



# Registration Form 2026-2027

Child Information

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

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 1<sup>st</sup> and 2<sup>nd</sup> choice for your child's enrollment. You will be notified promptly if your child cannot be placed in your 1<sup>st</sup> choice. You'll receive information the 1<sup>st</sup> week in August regarding teacher assignment and orientation date/times.

**Program Options:**

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

**1<sup>st</sup> Choice** \_\_\_\_\_ **2<sup>nd</sup> Choice** \_\_\_\_\_

**Tuition options for 2026-2027:**

<b>3 sessions per week</b>	<b>2 sessions per week</b>	<b>5 sessions per week</b>
-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 \_\_\_\_\_