



Registration Form Ages 16 Months to Kindergarten

Student Information:

Child's Name: _____ Male ___ Female
 Name to be used at school: _____ Date of Birth: _____
 Parent's Name: _____
 Home Phone: _____ Cell phone _____
 Address: _____ City: _____ Zip _____
 Email address: _____
 Start Date: _____

Childcare only: List the hours your child will be present at Preschool Place. Preschool. Hours 6:30am - 5:15pm
 Monday _____ Wednesday _____ Friday _____
 Tuesday _____ Thursday _____

Your child's enrollment will be based on these hours. We schedule staff according to these hours. If you need to change the hours please let us know and **do not show up early or late with our approval from office.**

Enrollment Information:

Please select the classroom program that you wish to enroll your child.

Childcare - Toddler Full Time - *Over 10 hours a day adds \$10.00 a week.	
Childcare - Toddler Part time (3 days) - *Over 10 hours a day adds \$10.00 a week.	
Childcare - Preschool Full Time - *Over 10 hours a day adds \$10.00 a week.	
Childcare - Preschool Part time (3 days) - *Over 10 hours a day adds \$10.00 a week.	
Half Day Preschool A Class	
Half Day Preschool B Class	
Half Day Preschool C Class	
Half Day Preschool D Class	
Half Day Preschool E Class	

Please list anything we need to know. Example: special needs, allergies, or medical needs:

*Half Day Preschool - Registration Paperwork will be sent by August 1 for fall classes

* \$50.00 deposit due with registration Check # _____ Cash _____

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