



CREEKSIDE CHILDREN'S PLACE

PRESCHOOL REGISTRATION FORM 2012-2013

Child's Name _____ Sex _____ Birth date _____

Home Address _____

City _____, MN Zip _____ Phone – Home (____) _____

Mother's Name _____ Phone - Cell (____) _____

Employed by _____ Phone - Work (____) _____

Father's Name _____ Phone – Cell (____) _____

Employed By _____ Phone - Work (____) _____

Email Address (used for correspondence during the school year): _____

SESSION	Hours	Monthly Tuition
Two Day Preschool	9:00 - 1:00	\$298.00
Three Day Preschool	9:00 - 1:00	\$398.00
Four Day Preschool	9:00 - 1:00	\$478.00
Five Day Preschool	9:00 - 1:00	\$558.00

Child's Doctor/Dentist _____ Address _____ Phone _____

Doctor: _____

Dentist: _____

If parents cannot be reached, the following **TWO** people may be contacted in case of emergency or illness.

Name _____ Address _____ Phone _____

1. _____ (____) _____

2. _____ (____) _____

The school staff members have my permission to admit my child to a medical facility for emergency treatment or give the necessary first aid if I cannot be reached.

Parent Signature: _____

One \$75 registration fee is due per family. This fee is not refundable unless waitlisted. **In addition, one month's tuition (applied to Sept tuition) is due with each child's application at the time of registration.** Students are not considered registered without the payment of **both fees.** Tuition fee will be refunded if withdrawn (in writing) by Feb 10, 2012. After Feb 10th, partial refunds (75% by March 9, 50% by May 4, 25% by July 13) will be given only if the space is filled.

Please return by Jan. 19, 2012 to Creekside Office or: Creekside Children's Place
 Turn in early for best chance of requested days! 5730 Grove Street
 Edina, MN 55436

Office Use Only: Pre-conference Date: _____
 TID: _____ PD: _____

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Class Selection

All children must be potty trained for classes below

Age	Days Available	Circle 1 st – last choice
Young 3 Year Olds (3 by 12/1/2011)	T,Th	1
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Old 3 Year Olds & Young 4 Year Olds (3 by 8/2011)	Two Days	Please talk to Kathy or Danielle
	M,W,F	1 2 3 4
	T,W,Th	1 2 3 4
	M,T,Th,F	1 2 3 4
	M,T,W,TH	1 2 3 4
	T,W,TH,F	1 2 3 4

***Are you interested in a small class (7 children)?circle one YES NO MAYBE

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| | | |
|---------------------------------------|--|---------|
| Pre-Kindergarten
(4 & 5 Year Olds) | Please talk to Kathy or Danielle about 5-Day | |
| | M,T,W,Th | 1 2 3 4 |
| | T,W,Th,F | 1 2 3 4 |
| | T,W,Th | 1 2 3 4 |
| | T,W,F | 1 2 3 4 |
| | W,Th,F | 1 2 3 4 |
| | T,Th,F | 1 2 3 4 |

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**Special Notes:** _____

**Are there days that will not work for your child?** _____

Please return with completed application, registration fee, and tuition by **Jan. 19, 2012**. Please circle preferences from 1st through last choice. Turn in early for best chance of days requested!

Please note: Children are not considered enrolled until all fees are paid.

