

**All Seasons Preschool of Eagan
Preschool Registration Form
2024-2025**

Child's Name: _____

Birth Date: _____ Child's Age as of September 1 ____ Gender: M F Prefer to self-describe:

Children must be 36 months old and toilet trained by September 1.



Monthly Tuition

Full Day 8:30-3:30	Part Day 8:30-11:30
2 Day: \$729	3 Day: \$512
3 Day: \$1002	4 Day: \$651
4 Day: \$1207	
5 Day: \$1411	

Extended Day:
\$12/hour \$6/half hour

Please indicate your preference:

FULL DAY OPTIONS

- 5 Full Days - MTWThF, 8:30 - 3:30
- 4 Full Days - MTWTh, 8:30 - 3:30
- 3 Full Days - TWTh, 8:30 - 3:30
- 2 Full Days - TTh, 8:30 - 3:30

Optional Extended Day:

Morning:

- 7:30-8:00
- 8:00-8:30

Afternoon:

- 3:30-4:00
- 4:00-4:30

PART DAY OPTIONS

- 3 Part Days - TWTh, 8:30 - 11:30
- 4 Part Days - MTWTh, 8:30 - 11:30

Optional Extended Day:

Morning:

- 7:30-8:00
- 8:00-8:30

Lunch:

- 11:30-12:30

Family Information

Parent / Guardian #1: _____

Address: _____

Phone: _____

Email address: _____

Employer/Occupation: _____

Parent / Guardian #2: _____

Address: _____

Phone: _____

Email address: _____

Employer/Occupation: _____

All Seasons Preschool will make every effort to meet the needs of all children enrolled in our program. Information about your child's needs and interests will be gathered at our initial conference prior to the start of the school year. If you believe your child may have educational or health needs that will require additional planning or preparation on the part of the school, please indicate below. If available, please provide a copy of your child's IEP/ICCP.

How did you hear about our program? _____

A limited amount of tuition assistance is available for those who qualify. Check the box below if you are interested in more information.

Yes, I am interested in learning more about tuition assistance.

Return to All Seasons Preschool with a \$100.00 non-refundable application fee. **Please note that form and fee are required for placement.**

Enclosed is my \$100 application fee.

Children are placed on a first come, first served basis with priority given to returning families. We will make every effort to honor families' preferences. Families will be notified of enrollment status upon receipt of form.

Signature: _____ Date: _____

All Seasons Preschool of Eagan
3385 Discovery Road
Eagan, MN 55121
(952) 466-1471

FOR OFFICE USE ONLY:

Date Received: _____

Application Fee

Placement date: _____