

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

Child's Name: _____

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

Children must be 24 months old by September 1.



MONTHLY TUITION
8:30-11:30
2 Day (T & Th): \$350

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 \$75.00 non-refundable application fee. **Please note that form and fee are required for placement.**

Enclosed is my \$75 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: _____