

2020-2021 School Year



"A Foundation of Faith for Life"

ELIM PRESCHOOL

685 - 13th Avenue NE • Minneapolis, MN 55413

Office: 612.789.1063 • Fax: 612.789.9601

www.elimpreschool.org

~ Program Options for 2021-2022 ~

CHILDREN MUST BE 3 years old BY June 1st, 2021. *Children must be potty trained.*

~ Preschool Classes & Monthly Fees ~

			½ day	full day
2 Sessions or 2 full days	M/W	9:00-11:30 AM & 1:00-3:30 PM	\$119	\$308
3 Sessions or 3 full days	T/W/TH	9:00-11:30 AM & 1:00-3:30 PM	\$174	\$470
4 Sessions or 4 full days	M/T/W/TH/F	9:00-11:30 AM & 1:00-3:30 PM	\$238	\$594
5 Sessions or 5 full days	M/T/W/TH/F	9:00-11:30 AM & 1:00-3:30 PM	\$283	\$742

MORNING ROMP & AFTERNOON ROMP

Parents are offered the freedom to drop off children anytime between 8:00 and 9:00 AM or have children stay after class from 3:30-5:00 PM.

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	Offered Daily	M/T/W/Th/F	8:00-9:00 AM	\$27	\$34	\$41	\$48
Afternoon Romp	Offered Daily	M/T/W/Th/F	3:30-5:00 PM	\$27	\$34	\$41	\$48

A \$100.00 registration fee (nonrefundable) is due with application.



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Registration Procedures for 2021-2022

1. Complete *both sides* of the application and return with the **\$100.00 registration fee**. Your fee must accompany the registration form and is ***non-refundable***. Make checks payable to **ELIM PRESCHOOL. PLEASE RETURN YOUR COMPLETED FORMS TO THE OFFICE.** That way we can keep them in order.
2. 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 registration fee is received. A confirmation letter and medical forms will be handed out in June or mailed to families not currently enrolled.
3. Any child regardless of race, color, ethnic origin, religion, creed, family structure or source of payment may register and be enrolled.
4. Student information files are kept confidential.
Each file includes:
Student Registration Form, Health Care Summary, Immunization Record, Parent-Teacher Conference Student Progress Report, Emergency Contact Information
and a Permission to Pick-Up List. This file is updated as needed when information changes.

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

Home Phone _____ Birth date: _____ Age on 6/1/2021 _____

Address _____

How did you become aware of our program? _____

Parent: _____ **Occupation:** _____

Address: (if different) _____ Cell Phone: _____

Email address: _____ Work Phone: _____

Parent: _____ **Occupation:** _____

Address: (if different) _____ Cell Phone: _____

Email address: _____ Work Phone: _____

Marital Status: Married Separated Divorced Single Widowed

Who is legally responsible for your child? _____

Other Family Members in the home (Names and Children's Ages):

\$100.00 nonrefundable registration fee due with papers

Please indicate preference(s):

<input type="checkbox"/> 2 ½ day sessions <input type="checkbox"/> 2 full days	M/T/W/TH M/T/W/TH	<input type="checkbox"/> 9:00-11:30 AM <input type="checkbox"/> 1:00-3:30 PM <input type="checkbox"/> 9:00-11:30 AM & 1:00-3:30 PM	<input type="checkbox"/> \$119 <input type="checkbox"/> \$308
<input type="checkbox"/> 3 ½ day sessions <input type="checkbox"/> 3 full days	M/ T/W/TH M/T/W/TH/F	<input type="checkbox"/> 9:00-11:30 AM <input type="checkbox"/> 1:00-3:30 PM <input type="checkbox"/> 9:00-11:30 AM & 1:00-3:30 PM	<input type="checkbox"/> \$174 <input type="checkbox"/> \$470
<input type="checkbox"/> 4 ½ day sessions <input type="checkbox"/> 4 full days	M/T/W/TH/F	<input type="checkbox"/> 9:00-11:30 AM <input type="checkbox"/> 1:00-3:30 PM <input type="checkbox"/> 9:00-11:30 AM & 1:00-3:30 PM	<input type="checkbox"/> \$238 <input type="checkbox"/> \$594
<input type="checkbox"/> 5 ½ day sessions <input type="checkbox"/> 5 full days	M/T/W/TH/F	<input type="checkbox"/> 9:00-11:30 AM <input type="checkbox"/> 1:00-3:30 PM <input type="checkbox"/> 9:00-11:30 AM & 1:00-3:30 PM	<input type="checkbox"/> \$283 <input type="checkbox"/> \$742
Extended Day Options			2 days 3 days 4 days 5 days
<input type="checkbox"/> AM Romp	8:00-9:00 AM	<input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> Th <input type="checkbox"/> F	<input type="checkbox"/> \$27 <input type="checkbox"/> \$34 <input type="checkbox"/> \$41 <input type="checkbox"/> \$48
<input type="checkbox"/> PM Romp	3:30-5:00 PM	<input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> Th <input type="checkbox"/> F	<input type="checkbox"/> \$27 <input type="checkbox"/> \$34 <input type="checkbox"/> \$41 <input type="checkbox"/> \$48

Health and Social History

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 check 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(ren)'s name(s), address, phone number and birthday to be published on a class list distributed to other parents with children in my child(ren)'s class(es) 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 _____