

Mailing Address:
P.O. Box 8
Hanover, MN 55341

CHILDREN'S COUNTRY PRESCHOOL
11024 Church Street, Hanover, MN 55341
763-498-8938
www.childrenscountrypreschool.com

PRESCHOOL REGISTRATION FORM 2010 - 2011

- To reserve a space for your child, please complete the attached Registration Form. The registration fee is \$45.00 per family. The registration fee is **NON-REFUNDABLE**.
- You may visit the preschool at any time. Please call ahead of time for an appointment.
- Health Care Summary Forms and Immunization Forms will need to be returned by the first day of preschool or your child will not be admitted as per state law. The Health Care Summary Form is not needed if your child was enrolled at Children's Country Preschool last year and his/her medical history has not changed.
- Limited tuition assistance funds are available. Please inquire for information and application.
- IF YOU HAVE ENROLLED YOUR CHILD IN PRESCHOOL AND YOU NEED TO WITHDRAW HIM/HER BEFORE PRESCHOOL STARTS, IT IS VERY IMPORTANT TO LET US KNOW AS SOON AS POSSIBLE.**
- The 2010-2011 preschool year will begin the week of September 13, 2010 and ends the week before Memorial Day.
- Additional information will be sent to you in June. If you have any questions, please call the Preschool Director, at 763-498-8938.
- Children's Country Preschool admits students of any race, color, and national or ethnic origin.

PAYMENT SCHEDULE

1 Day Monthly Plan - \$50.00	1 Day Three Payment Plan - \$150.00	1 Day Annual Plan - \$450.00
2 Day Monthly Plan - \$105.00	2 Day Three Payment Plan - \$315.00	2 Day Annual Plan - \$945.00
3 Day Monthly Plan - \$140.00	3 Day Three Payment Plan - \$420.00	3 Day Annual Plan - \$1260.00

The first payment is due on or before the first day of class

~ **KEEP UPPER PORTION FOR YOUR PERSONAL RECORDS** ~

FILL OUT LOWER PORTION COMPLETELY & RETURN TO THE PRESCHOOL WITH REGISTRATION FEE 

Referred By _____ **REGISTRATION FORM 2010 – 2011** DATE _____ Male/Female (circle)

CHILD'S NAME _____ Written Name to be: _____ BIRTHDATE _____

CHILD'S ADDRESS _____ PHONE _____

FATHER'S NAME _____ MOTHER'S NAME _____

FATHER'S ADDRESS _____ MOTHER'S ADDRESS _____

CITY/STATE/ZIP _____ CITY/STATE/ZIP _____

FATHER'S HOME PHONE _____ MOTHER'S HOME PHONE _____

FATHER'S WORK PHONE _____ MOTHER'S WORK PHONE _____

FATHER'S OCCUPATION _____ MOTHER'S OCCUPATION _____

(Parent occupation information is optional)

CIRCLE PREFERRED SESSION (You may wish to indicate a 2nd choice in the event your first choice is filled & then be put on a waiting list for your first choice)

YELLOW CLASS

Multi-age (3-4 yrs.)
Mon. & Wed.
8:30 – 11:00 a.m.

ORANGE CLASS

Multi-age (3-4 yrs.)
Tues. & Thurs.
8:30 – 11:00 a.m.

GRAY CLASS

Multi-age (3-4 yrs.)
Tues. & Thurs.
12:15-2:45 p.m.

PINK CLASS

Young 3's (3 by Oct. 31 & potty trained)
Friday a.m.
9:00-11:00 a.m.

BLUE CLASS

Pre-Kindergarten
M, W, F
12:15-2:45 p.m.

PURPLE CLASS

Pre-Kindergarten
Tues., Thurs. & Fri.
8:30 -11:00 a.m.

GREEN CLASS

Pre-Kindergarten
Tues. & Thurs.
12:15-2:45 p.m.

Note: Children enrolling in Pre-kindergarten must be eligible for Kindergarten the following year.

I give permission for my name, address, & phone number to be given to parent/guardians in my child's preschool session for a class list.

(Signature)

(Date)