

**2018- 2019 Application
St. Thomas Becket Preschool
4455 S. Robert Trail, Eagan, MN 55123
651-454-7099**

Complete this form and return it **with the registration fee of \$75** for one child or \$100 for two or more children. The application fee is non-refundable. ***Your child is not considered registered without the registration fee and the registration form.***

Class Choice: (circle your choice)

Three's (3 years old as of 10/1/18)

T/TH 9:15-11:45 (**\$140**)

OR

T/TH 9:15-2:15 (**\$260**)

Pre K (4/5 years old as of 10/1/18)

T/W/TH 9:15-11:45 (**\$170**)

OR

T/W/TH 9:15-2:15 (**\$310**)

Child Information

Name _____
(First) (Middle Initial) (Last)

Address _____

City _____ State _____ Zip _____ Phone _____

Birth date _____ Sex: M F

Family Information

Parent/Guardian 1 _____ Employer _____
(First) (Last)

Work Phone _____ Cell Phone _____

E-mail Address _____

Parent/Guardian 2 _____ Employer _____
(First) (Last)

Work Phone _____ Cell Phone _____

E-mail Address _____

Address _____ Home Phone _____
(If different than above) (If different than above)

Emergency contacts, physician and dentist names and numbers are required by the state. Emergency contacts must be local contacts, other than parents or guardians, who can assume temporary responsibility for your child if you cannot be reached.

Emergency Contacts:

Name _____ Address _____ Phone _____

Name _____ Address _____ Phone _____

Medical Contacts

Physician _____ Phone _____
Dentist _____ Phone _____

Other Information

1. How did you hear about STB Preschool? _____
2. Has your child had a previous group experience? _____ Where? _____ How often? _____
3. Does your child have neighborhood playmates? _____ same age _____ older _____ younger
4. Language spoken in home _____
5. Other children in the family:
Name _____ Birthdate _____ M F Name _____ Birthdate _____ M F
Name _____ Birthdate _____ M F Name _____ Birthdate _____ M F
6. If your child has strong fears, what are they? _____
7. Does your child have any special diet needs? _____
8. Has your child been stung by a bee? _____ more than once? _____ any reaction? _____
9. Any allergies? _____
10. Any medications given regularly? _____
11. Significant medical history? _____
12. Is there anything else you feel we should know about your child? _____
13. In what way do you hope your child will benefit from participation in our preschool program? _____

STB Preschool will circulate class lists with names, addresses, and phone numbers to aid parents in arranging car pools. I hereby give permission for my child to be included in any pictures and/or video taken which may be used to interpret the Preschool program through the press or other publications. Any such photography will be done under supervision of the school staff. I also give permission for my child to take walks under supervision of teachers.

Parent's Signature _____
Date _____

This form, together with your registration fee formally registers your child in STB Preschool for the coming school year. September's tuition is due by your child's first day of school in September. Subsequent payments are due on the first of the month through May. If your child is absent due to illness or vacation, payment is still required. No additional notice of payment due will be sent. Checks are to be made payable to St. Thomas Becket. If your payment is delinquent, you will receive notice on or about the 10th of the month that the payment is due and a \$10 late fee has been assessed.

This agreement may be terminated via 30 day written notice. The application fee paid at the time of enrollment is non-refundable. Any tuition paid before the 30 day notice is given is non-refundable. *Your signature below constitutes a contract between us.*

Parent's Signature _____ Date _____

Office Only - Placement _____
Date _____ Payment _____ Check # _____