



OFFICE USE ONLY

Process as: **RC R/PF CM NF**

Date Form Received: _____

Regist. Fee (\$60) Date Processed _____ check # _____

Tuition Payment Authorization _____ **Monthly rate** _____

Method of Payment: _____ Sept. tuition paid: _____

Immunization form _____ **Health Care Summary** _____

Student Emergency Form /Parent Authorization _____

2017-2018 Enrollment Application

Please indicate class choice in order of preference:

Tuesday/Thursday (3yrs by Sept 1st)
 ___ 9:00-11:30 am ___ 12:30-3:00pm

Mon/Wed/ Fri (4 yrs by Sept 1st)
 ___ 9:00-11:30am ___ 12:30-3:00pm

Mon through Fri (4 yrs by June 1)
 ___ 12:30-3:00pm

Child's Name _____
 Last First Middle

Birth date ____/____/____
 month day year

Name child is to be called and learn to read in class _____

Male _____ **Female** _____

Home Address _____

City and Zip Code _____ Phone _____

e-mail : _____ (for use in receiving all preschool communications)

Parent/Guardian Name _____ Parent/Guardian Name _____

Relationship to child _____ Relationship to child _____

Home Address _____ Home Address _____

Home Phone _____ **Home Phone** _____

Cell phone / pager _____ **Cell phone / pager** _____

Work Phone _____ **Work Phone** _____

Employer _____ Employer _____

Occupation _____ Occupation _____

Office Hours _____ Office Hours _____

Child Care Provider _____ Child Care Phone _____

How did you hear about our program? _____

Request Form for Financial Aid through Incarnation Preschool's Scholarship Fund **YES, send info.** _____

RELIGIOUS AFFILIATION

Are you a member of Incarnation Lutheran Church? **Yes** _____ **No** _____ Other faith community: _____

NOTE: Preschool families will be included on mailing list for Incarnation's "Lifetimes" monthly newsletter during the time child is enrolled to receive information about other opportunities and programs on site.

FAMILY INFORMATION

Primary language spoken at home: _____ English _____ Other: _____

Other children in the family:

Name _____ Birth date ____/____/____ Name _____ Birth date ____/____/____

Name _____ Birth date ____/____/____ Name _____ Birth date ____/____/____

Other persons living in the home: _____

Relationship to child: _____

CHILD INFORMATION

Identified Physical Restrictions / Special Needs _____

Known Allergies, especially **FOOD allergies** _____

Are medications prescribed for potential reactions? (ie: Benadryl or Epinephrine) NO ____ YES ____

If yes, an individual health care plan packet will be mailed to complete and return prior to start of class

SOCIAL DEVELOPMENT

Has your child had previous group experience? No ____ Yes ____ Where? _____

Does your child prefer to play alone or with others _____

How does your child approach social interactions? (circle) shy reluctant outgoing sociable assertive aggressive

What are your expectations for your child's preschool experience? _____

EMOTIONAL BEHAVIOR

Describe your child with regard to current emotional behavior and temperament

What behavior do you consider the most difficult to deal with? _____

Type of home discipline _____

Parent Signature: _____ **Date:** _____

To register your child, complete, sign and return this enrollment application with:

- **Parent Agreement Statement (top half-school copy)**
- **\$60 NON-REFUNDABLE registration fee (check payable to Incarnation Preschool)**
- **Tuition Payment Authorization Form with indicated tuition rate :**

2 day/wk session @ \$125 month

3 day/wk session @ \$160 /month

5 day/wk session @ \$240 /month

**1st month payment will be processed June 10, 2017 - one time transaction for Sept. tuition to hold slot for fall
On-going monthly transactions will begin on Sept. 10, 2017 for 8 months (Oct-May tuition)**

Return to: Incarnation Preschool, 4880 Hodgson Road, Shoreview, MN 55126 Ph. (651) 766-0723