

2025-2026 School Year

ELIM PRESCHOOL

685 13th Ave NE Minneapolis, MN 55413

Phone: 612.789.1063

www.elimpreschoolmpls.org // info.elimpreschoolmpls@gmail.com

**Children MUST be 3 years old BY September 1st, 2025.
Children must be potty trained or in the process of learning.**

Preschool Classes & Monthly Fees

			½ day	full day
2 Sessions or 2 full days	M/T/W/TH/F	9:00-11:30AM or 9:00-3:30PM	\$119	\$308
3 Sessions or 3 full days	M/T/W/TH/F	9:00-11:30AM or 9:00-3:30PM	\$174	\$470
4 Sessions or 4 full days	M/T/W/TH/F	9:00-11:30AM or 9:00-3:30PM	\$238	\$594
5 Sessions or 5 full days	M/T/W/TH/F	9:00-11:30AM or 9:00-3:30PM	\$283	\$742

MORNING ROMP & AFTERNOON ROMP

Parents are offered the option of before school care and after school care.

LUNCH

Full day students must bring their own lunches. We are a peanut/nut free school.

Extended Day Options & Monthly Fees

			2 days	3 days	4 days	5 days
Morning Romp	M/T/W/TH/F	8:00-9:00 AM	\$27	\$34	\$41	\$48
Afternoon Romp	M/T/W/TH/F	3:30-5:00 PM	\$27	\$34	\$41	\$48

**A \$100.00 registration fee plus a \$50.00 supply fee are due at the time of registration.
These fees are nonrefundable. These fees help to keep our tuition rates.**

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Registration Procedures

1. Complete both sides of the application and return with the \$100.00 registration and \$50.00 supply. Make checks payable to Elim Preschool. One check for both fees.
2. Return completed form and fees to the office.
3. All registration forms are dated when they are turned in and filed until class lists are prepared in May. Registration forms without the fee will not hold a place until the fee is received. A confirmation letter and medical forms will be handed out in June or mailed to families not currently enrolled.
4. Any child regardless of race, color, ethnic origin, religion, creed, family structure or source of payment may register and be enrolled.
5. Student information files are kept confidential. Each file includes:
 - a. Student Registration Form
 - b. Health Care Summary
 - c. Immunization Records
 - d. Emergency Card
 - e. Pick-up List
 - f. Sunscreen Form

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Child's Full Name: _____ Male Female
Last First Middle

Home Phone: _____ Birthdate: _____ Age on 09/01/2025: _____

Address: _____
Street Zip Code

How did you become aware of our program? _____

Parent: _____ Occupation: _____

Address: (if different) _____ Cell: _____

Email: _____ Work: _____

Parent: _____ Occupation: _____

Address: (if different) _____ Cell: _____

Email: _____ Work: _____

Marital Status: Married Separated Divorced Single Widowed

Who is legally responsible for your child? _____

Other family members in the home (Name and children's ages):

\$150.00 non refundable registration fee due with papers

Please indicate preference(s):

2 ½ day sessions	M/T/W/TH/F	9:00-11:30 AM	\$119
2 full day sessions	M/T/W/TH/F	9:00-3:30 PM	\$308
3 ½ day sessions	M/T/W/TH/F	9:00-11:30 AM	\$174
3 full day sessions	M/T/W/TH/F	9:00-3:30 PM	\$470
4 ½ day sessions	M/T/W/TH/F	9:00-11:30 AM	\$238
4 full day sessions	M/T/W/TH/F	9:00-3:30 PM	\$594
5 ½ day sessions	M/T/W/TH/F	9:00-11:30 AM	\$283
5 full day sessions	M/T/W/TH/F	9:00-3:30 PM	\$742
Extended Day Options			2 days 3 days 4 days 5 days
AM Romp	8:00-9:00 AM	M/T/W/TH/F	\$27 \$34 \$41 \$48
PM Romp	3:30-5:00 PM	M/T/W/TH/F	\$27 \$34 \$41 \$48

Child's Name _____ Age _____ Birth date _____

1. Does your child have any allergies, sensitivities, or dietary restrictions? If yes, please explain.
2. Does your child have any physical restrictions or a chronic health condition? If yes, please explain.
3. Is there any situation at home that might affect your child that we should be aware of?
4. Is your child toilet-trained? If no, please explain where he/she is at in the process.
5. What is your family's ethnic or cultural background?
6. What languages are spoken in your household?
7. How comfortable are you in speaking and reading English?
8. How does your child interact with other children? With adults?
9. What experience has your child had with groups (child care, play group, church, etc.)?
10. What are your child's strengths?
11. What concerns do you have about your child?
12. Is there anything else that you would like to tell us about your child?

Permission Granted

Please circle either "I DO" or "I DO NOT" give permission in each case.

Class List Permission:

I DO give permission I DO NOT give permission
for my name, child's name, address, phone number and birthday to be published on a class list distributed to other parents with children in my child's class at Elim Preschool.
I understand that this list will not be used for any other purpose and that Elim Preschool will not give this list to anyone whose name does not appear on it.

Photo Permission:

I DO give permission I DO NOT give permission
for photos taken of my child at Elim Preschool to be included in a school program, bulletin board, flyer, or newsletter.

I DO give permission I DO NOT give permission
for putting my child's name and picture on a class photo.

I DO give permission I DO NOT give permission
for photos taken of my child at Elim Preschool to be included on Elim Preschool's website or other marketing tools without his/her name.

Parent Signature _____ Date: _____