



2012 - 2013 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 \$50 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

Full Name:							<input type="checkbox"/> Male
First		Middle		Last			<input type="checkbox"/> Female
1 st Choice	2 nd Choice	Class Offerings	Day	Time	Age, by Sept 1	Tuition	Birth date
		2 day	M,F	9:00-11:30 am	33mo to age 3	\$133/mo	
		3 day	T,W,TH	9:00-11:30 am	3,4&5 yr olds	\$192/mo	
		3 day	T,W,TH	12:30-3:00 pm	3,4&5 yr olds	\$192/mo	
		4 day	M-TH	9:00-11:30 am	4 & 5 yr olds	\$249/mo	
		4 day	M-TH	12:30-3:00 pm	4 & 5 yr olds	\$249/mo	
		*4 day	T-F	9:00-1:00 pm	4 & 5 yr olds	\$387/mo	
<i>*Children must be 5 by November 1 to register for this class</i>							
Mother/Guardian Name:			Home Phone:		Cell Phone:	Work Phone:	
Address:			City:		State:	Zip Code:	
Father/Guardian Name:			Home Phone:		Cell Phone:	Work Phone:	
Address: (if different)			City:		State:	Zip Code:	
Primary e-mail address:					Youth lives with (<i>circle all that apply</i>)		
					Both parents Father Mother Other		
Sibling #1:					Age:		
Sibling #2:					Age:		
Sibling #3:					Age:		

Are you currently a member of Normandale Lutheran Church? (*Please circle response*)

Yes

No

TURN OVER AND COMPLETE REVERSE SIDE OF FORM – thank you!

EMERGENCY INFORMATION

EMERGENCY/HEALTH INFORMATION

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

Emergency Contact Name:	Relationship:	Phone Numbers:	Address:

PERSON TO CALL (OTHER THAN DOCTOR) IN AN EMERGENCY IF PARENTS CANNOT BE REACHED

Emergency Contact Name:	Relationship:	Phone Numbers:	Address:

DOCTOR AND DENTIST TO BE CALLED IN CASE OF EMERGENCY (PLEASE BE SURE TO FILL OUT COMPLETELY)

Doctor's Name:	Clinic Name:	Address:	Phone:
Dentist's Name:	Clinic Name:	Address:	Phone:

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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