

All Seasons Preschool Registration Form

Child's Name: _____
Child's Age: _____ Birth Date: _____ Gender: _____

TUITION

Full day classes:
Monthly
3 day - \$720
4 day - \$890
5 day - \$1020

Part-day classes
Monthly
3 day - \$370
4 day - \$465
5 day - \$555

Please rank your order of preference
Children must be 33 months by September 1

<p>Morning Class 8:30 – 11:30 (list days) 3 days _____ 4 days _____ 5 days _____</p> <p>Extended Day Hours: Morning 7:30 – 8:30 _____ 8:00 – 3:30 _____</p>	<p style="text-align: center;">Afternoon Class 12:30 – 3:30 (list days) 3 days _____ 4 days _____ (Mon-Thur. only)</p> <p style="text-align: center;">Afternoon: 3:30 – 4:00 _____ 3:30 – 4:30 _____</p>	<p style="text-align: center;">Full Day Class 8:30 – 3:30 (list days) 3 days _____ 4 days _____ 5 days _____</p>
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Family Information

Parent / Guardians: _____
Address: _____
City/State/Zip: _____
Home Phone: _____
Other phone(s) please specify: _____
Email address(es): _____
Employer (s) Occupation(s): _____

Additional Information

We will take into consideration parental preference in class placement, as well as balancing classes for age and gender. If you have a preference for a teacher, classroom, or specific classmate for your child, please indicate that in the space below, and we will do our best to accommodate your request.

How did you hear about our program? _____

All Seasons Preschool will make every effort to meet the needs of all children enrolled in our program. Information about your child's needs and interests will be gathered at our initial conference prior to the start of the school year. If available, please provide a copy of your child's IEP/ICCP.

Signature: _____ Date: _____

Return to All Seasons Preschool with \$ 50.00 non-refundable application fee.

All Seasons Preschool
7260 South Robert Trail
Inver Grove Heights, MN 55077

www.allseasonspreschool.net

FOR OFFICE USE ONLY

DATE RECEIVED _____ INITIALS _____

REG FEE _____ PLACEMENT _____

DEPOSIT RECEIVED _____