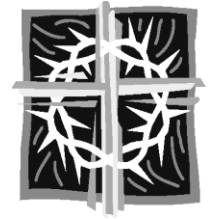




# Seeds of Faith Preschool

## A Ministry of St. Luke

### Registration Form



1. Fill out registration form.
2. Note the days and sessions preferred (i.e. 1<sup>st</sup> and 2<sup>nd</sup> 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. 1<sup>st</sup> –June 1<sup>st</sup>. During the school year tuition must be paid by the **25<sup>th</sup> of each month** prior to the month owed (i.e. October tuition is due September 25<sup>th</sup>). 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 1<sup>st</sup>. 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 2012 - 2013

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 |
| <br>   |                        |                  |
| <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 \$110/month for 2 day/week and \$130 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:

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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 2012-2013 Session**

Check # \_\_\_\_\_ \$ \_\_\_\_\_ Check Received \_\_\_\_/\_\_\_\_/\_\_\_\_

Registration Fee Paid \$ \_\_\_\_\_ Tuition Fee Paid \_\_\_\_\_ Transportation Fee Paid \$ \_\_\_\_\_