

2012 Valley Preschool Summer Program Registration

Valley Preschool
413 Greeley Street South
Stillwater, MN 55082
(651) 439-8850
www.valleypreschool.org

APPLICANT INFORMATION (Please print)

Child's name _____ Birth date _____

Home address _____
Street City State Zip

Telephone: _____ Email address: _____
Enrollment confirmation & class information will be sent to this address.

Prior drop-off experience _____

How did you hear about us? (If applicable, include referring family's name) _____

PARENT OR GUARDIAN INFORMATION

Parent Name _____ Phone Number _____

Parent Name _____ Phone Number _____

Guardian(s) Name _____ Phone Number _____
(other than mother or father if applicable)

MEDICAL INFORMATION

In the event of a medical emergency the staff will call 911 first and then a parent/guardian. If a parent cannot be reached, the emergency contacts will be contacted.

Significant Medical Information _____

Allergies _____

Physician _____
Physician Name Clinic Name Clinic Phone Number

EMERGENCY CONTACTS AND AUTHORIZED CAREGIVERS

Must include at least 2 contacts other than parents. Include Name, City and State of Address, Phone Number, and Relation to Child.

I authorize the following persons to pick up my child from Valley Preschool and to care for my child.

1. _____
 2. _____
 3. _____
- | Name | City, State | Phone # | Relation |
|------|-------------|---------|----------|
|------|-------------|---------|----------|

CLASS PREFERENCE Please check all that apply.

	Summer Science	Mon, Tue, Wed, Thur	9:30am – 12:00pm	June 11-14	\$78 per session
	Magnificent Math	Mon, Tue, Wed, Thur	9:30am – 12:00pm	June 25-28	\$78 per session
	Summer Sign Language	Mon, Tue, Wed, Thur	9:30am – 12:00pm	July 9-12	\$78 per session
	Reading Rocks	Mon, Tue, Wed, Thur	9:30am – 12:00pm	July 23-26	\$78 per session

Total # of Sessions _____ Total Amount Enclosed \$ _____ Check # _____ Cash

Tuition must accompany this form. Make checks payable to Valley Preschool. Tuition for all summer programs will be deposited in June of 2012. Classes will be filled on a first come-first serve basis. If your chosen class fills, you will be notified and your fee refunded. Fees are non-refundable for other reasons. I give my child permission to attend class outings to the Greeley Healthcare Center and Washington Park. Valley Preschool reserves the right to cancel classes with low enrollment. Full tuition would be refunded at that time.

Signature of parent or guardian _____ Date _____

Enrollment is open to all qualified children regardless of race, color, creed, religion, national or ethnic origin, or disability. Notwithstanding Valley Preschool, Inc.'s commitment to equal access, the Board of Directors reserves the right to not accept a child for enrollment if it determines, after consulting with the child's guardian(s), that the child poses a threat or danger to other students, or would significantly distract from the other students' learning experience.