



# Blessing Place

## 2018/19 Registration Form

For children 18 months-33 months  
by September 1<sup>st</sup>, 2018

Office use only:
Date Rec'd _____
Amt. Paid _____
Pmt Type _____

### STUDENT INFORMATION

Child's Full Name: (First, middle, last)		Date of Birth:	Gender:
		Age in Months as of Sept 1, 2018:	
Child's Address:		Child's Primary Phone Number:	
City:	State:	ZIP:	Is this a cell number?
Mother/Guardian Name:	Address (if different than child):		Cell Phone:
Father/Guardian Name:	Address (if different than child):		Cell Phone:
Primary e-mail address:			
Emergency Contact Name:		Phone Number:	
Emergency Contact Address:			

**\$75.00** Non- refundable deposit must accompany this form.

### ALL CLASSES HAVE A 1 to 5 TEACHER/STUDENT RATIO

Classes for children 18 to 24 months as of September 1, 2018			
Class	Hours	Tuition	Choice
Monday & Friday – 2 day	9:00-12:00	\$234/month	
Tuesday & Thursday – 2 day	9:00-12:00	\$234/month	
Wednesday – 1 day	9:00-12:00	\$120/month	
Classes for children aged 24 to 33 months as of September 1, 2018			
Class	Hours	Tuition	Choice
Monday & Friday – 2 day	9:00-12:00	\$234/month	
Tuesday, Wednesday, Thursday – 3 day	9:00-12:00	\$338/month	

If you have any questions please call Lisa Pettersen at 952-977-9370 or email [lisa@normluth.org](mailto:lisa@normluth.org)

**Please check one:**

Current Family     Church Member     Preschool Family     New Community     Alumni

How did you hear about us? \_\_\_\_\_

**PLEASE TURN OVER AND COMPLETE REVERSE SIDE OF FORM!**

**FAMILY AND AT HOME INFORMATION**

Who does your child live with (check)? <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Both <input type="checkbox"/> Other:		
Children in the Family:	Name/Age	Name/Age
	Name/Age	Name/Age
What language(s) do you speak at home?		

**OTHER INFORMATION**

Does your child have any special health or developmental needs we should be aware of? (Please describe)
Will you have a child at Normandale Preschool in the 2017-18 School Year? (Please Choose)

**EMERGENCY/HEALTH INFORMATION**

Allergies:	Other Health Concerns:

**THESE PEOPLE ARE AUTHORIZED TO BRING AND PICK UP MY CHILD FROM SCHOOL**

Name:	Relationship:	Phone Numbers:	Address:

**Parental Permission**

I grant permission for Blessing Place to act on my child's behalf in an emergency when I or those listed above cannot be reached or will be significantly delayed. Please print this form, then sign and date below.

Parent/guardian signature:	Date: