

Discovery Time Preschool Registration Form

School Year _____
List Age on Sept. 1 _____

Enrollments accepted with non-refundable registration fee of \$50. There will be 8 tuition payments paid monthly, one month in advance, beginning August 1. Make checks payable to Community Education, 709 N. Kniss, Luverne MN 56156. Scholarships may be available for qualifying families. For questions, call 283-4724.

Child's Name _____ Birthdate _____

Parent's Name(s) _____

Address _____ City _____ Zip _____

Home Phone _____ Cell Phone _____

Email address: _____

Circle/Check (X) the class below requested for your child.

\$50.00 non-refundable registration fee due now, covers materials & snack.

Class #:	Teacher	Ages	Days	Time	8 Tuition Payments
S2130	Mrs. Angie	3 Year Old	T/Th Morning	8:30 - 11:15 am	\$118 Monthly*
N2234	Mrs. Amy	3/4 Year Old**	T/Th Afternoon	12:30 - 3:15 pm	\$118 Monthly*
N3134	Mrs. Amy	3/4 Year Old**	MWF Morning	8:30 - 11:15 am	\$135 Monthly*
S3140	Mrs. Angie	4 Year Old	MWF Morning	8:30 - 11:15 am	\$135 Monthly*
N3240	Mrs. Amy	4 Year Old**	MWF Afternoon	12:30 - 3:15 pm	\$135 Monthly*
S5240	Mrs. Angie	4 Year Old***	MTWTHF Afternoon	12:30 - 3:15 pm	\$253 Monthly*

***Tuition Subject to Change. Advance payments begin August 1 through March 1 (8 Months). Scholarships for Free/Reduced Fees available by application if state funding is made available.**
****These classes are made possible with EL Scholarship funding and subject to change if funding is reduced AND the age of children served may change to include 3 year olds.**
*****If the 5 day/week class does not meet the minimum enrollment, it will become a 3 day/week class.**
Students with older siblings in school may ride the school district bus home from afternoon classes.

- Please check any/all of the following that apply to your child/your family:
- Child is learning to speak English in addition to his/her first language
 - Child/Family is temporarily displaced or living with relatives/friends
 - My family does (or may) qualify for Free or Reduced School Lunch, MFIP, SNAP or WIC benefits
 - I wish to complete an Early Learning Scholarship Application form. (NA for 5 year olds)
 - Child will attend kindergarten next school year
 - Child has never attended any other early childhood/preschool program
 - Child will also be attending another preschool program elsewhere. List: _____
 - My child will attend ONLY if he is awarded a full or partial scholarship.
 - Other concerns/issues that may potentially influence learning or special requests that I have: _____

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OFFICE USE ONLY \$50 Receipt #: _____ Date Paid: _____ Received By: _____

Verified Free/Reduced Benefits _____ Child's Age _____ Qualifying Need Score _____

Requested EL Scholarship Form: _____ Received EL Scholarship Form: _____