## Edina Morningside Preschool

Outreach of Edina Morningside Community Church 4201 Morningside Road Edina, MN 55416 952-926-6555

## 2024-2025 Registration Form

To register, fill in the following information and return the form back to preschool. Please include a check for the non-refundable \$65 registration fee.

## **Session Options:**

If you are choosing the two or three day option, choice of days is on a first come, first served basis. The Director will notify you if the days you requested are full.

• 2 days/week- 9 am - 12 pm

3 days/week- 9 am – 12 pm     Tuition: \$315 per month (Circle days requested: T, W, TH, F)      4 days/week- 9 am – 12 pm     Tuition: \$405 per month (T-F)      Add Extended Day Option (until 1:30 pm):	Tuition: \$245 per month (Circle	days requested: T, W, TH, F)
Tuition: \$405 per month (T-F)  • Add Extended Day Option (until 1:30 pm):	· · · · · · · · · · · · · · · · · · ·	days requested: T, W, TH, F)
1 day/ week     Tuition: Additional \$65 per month      2 days/week (circle days requested: T, W, TH, F)     Tuition: Additional \$115 per month      3 days/week (circle days requested: T, W, TH, F)     Tuition: Additional \$165 per month      4 days/week (circle days requested: T, W, TH, F)     Tuition: Additional \$165 per month      4 days/week (T-F)     Tuition: Additional \$210 per month  Child's Name	•	
Tuition: Additional \$115 per month  3 days/week (circle days requested: T, W, TH, F) Tuition: Additional \$165 per month  4 days/week (T-F) Tuition: Additional \$210 per month  Child's Name Birthdate Gender  Address  Allergies or Special Needs: Parent #1 Parent #2  Cell Phone # Home or Work # Home or Work #	o 1 day/ week (circle	day requested: T, W, TH, F)
Tuition: Additional \$165 per month  4 days/week (T-F) Tuition: Additional \$210 per month  Child's Name	· · · · · · · · · · · · · · · · · · ·	
Tuition: Additional \$210 per month  Child's Name Birthdate Gender  Address  Allergies or Special Needs:  Parent #1 Parent #2  Cell Phone # Cell Phone #  Home or Work # Home or Work #		
Address		
Allergies or Special Needs:	Child's Name	Birthdate Gender
Parent #1	Address	
Cell Phone #       Cell Phone #         Home or Work #       Home or Work #	Allergies or Special Needs:	
Home or Work # Home or Work #	Parent #1	_ Parent #2
	Cell Phone #	_ Cell Phone #
EmailEmail	Home or Work #	_ Home or Work #
	Email	_ Email