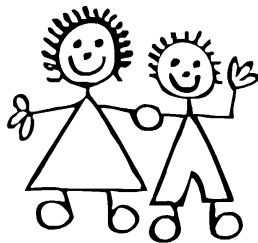


All Saints Preschool

15915 Excelsior Boulevard
Minnetonka, MN 55345
952.934.3552

Enrollment Form 2010-2011 School Year



For office use only

\$50 registration fee received _____

Date _____ Check # _____

Session Preferred

(Check one)

____ T/TH AM ____ T/TH PM

____ MWF AM ____ MWF PM

____ 4 DAY AM ____ 4 DAY PM

(Must be 4 by Sept 1 for 4 day)

2nd Choice (please write in)

GENERAL INFORMATION

Name _____

Nickname(if any) _____

Birthday _____

Gender: Male _____ Female _____

Father's Name _____

Mother's Name _____

Address _____

City _____ Zip _____

Telephone (home) _____

Cell Phone(s) _____

Father's Occupation _____

Business Phone _____

Mother's Occupation _____

Business Phone _____

A. Do we have permission to secure medical aid for
this child in case of an emergency? YES _____ NO _____

B. Person to be called in case of emergency if parent cannot be reached. It should be a person we can call during
the time your child is in school should s/he becomes ill and you cannot be reached.

Name _____ Address _____ Relationship _____

Phone #'s _____ Cell Phone # _____

C. Names of Persons other than parents authorized to take child from the preschool (other than car pool arrange-
ments)

_____ Phone #'s _____

_____ Phone #'s _____

D. Names of Persons not authorized to take a child from the preschool:

_____ Phone #'s _____

_____ Phone #'s _____

(OVER)

