



Blessing Place

2017-18 Registration Form

For children 18 months-33 months

Office use only:
Date Rec'd _____
Amt. Paid _____
Pmt Type _____

STUDENT INFORMATION

Child's Full Name:		Date of Birth:		<input type="checkbox"/> Male
		Age in Months as of Sept 1 2017:		<input type="checkbox"/> Female
Child's Address:			Child's Primary Phone Number:	
City:	State:	ZIP:	Is this a cell number? Yes No	
Mother/Guardian Name:	Address (if different than child):		Cell Phone:	
Father/Guardian Name:	Address (if different than child):		Cell Phone:	
Primary e-mail address:				
Emergency Contact Name:			Phone Number:	
Emergency Contact Address:				

\$75.00 Non Refundable Deposit
\$50.00 Supply Fee (one-time fee)

ALL CLASSES HAVE A 1 to 5 TEACHER/STUDENT RATIO

Classes for children 18 to 24 months as of September 1, 2017			
Class	Hours	Tuition	Choice
Monday & Friday – 2 day	9:00-12:00	\$225/month	
Tuesday & Thursday – 2 day	9:00-12:00	\$225/month	
Wednesday – 1 day	9:00-12:00	\$115/month	
Classes for children aged 24 to 33 months as of September 1, 2017			
Class	Hours	Tuition	Choice
Monday & Friday – 2 day	9:00-12:00	\$225/month	
Tuesday, Wednesday, Thursday – 3 day	9:00-12:00	\$325/month	

If you have any questions please call Lisa Pettersen at 952-977-9370 or email lisa@normluth.org

Please check one:

___ Current Family ___ Church Member ___ Preschool Family ___ New Community ___ Alumni

How did you hear about us? _____

TURN OVER AND COMPLETE REVERSE SIDE OF FORM *Thank You!*



FAMILY AND AT HOME INFORMATION

Who does your child live with (circle)? Mother Father Both Other:		
Children in the Family:	Name/Age	Name/Age
	Name/Age	Name/Age
What language(s) do you speak at home?		

OTHER INFORMATION

Does your child have any special health or developmental needs we should be aware of? (Please describe)

Will you have a child at Normandale Preschool in the 2017-18 School Year? (Please Circle) Yes No
--

EMERGENCY/HEALTH INFORMATION

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

THESE PEOPLE ARE AUTHORIZED TO BRING AND PICK UP MY CHILD FROM SCHOOL

Name:	Relationship:	Phone Numbers:	Address:

Parental Permission

I grant permission for Blessing Place 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:
----------------------------	-------