



Blessing Place

2019/20 Registration Form

For children 18 months-33 months
by September 1st, 2019

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

STUDENT INFORMATION

Child's Full Name: (First, middle, last)		Date of Birth:	<input type="checkbox"/> Male
		Age in Months as of Sept 1, 2019:	<input type="checkbox"/> Female
Child's Address:		Child's Primary Phone Number:	
City:	State:	ZIP:	Is this a cell number? Yes No
Mother/Guardian Name:	Address (if different than child):	Cell Phone and Carrier:	
Father/Guardian Name:	Address (if different than child):	Cell Phone and Carrier:	
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, 2019			
Class	Hours	Tuition	Choice
Monday & Friday – 2 day	9:00-12:00	\$241/month	
Tuesday & Thursday – 2 day	9:00-12:00	\$241/month	
Wednesday – 1 day	9:00-12:00	\$124/month	
Classes for children aged 24 to 33 months as of September 1, 2019			
Class	Hours	Tuition	Choice
Monday & Friday – 2 day	9:00-12:00	\$241/month	
Tuesday, Wednesday, Thursday – 3 day	9:00-12:00	\$348/month	

If you have any questions please call Lisa Petterson at 952-977-9370 or email 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 (circle)? Mother Father Both 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 2018-19 School Year? (Please Circle) Yes No

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 sign and date this attachment.)

Parent/guardian signature:	Date: