



Preferred session:  TTh am  MWF am  MWF pm  MTWTh pm

Teacher or student request: \_\_\_\_\_

Registration paid: \_\_\_\_\_

Date: \_\_\_\_\_

# Easter Preschool Registration & Emergency Information

Child's full name: \_\_\_\_\_ Name child goes by: \_\_\_\_\_

Gender:  Female  Male Birthdate: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ ZipCode: \_\_\_\_\_

Guardian Name: \_\_\_\_\_ Cell phone: \_\_\_\_\_

Email address: \_\_\_\_\_ 2nd phone: \_\_\_\_\_

Guardian Name: \_\_\_\_\_ Cell phone: \_\_\_\_\_

Email address: \_\_\_\_\_ 2nd phone: \_\_\_\_\_

Parent(s) are:  Single parent  Married  Separated  Divorced

Sibling(s) names and ages: \_\_\_\_\_

## Medical Information

Child's Physician / Clinic Name: \_\_\_\_\_ Doctor Phone: \_\_\_\_\_

Child's Dentist & Clinic Name: \_\_\_\_\_ Dentist Phone: \_\_\_\_\_

Preferred Hospital (optional): \_\_\_\_\_

Insurance Company: \_\_\_\_\_ Policy Number: \_\_\_\_\_

Any allergies, special needs, or special instructions (attach *Food Allergy / Asthma Action Plan* if necessary):  
\_\_\_\_\_

Child requires an EPI pen:  YES  no

I give permission for the staff to make whatever emergency measures as judged necessary for the care and protection of my child while under the supervision of Easter Preschool. *Easter Preschool does not administer medication except in emergency situations.*

### Emergency Contacts & Release of Child:

In the event that a parent or guardian cannot be reached, these persons can be contacted, and are also authorized to pick up my child(ren).

Contact Name & Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Contact Name & Address: \_\_\_\_\_ Phone: \_\_\_\_\_

*I certify that I accurately completed this form and if anything changes, I will notify Easter Preschool and update this form.*

Signature of Parent or Guardian: \_\_\_\_\_ Date Signed: \_\_\_\_\_

## Tuition Policies

Easter Preschool is a non-profit organization that operates primarily on the tuition fees from each child. Therefore, it is essential that your fees be paid promptly.

### **Tuition for the 2018-2019 school year is:**

\$198/mo	4 day session
\$168/mo	3 day session
\$135/mo	2 day session

A non-refundable registration fee of \$65 is due at the time of registration. There will also be an activity fee of \$35 due October 1.

## Method of Payment

The first month's tuition is due on August 1. If you choose to withdraw before the start of the year, notification must be given to the Easter Preschool director before August 1 or you will be responsible for the first month's tuition. Tuition payments will be due the first day of each month thereafter. Payments are made for one month in advance.

Tuition is the same whether it is a short or a long month. If your child misses school because of vacation, illness or cancellation according to ISD 196 due to weather, the tuition is the same. A late fee will be assessed if payment is not made on the first day of the month. Any student whose tuition is still unpaid as of the 5th of the month or the first school day thereafter will have student status discontinued. The service fee (determined by the bank) for a returned check is the responsibility of the parent.

You may mail your tuition check to us at Easter Preschool, 4200 Pilot Knob Road, Eagan, MN 55122 or drop it in mail slot outside Alicia's office.

We expect your child to attend all year. If for some reason you must withdraw your child, you must give one-month notice or you will be held responsible for the tuition for that period. If your child is enrolled as of April 1, you are responsible for tuition through the close of the year.

Tuition assistance may be available for income eligible families by contacting Alicia for an application.

If you have further questions regarding these policies, please contact Alicia Borman at 651-217-8277.

I have read and understand the tuition policies.

Signed \_\_\_\_\_ Date \_\_\_\_\_