



2013 - 2014 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

Full Name:				<input type="checkbox"/> Male	
First	Middle	Last		<input type="checkbox"/> Female	
Mother/Guardian Name:	Primary Phone:	Alternate Phone:	Work Phone:		
Occupation:	Is this a cell number? Yes No	Is this a cell number? Yes No			
Address:	City:	State:	Zip Code:		
Father/Guardian Name:	Primary Phone:	Alternate Phone:	Work Phone:		
Occupation:	Is this a cell number? Yes No	Is this a cell number? Yes No			
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			
Classes for 33 months to 3 1/2 years old as of September 1, 2013					
Monday & Friday	9:00 – 11:30	\$140/month	_____ a.m. class		
Classes for 3 year olds as of September 1, 2013					
Tue/Wed/Thurs	9:00 – 11:30 OR 12:30 – 3:00	\$202/month	_____ a.m. class _____ p.m. class		
Tue/Wed/Thurs	9:00 – 12:00	\$241/month	_____ a.m. class		
Friday <i>Plus One</i>	9:00 – 12:00	\$88/month	_____ a.m. class		
Classes for 4 or 5 year olds as of September 1, 2013					
Tue/Wed/Thurs	9:00 – 12:00	\$241/month	_____ a.m. class		
Tue/Wed/Thurs	12:30-3:00	\$202/month	_____ p.m. class		
Monday – Thursday	9:00 – 12:00 OR 12:15 – 3:15	\$313/month	_____ a.m. class _____ p.m. class		
Friday <i>Plus One</i>	9:00 – 12:00	\$88/month	_____ a.m. class		
Classes for children who are 5 by November 1, 2013					
Tuesday – Friday	9:00 – 1:00	\$406/month	_____ a.m. class		
Sibling #1:		Age:	Sibling #2:		Age:
Sibling #3:		Age:	Sibling #4:		Age:

Are you currently a member of Normandale Lutheran Church? _____ Yes _____ No

Church affiliation _____

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

EMERGENCY INFORMATION

EMERGENCY/HEALTH INFORMATION

Allergies:	Other Health Concerns:
------------	------------------------

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:
----------------------------	-------