



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

Half Day Student Information

Student's Name _____
 Last First Middle

Address _____
 City State Zip

Telephone _____ Birth Date _____ Male Female

Half Day Program Preferences: All classes are 3 hours

- | | | | | |
|------------------|---|-------------------|---------------------|------------------|
| Preschool | <input type="checkbox"/> 2-days/week (T & Th 3/4yrs) | \$1377/yr. | 8:25-11:25am | \$153/mo. |
| | <i>*Child must be three years of age and toilet trained.</i> | | | |
| Pre-K | <input type="checkbox"/> 3-days/week (M-W-F 4/5yrs) | \$1755/yr. | 8:25-11:25am | \$195/mo. |
| | <i>*Child must be four years old by 9/1.</i> | | | |
| Step-Up | <input type="checkbox"/> 3-days/week (M-W-F 4/5yrs) | \$1755/yr. | 12:20-3:20pm | \$195/mo. |
| | <i>*Child must be five years old by 2/1.</i> | | | |
| | <input type="checkbox"/> 5-days/week (M-F 4/5yrs) | \$2745/yr. | 12:20-3:20pm | \$305/mo. |
| | <i>*Child must be five years old by 2/1.</i> | | | |

***Please check the appropriate box for the class you want your child enrolled in. A \$100 non-refundable registration fee must be included with this form.**

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 _____

As determined under Minnesota State Law, a student entering class must have current immunizations against: diphtheria, tetanus, pertussis, polio, red measles, mumps and rubella. A physical examination is recommended for new students who have not had an examination prior to entering school.

Is student in generally good health? yes no. If no, please explain _____

How is the student's eyesight? good some difficulty. If difficulty, please explain _____

Please list any pertinent health information or special care that your child requires, that the teacher should know (allergies, etc.) below.

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 _____