

2012-2013



REGISTRATION

Please return the registration form and the fees stated below to: Little Angels Preschool, 16280 Duluth Ave SE, Prior Lake, MN 55372. You may also drop off the form/fees at the St. Michael Catholic School office.

Child's first and last name: _____ name preferred? _____ Male Female

Child's Birth Date: _____ Registered Members at St. Michael's Parish? _____

Allergies/Special Needs _____

Mother's Name: _____ Phone #(s) _____

Father's Name: _____ Phone #(s) _____

Address: _____

City: _____ State _____ Zip Code _____

EMAIL(s) _____

Daycare Provider: _____ Phone#(s) _____

Registration Fee of \$60 (non-refundable) and one month tuition (non-refundable after July 31) are due with registration form

Three Year Old Class

Must be three before Sept. 1

_____ Tuesday/Thursday AM 9:00 - 11:30 AM Class size 16 Tuition: \$130/month

Three/Four Year Old Class

Must be three before Sept. 1

_____ Tuesday/Thursday PM 1:00 - 3:30 PM Class size 16 Tuition: \$130/month

Four/Five Year Old Classes

Must be four before Sept. 1

_____ Monday/Wed./Friday AM 9:00 - 11:30 AM Class size 20 Tuition: \$160/month

_____ Monday/Wed./Friday PM 1:00 - 3:30 PM Class size 20 Tuition: \$160/month

_____ Monday/Wed. PM 1:00 - 3:30 PM Class size 20 Tuition: \$130/month

I am submitting the \$60 (non-refundable) registration fee along with one month tuition (non-refundable after July 31), and I agree to comply with the tuition policies of St. Michael Little Angels Preschool. I accept full responsibility for future tuition payments.

Date: _____ Signature: _____