



Seeds of Faith Preschool

A Ministry of St. Luke

Registration Form



1. Fill out registration form.
2. Note the days and sessions preferred (i.e. 1st and 2nd choice).
3. Registration forms need to be accompanied by one month tuition, the registration fee of \$45.00(nonrefundable), and the transportation fee (if applicable) to be processed
4. By the first day of school, the childcare immunization record and health care summary sheet **must** accompany child. The child will not be allowed to attend unless we have these health forms. This is a state law requirement and Department of Human Services checks that a physician has signed the health form.
5. Our tuition/financial year goes from Aug. 1st –June 1st. During the school year tuition must be paid by the **25th of each month** prior to the month owed (i.e. October tuition is due September 25th). Our withdrawal policy is one months' written notice including payment for the month of withdrawal. No refunds will be given for tuition/registration / transportation fees paid after August 1st. There is also a late tuition fee, and your child can not attend after 3 days late until payment.
6. In August, we will have a mandatory open house and orientation for you and your child.
7. Questions may be directed to **"Seeds of Faith"** at **651-458-5853 Ext. 24**
8. Notice of Nondiscriminatory Policy as to students: Seed's of Faith Preschool admits students of any race, color, national and ethnic origin to all the rights, privileges, programs, and activities generally accorded or made available to students at the school. It does not discriminate on the basis of race, color, nationality and ethic origin in administration of its educational policies, admissions policies, and scholarships.

Thank you for your interest in our "Seeds of Faith Preschool", a Ministry of St. Luke's, where we help plant the seeds for a life in Christ.

We welcome all who wish to participate and will help to make that possible. Please let us know if we may serve you or your family this way. If you would like to receive scholarship information, please check this box. Note this process could take up to 6 months due to requests going to Washington County first.

Sessions for 2011 - 2012

Please indicate your first (1) and second (2) preferences
All classes are subject to community need

- | | | |
|--|------------------------|------------------|
| <input type="checkbox"/> Monday/Wednesday/Friday | 8:30 a.m. – 11:00 a.m. | Three Years Old |
| <input type="checkbox"/> Monday/Wednesday/Friday | 9:15 a.m. – 11:45 a.m. | Pre-Kindergarten |
| <input type="checkbox"/> Monday/Wednesday/Friday | 1:30 p.m. – 4:00 p.m. | Three Years Old |
| <input type="checkbox"/> Monday/Wednesday/Friday | 1:30 p.m. – 4:00 p.m. | Pre-Kindergarten |
| | | |
| <input type="checkbox"/> Tuesday/Thursday | 8:30 a.m.-11:00 a.m. | Three Years Old |
| <input type="checkbox"/> Tuesday/Thursday | 9:15 a.m. – 11:45 a.m. | Pre-Kindergarten |
| <input type="checkbox"/> Tuesday/Thursday | 1:30 p.m.- 4:00 p.m. | Three Years Old |
| <input type="checkbox"/> Tuesday/Thursday | 1:30 p.m. – 4:00 p.m. | Pre-Kindergarten |

Transportation - **limited** space available

Transportation fee two day \$42.00 ___ Transportation fee three day \$49.00 ___

Authorization is hereby given to Seeds of Faith Preschool to provide transportation for my child Yes No

Class Fees are \$105/month for 2 day/week and \$125 for 3 day/week programs
St. Luke's members will receive a \$10 discount a month

1. Name of Child _____
Last First Middle

2. Date of Birth _____ Sex: Male Female
Month Day Year

More on Back

3. Parents, guardian, or persons responsible for child:

Parents' Name(s) _____ Relationship to Child _____

Home Address _____ Phone _(____)_____

Cell phone #'s (M) _____ (D) _____

E-Mail addresses (M) _____ (D) _____

Mother's Business & Address _____ Phone _(____)_____

Father's Business & Address _____ Phone _(____)_____

4. Name of Physician _____ Phone _(____)_____

Address _____

5. Name of Dentist _____ Phone _(____)_____

Address _____

6. Other persons to be notified in case of emergency and who are authorized to pick up your child, when those named above are not available: We must have two (2) names not residing at same address. This is a state requirement.

Name _____ Phone _(____)_____

Address _____ Relationship to child _____

Name _____ Phone _(____)_____

Address _____ Relationship to child _____

7. Special conditions, needs or diet? Yes No Allergies? (I.e. peanuts, dairy, medications etc.)

Yes No

If yes to either please state below:

I, _____, give permission for the health consultant and the Minnesota Licensure to
(Parent's name)
review _____ records at Seeds of Faith Preschool.

(Child's Name)

We the undersigned hereby agree to abide by the arrangements and authorizations so stated above.

Signature of parent admitting the child: _____

St. Luke member?

Prospect?

Non-Member?

For Office Use Only 2011-2012 Session

Check # _____ \$ _____ Check Received ____/____/____ Registration Fee Paid \$ _____

Tuition Fee Paid _____ Enrollment Date ____/____/____ Date Withdrawn ____/____/____ Transportation Fee Paid \$ _____