



Registration Form 2026-2027

1401 15th St W
Hastings, MN 55033
(651)437-6541
preschool@splchastings.org

Child Information

Child's Legal Name _____ Date of Birth ____/____/____

Nickname we should use for your child (if different from above) _____ Gender: M____ F____

Address _____

Does your child have any of the following:

City/State _____ Zip Code _____

☐ Food Allergy: _____

Home Phone _____

☐ Food Sensitivity/Intolerance: _____

Child lives with: ☐ Both Parents ☐ Mother ☐ Father

☐ Medication Allergy: _____

☐ Guardian ☐ Stepfather ☐ Stepmother

☐ Other Allergy: _____

Names/ages of siblings _____

☐ Asthma/Reactive Airway

☐ Seizures

☐ Other Medical Concerns: _____

Mother/Guardian

Name _____ Home Phone () _____

Home Address _____

Email Address _____

Employer _____ Work phone# _____

Cell Phone # _____

Father/Guardian

Name _____ Home Phone () _____

Home Address _____

Email Address _____

Employer _____ Work phone# _____

Cell Phone # _____

How did you hear about St. Philip's Preschool? _____

A registration fee of \$60.00 (non-refundable) must accompany this application

Be certain that all blanks are filled in legibly and accurately. Most of the information is required by law in Minnesota to ensure the safety and welfare of your child. If any of the information changes during the preschool year, please notify us.

Your child should be at least 33 months old by Sept. 1, 2026 and potty-trained to register for our preschool program. Please indicate a 1st and 2nd choice for your child's enrollment. You will be notified promptly if your child cannot be placed in your 1st choice. You'll receive information the 1st week in August regarding teacher assignment and orientation date/times.

Program Options:

A. Monday, Wednesday, Friday	9:00am-12:00pm	\$220/month
B. Tuesday and Thursday	9:00am-12:00pm	\$185/month
C. Monday- Friday (5 days)	9:00am-12:00pm	\$330/month

1st Choice_____ **2nd Choice**_____

Tuition options for 2026-2027:

<u>3 sessions per week</u>	<u>2 sessions per week</u>	<u>5 sessions per week</u>
-9 monthly payments of \$220	-9 monthly payments of \$185	-9 monthly payments \$330
-2 semester payments of \$990	-2 semester payments of \$832.50	-2 semester payments of \$1,485
-1 payment of \$1980	-1 payment of \$1665	-1 payment of \$2,970

I -understand that, for a session to be held, a minimum of 10 students must be enrolled. One qualified lead teacher and one assistant teacher will be assigned to each class. The ratio will be one adult per 10 children with no more than 16 per classroom.

-I grant permission for my child's name, parents' names, address, and phone number to be included in a "class list" that will be distributed to all class members to be used for arranging car pools to or from preschool, arranging play dates with classmates, etc.

-I agree that, if my child is enrolled by St. Philip's Preschool, I will pay the tuition fee on or before the first school day each month, beginning in September (or the first month of enrollment). I understand that a \$15 late fee will be charged for any monthly tuition not received by the 10th of the month.

-I understand that an immunization record and a Health Summary Form (signed by a health care provider) must be on file before the first day of preschool and that there may need to be additional paperwork completed if my child has **any** allergy or medical concern listed on any of these forms.

-I agree to notify St. Philip's Preschool two weeks in advance - or pay two weeks' tuition- if I need to withdraw my child during the school year. I understand that any child withdrawn after March 31st will be charged full tuition for the remainder of the school year.

-I understand that, after a trial period, St. Philip's reserves the right to withdraw a child who is unable to function in this program or whose parents do not follow the stated policies.

Signed_____ (mother or legal guardian) Date_____

Signed_____ (father or legal guardian) Date_____