



5634 Luther Road SE • Prior Lake, MN 55372 • (952) 226-2525

Child Care Student Information

Student's Name _____
Last First Middle

Address _____
City State Zip

Telephone _____ Birth Date _____ Male Female

Program Preferences:

Start Date: _____

Childcare: (circle one) Infant Toddler Preschool Pre-k (Minimum of 2 days per week)

Number of Days: ___ 5 ___ 4 ___ 3 ___ 2

Monday Tuesday Wednesday Thursday Friday

Daily Arrival Time: _____ Daily Departure Time: _____

****You will be billed for the number of days indicated above.**

Parent/Guardian Information

Father's Name _____ Occupation _____

Current Address (If different) _____

Home Phone (If different) _____ Work Phone _____

Cell Phone _____ Email _____

Mother's Name _____ Occupation _____

Current Address (If different) _____

Home Phone (If different) _____ Work Phone _____

Cell Phone _____ Email _____

Complete information on back side

Marital Status: married divorced separated
 remarried parent deceased single

Is this a guardianship: No Yes

| Sibling's Name | Sex | Birthdate: Month | Date | Year |
|----------------|-------|------------------|-------|-------|
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |

How did you hear about Little Saints ECC? _____

| | |
|--|---|
| Is student baptized/dedicated: <input type="checkbox"/> No <input type="checkbox"/> Yes – Date _____ | Present church home: <input type="checkbox"/> St. Paul's Lutheran Church, Prior Lake <input type="checkbox"/> Other _____ |
| Church _____ | City _____ |
| Denomination _____ | Denomination _____ |

Non-Discrimination Policy

Little Saints Early Childhood Center admits students of any race, color, national or ethnic origin to all rights privileges, programs and activities generally accorded or made available to students at the center. It does not discriminate on the basis of race, color, or national or ethnic origin in administration of its educational policies, admission policies, and other center-administered programs.

Commitment of Financial Support for your child's education

Person(s) who will be responsible for Tuition Payments: _____

If accepted to Little Saints ECC, you must agree to stay current with tuition and other expenses incurred as a Little Saints student. We/I understand the tuition policy and agree to abide by the terms therein for the upcoming school year. A non-refundable "enrollment fee" is due at the time of application. Checks may be made payable to Little Saints ECC.

| | |
|---------------------------|---------------|
| _____ Parent Signature | _____ Date |
|---------------------------|---------------|

| | |
|---------------------------|---------------|
| _____ Parent Signature | _____ Date |
|---------------------------|---------------|

No application will be considered for enrollment without the required enrollment fee and completed application.

Office Use Only:

Start Date: _____ **Referred by:** _____

Processed by: _____ Date: _____ Check # _____ Amount Received _____