (home) _____ Cell Phones _____
 Father's Occupation _____ Business Phone _____
 Mother's Occupation _____ Business Phone _____
 Email Address: _____

A. Do we have permission to secure medical aid for this child in case of 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 _____

(OVER)

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? _____

Is there 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(OR LEGAL GUARDIAN) SIGNATURE _____ **Date** _____

NOTE: A \$50 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.