

**Normandale Preschool
Registration Form
2010-2011**

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 Road, 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 meeting many new faces.

JoAnne Gustafson, MAEd
Director, Normandale Preschool

Please check below, the class for which your child is registering.

Class offerings	Day	Time	Age, by Sept. 1	Tuition
_____ 1 day	Friday	9:00-11:00 am	33 months to age 3	\$52/mo
_____ 2 day	M, F	9:00-11:30 am	33 months to age 3	\$126/mo
_____ 3 day	T, W, TH	9:00-11:30 am	3, 4 & 5 year olds	\$181/mo
_____ 3 day	T, W, TH	12:30-3:00 pm	3, 4, & 5 year olds	\$181/mo
_____ 4 day	M-TH	9:00-11:30 am	4 & 5 year olds	\$235/mo
_____ 4 day	M-TH	12:30-3:00 pm	4 & 5 year olds	\$235/mo
_____ 4 day	T-F	9:00 am-1:00 pm	4 & 5 year olds	\$372/mo

*Children are placed in classes based on their age...please circle the age your child will be on Sept. 1, 2010
Due to licensing, all children must be potty trained before entering school

Child's Name _____ Sex F M Birth Date _____

Parent/Guardian _____ Home Phone _____

Address _____
Street City State Zip

E-mail address where you would like school information sent _____

Family Information

Father

Mother

Name _____

Name _____

Address _____

Address _____

Home Phone _____

Home Phone _____

Cell Phone _____

Cell Phone _____

Employer _____

Employer _____

Work Phone _____

Work Phone _____

Siblings

Name _____ Age _____

Name _____ Age _____

Name _____ Age _____

These people are authorized to bring my child to and from school

1. Name _____ Relationship _____ Phone _____
2. Name _____ Relationship _____ Phone _____
3. Name _____ Relationship _____ Phone _____

Emergency Information

Child's Name _____

Allergies _____

Other Health Concerns _____

PERSON TO CALL, (other than a doctor) IN AN EMERGENCY IF PARENTS CANNOT BE REACHED.

1. Name _____ Relationship _____
Address _____ Phone _____
2. Name _____ Relationship _____
Address _____ Phone _____

DOCTOR TO BE CALLED IN EMERGENCY _____

CLINIC _____ **PHONE** _____

Address _____
(required)

DENTIST TO BE CALLED IN EMERGENCY _____

CLINIC _____ **PHONE** _____

Address _____
(required)

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.

Church affiliation _____

Parent Signature _____ **Date** _____

