



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 - \$130 month      3 day/wk session - \$165 /month      5 day/wk session - \$245 /month

**1<sup>st</sup> month payment will be processed June 10, 2019 - one time transaction for Sept. tuition to hold slot for fall  
On-going monthly transactions will begin on Sept. 10, 2019 for 8 months (Oct-May tuition)**

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