



2016-2017 Normandale Preschool Registration

Thank you for your interest in Normandale Preschool. To begin the registration process, please complete this form and return it to the Normandale Preschool office or mail to Normandale Preschool, 6100 Normandale Rd., Edina, MN 55436 with a \$60 non-refundable registration fee. (Immunization, health, emergency & liability forms, also found on-line, must be completed before your child enters school.) We look forward to seeing our returning students and many new faces.

Office use only:
 Date Rec'd _____
 Cash amt _____
 Check amt _____
 Check No _____

STUDENT INFORMATION

Child's Full Name:		Date of Birth:	<input type="checkbox"/> Male <input type="checkbox"/> Female
Child's Address:		Child's Primary Phone Number:	
City:	State:	ZIP:	Is this a cell number? Yes No
Mother/Guardian Name:	Address (if different than child):		Primary Phone:
Father/Guardian Name:	Address (if different than child):		Primary Phone:
Primary e-mail address:			
Mother's Occupation:		Father's Occupation:	
Business Phone:		Business Phone:	
Classes for children aged 33 months to 3 years old as of September 1, 2016			
Class	Hours	Tuition	Choice
Monday & Friday	9:00-12:00	\$194/month	
Tuesday, Wednesday, Thursday	9:00-12:00	\$273/month	
Classes for children aged 4 and 5 years old as of September 1, 2016			
Class	Hours	Tuition	Choice
Monday & Friday	9:00-12:00	\$194/month	
Tuesday, Wednesday, Thursday	9:00-12:00	\$273/month	
Monday-Thursday	9:00-12:00	\$352/month	
Monday-Thursday	9:00-1:00	\$436/month	
Mixed age classes for children aged 3, 4, and 5 by September 1, 2016			
Class	Hours	Tuition	Choice
Friday Plus One	9:00-12:00	\$100/month	
Tuesday, Wednesday, Thursday	12:30-3:00	\$228/month	
Full Year Afternoon Enrichment classes for children aged 4 and 5 as of September 1, 2016			
Class	Hours	Tuition	Choice
French Fun, Mais Oui! Mondays	12:30-3:00	\$126/month	
STEM Class: Thursdays	12:30-3:00	\$126/month	

TURN OVER AND COMPLETE REVERSE SIDE OF FORM *Thank You!*



FAMILY AND AT HOME INFORMATION

Who does your child live with (circle)? Mother Father Both Other:			
Children in the Family:	Name/Age	Name/Age	
	Name/Age	Name/Age	
What language(s) do you speak at home?			

OTHER INFORMATION

Does your child have any special health or developmental needs we should be aware of? (Please describe)
Has your child completed the early childhood screening offered by your school district? (Please Circle) Yes No
Will you have a child at Blessing Place in the 2016-17 school year? (Please Circle) Yes No
Are you a member of Normandale Lutheran Church? (Please Circle) Yes No

EMERGENCY/HEALTH INFORMATION

Allergies:	Other Health Concerns:
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THESE PEOPLE ARE AUTHORIZED TO BRING AND PICK UP MY CHILD FROM SCHOOL

Name:	Relationship:	Phone Numbers:	Address:

Parental Permission

I grant permission for Normandale Preschool to act on my child's behalf in an emergency when I or those listed above cannot be reached or will be significantly delayed. (Please sign and date this attachment.)

Parent/guardian signature:	Date:
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