



2020-2021 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 \$75 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.

Student Name: _____

DOB: _____

Please indicate a first and second choice for classes as your first choice class may be full.			
Class for Children aged 33 months to 3 years old as of September 1, 2020			
Class	Hours	Tuition	Choice
Monday & Friday	9:00-12:00	\$224.50/month	
Classes for Children aged 3 years old as of September 1, 2020			
Monday & Friday	9:00-12:00	\$224.50/month	
Tuesday, Wednesday, Thursday	9:00-12:00	\$315.00/month	
Classes for Children aged 4 & 5 years old as of September 1, 2020			
Monday & Friday	9:00-12:00	\$224.50/month	
Tuesday, Wednesday, Thursday	9:00-12:00	\$315.00/month	
Monday-Thursday	9:00-12:00	\$407.00/month	
Monday-Thursday	9:00-1:00	\$499/00/month	
Mixed Age Class for children aged 3, 4, and 5 by September 1, 2020			
Friday Plus One	9:00-12:00	\$115.00/month	
Full Year Enrichment Classes: Please place a check next to the classes you would like.			
Class for Children aged 3 years old as of September 1, 2020			
Class	Hours	Tuition	Choice
French Fun, Petits! Mondays	9:00-12:00	\$140.00/month	
Classes for Children aged 4 & 5 years old as of September 1, 2020 (Prices will be prorated for Mon-Thurs 9:00-1:00 class)			
French Fun, Mais Oui! Mondays	12:30-3:00	\$140.00/month	
STEM Class: Tuesdays	12:30-3:00	\$140.00/month	
STEM Class: Wednesdays	12:30-3:00	\$140.00/month	
Orff Music Class: Thursdays	12:30-3:00	\$140.00/month	

Current Normandale Preschool & Blessing Place Families:
 Please check here if you would like to pay the Registration Fee using Tuition Express: _____

Please turn the page and complete the application on the inside.

Office Use Only: Date Rec'd _____ Pmt Type _____ Pmt Amt _____ Check No _____

STUDENT INFORMATION

Child's Name, First, Middle, Last: Preferred Name or Nickname:		Date of Birth:	<input type="checkbox"/> Male <input type="checkbox"/> Female
Child's Address: City: _____ State: _____ ZIP: _____		Child's Primary Phone Number: Is this a cell number? Yes No	
Does your child have any special developmental needs of which we should be aware? (Please describe)			
Physician Diagnosed Allergies and Reaction to Allergen:			
Other Health Concerns:			
Food Sensitivities or Preferences:			
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 2020-2021 school year? (Please Circle) Yes No			
Are you a member of Normandale Lutheran Church? (Please Circle) Yes No			

FAMILY AND AT HOME INFORMATION

Mother/Guardian Information			
Name:		Address (if different than child):	
Email Address:		Cell Phone:	Cell Phone Carrier (Required in order to receive communications through our Kid Report App.):
Occupation:		Business Phone:	
Father/Guardian Information			
Name:		Address (if different than child):	
Email Address:		Cell Phone:	Cell Phone Carrier (Required in order to receive communications through our Kid Report App.):
Occupation:		Business Phone:	
Who does your child live with (Please 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?			

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 document.)

Parent/guardian signature:	Date:
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**THESE PEOPLE ARE AUTHORIZED TO BRING AND PICK UP MY CHILD FROM SCHOOL
(All pick-ups must have name, relationship, phone number and full address. You may update or add to these names at any time.)**

Name:	Relationship:	Phone Numbers:
Address: City: State: Zip Code:		
Name:	Relationship:	Phone Numbers:
Address: City: State: Zip Code:		
Name:	Relationship:	Phone Numbers:
Address: City: State: Zip Code:		
Name:	Relationship:	Phone Numbers:
Address: City: State: Zip Code:		
Name:	Relationship:	Phone Numbers:
Address: City: State: Zip Code:		
Name:	Relationship:	Phone Numbers:
Address: City: State: Zip Code:		
Name:	Relationship:	Phone Numbers:
Address: City: State: Zip Code:		
Name:	Relationship:	Phone Numbers:
Address: City: State: Zip Code:		
Name:	Relationship:	Phone Numbers:
Address: City: State: Zip Code:		

OFFICE USE ONLY					
Student:					
Classes:					