



Enrollment Form

For Registrar Use Only	
Date Received:	_____
Applying for Scholarship:	__Y__N
Additional Notes:	_____

Child's Name: _____ Gender: ___ F ___ M

Birth Date: ___/___/___ Age as of September 1st of the school year enrolled: _____

Mother or Parent #1: _____ Father or Parent #2: _____

Address: _____ City: _____ Zip: _____

Home or Cell Phone #1: _____ Cell Phone #2: _____ Work Phone: _____

Email Address: _____

(Extremely important - please print clearly)

*****Children must be toilet trained before school starts*****

The class schedule at Northfield Nursery School includes three sessions:
(Age represents the child's age as of September 1st of the school year enrolled)

- (1) Tues/Thurs Mornings 8:30 – 11:30 AM multi age; 3, 4 & 5 year olds*
- (2) Mon/Wed/ Fri Mornings 8:30 – 11:30 AM multi age; 3, 4 & 5 year olds
- (3) Mon/Weds/Fri Afternoons 12:30 – 3:00 PM multi age; 3, 4 & 5 year olds

* Tues/Thursday Mornings are suggested for 3 year olds.

NOTE: Morning sessions can be combined for a 5-day offering. If interested, please note (1) and (2) on First Choice.

Lunch Bunch is from 11:30 AM -12:30 PM and offered Monday-Friday for 3, 4 & 5 year olds to experience lunch in a group setting. Sign up in advance on the Tuition Locker door.
Cost is \$10 per lunch session and parents provide lunch.

FIRST CHOICE: _____ SECOND CHOICE: _____

Are you interested in Lunch Bunch (Y/N)?

Please return one Enrollment form per child with a \$60.00 per child registration fee (non-refundable). You will also need to include the 1st month of tuition (MWF AM - \$195/mo., MWF PM - \$180/mo., T/TH AM - \$160/mo. This can be combined in one check). This form and the registration fee must be sent in EACH year for EACH child.

Please make checks payable to NORTHFIELD NURSERY SCHOOL.

Mail to: Northfield Nursery School, 1401 S Maple St., Northfield MN 55057, "Attn: Registrar" or drop into the N.N.S. Preschool Tuition Locker, "Attn: Registrar" on the envelope.

N.N.S. Preschool receives limited scholarship money. If you are unable to afford the registration fee and to hold your enrollment slot, please contact the N.N.S. Preschool Director. Scholarships are awarded by the Community Action Center and applications are due by June 1st.

Scholarship application forms are available at: www.northfieldnurseryschool.com.

N.N.S. Preschool Withdrawal Policy

N.N.S. Preschool is a non-profit preschool and we count on tuition to help keep the school running. Our withdrawal policy is in place to aid when students withdraw and the budget is planned for a set amount of students.

Effective August 15th of each school year: If you decide to withdraw your child from N.N.S. Preschool, please notify both the Director and the Registrar. You will be responsible for two months of tuition starting from the date of notification of withdrawal, regardless of whether or not your child attends those subsequent two months.

For example, if you notify the Director and Registrar of your plan to withdraw your child on January 15th, we will require tuition payment through March 15th.

I, *(please sign)* _____, understand that once I have received confirmation from the Registrar via phone/email my son/daughter is enrolled and the withdrawal policy is in effect.

Northfield Promise

Northfield Promise is a community movement to enable all Northfield area children to thrive, from cradle to career. This work is accomplished by connecting and aligning resources, programs and community members to collaborate toward measurable results on 10 benchmarks throughout every child's life. By aligning all major community institutions around this shared set of measurable benchmarks, we will achieve community-level change to improve the outcomes for children and youth growing up in Northfield, Minnesota. Northfield Promise, Northfield Public Schools, and area preschools are working on a shared, collaborative project to better understand the preschool experiences of children in Northfield. As part of this project, N.N.S. Preschool intends to submit the following information to Northfield Public Schools: children's names, dates of birth and number of days attending preschool, with the exception of those families who choose to opt out by initialing below.

_____ No, I do not consent to my child's participation in the Northfield preschool collaborative project.

Early Childhood Screening

Early Childhood Screening is a free health and development screening that is required by the state of Minnesota to be completed once before a child enters public school or kindergarten. Vision, hearing, growth, immunization status and development are checked by trained staff.

To schedule a screening: Please call at 507.645.1200, email screening@northfieldschools.org, or schedule an appointment online. <https://northfieldschools.org/communityservices/childcare-pre-k/early-childhood-programs/>

If you have any questions you may contact the N.N.S. Preschool Director at 507-645-4607 or the Registrar at registrar@northfieldnurseryschool.com. Thank you!

Background Information

Previous Preschool School Experience:

Does your child have any identified special needs?

Other children or adults living in the household: *(Include name, age and relationship to the child)*

Has your child had any previous group experience? If so, where?

Has your child had issues with separation in the past?

What language(s) are spoken in your home?

What is your child's favorite play activity?

Does your child have any particular fears?

What are some of the family activities you and your child like to do?

Volunteerism

N.N.S. Preschool relies on family participation. Each family is asked to volunteer on the Board of Directors or on a school committee. In addition, we welcome classroom volunteers. Please complete the following.

Would you be willing to volunteer on the board?

Would you like to volunteer in the classroom?

Would you be willing to supply food for events?

Do you have a special interest, hobby, talent, or occupation that you would be willing to share?

EMERGENCY INFORMATION

Child's Name _____

Birth Date (m/d/y) _____

Parent/Guardian 1

Name _____

Home Phone _____

Address _____

Work Phone _____

Cell Phone _____

Parent/Guardian 2

Name _____

Home Phone _____

Address _____

Work Phone _____

Cell Phone _____

Significant Medical Information

Medical or Food

Allergies: _____

Medication taken on a regular basis: _____

Please list other significant medical information we should know about your child.

Emergency Contact 1 (In Northfield)

Name _____

Address _____

Phone _____ Relationship to Child _____

Emergency Contact 2 (In Northfield)

Name _____

Address _____

Phone _____ Relationship to Child _____

Physician/Health Care Provider

Name _____

Address _____

Phone _____

Dentist

Name _____

Address _____

Phone _____

PERMISSION FORM

I hereby give my permission for _____

Child's name

Please initial to the left of each item for which you give permission:

_____ To accompany the N.N.S. Preschool class on neighborhood walks or walking field trips that may occur during the regular school session. (includes Sibley School, its grounds, and Sibley marsh)

_____ To be in the presence of any of the following animals which may visit school: gerbils, hamsters, dogs, cats, poultry, frogs, snakes, farm animals, etc.

_____ To have photos taken for publicity purposes that may be used for the newspaper, the school's brochure, the school's website or Facebook page, or for TV.

_____ To be included on the N.N.S. Preschool class list. (This includes your child's name, birth date, parents'/guardians' names, addresses, and phone number and is distributed to all families enrolled in N.N.S. Preschool.)

_____ To leave school with:

Names Phone Numbers

_____ I give permission to N.N.S. Preschool to make whatever emergency (e.g. first aid, disaster evacuation) measures are judged necessary for the care and protection of my child while under the supervision of the school staff.

_____ I give permission, in case of medical emergency, for any of the N.N.S. Preschool staff to call our health care provider/dentist for treatment and/or to summon an ambulance to transport my child to a medical facility. I understand that this transportation will be at my expense. I also understand that, in some medical situations, the staff will need to contact the local emergency resource before contacting me.

_____ Do you wish to specify the name of anyone who should NOT pick up your child? (If it is a non-custodial parent, we need to have a copy of the court order.)

If yes, please list the first and last names. _____

Parent/Guardian Signature _____ **Date** _____