

# 2023-2024 Cannon Falls Preschool Registration Form

## Cannon Falls Community Education

Children must be at least 3 years old by September 1<sup>st</sup> in order to attend preschool. Children must be fully potty trained and able to use the bathroom independently before starting preschool.

A non-refundable registration fee is due upon registration in order to hold your child's space in a class. **Registration fee is \$35 if received before May 19<sup>th</sup>.**

**Full Time students will be given priority.**

**Fee increases to \$50 after May 19th.** All part time students will be filled in the order that they are received. If the registration is incomplete, a space in class will not be reserved.

**Registration is not complete until the following paperwork is submitted: registration form, emergency contact information, immunization form AND registration fee.**

Child's Name: \_\_\_\_\_ Age: \_\_\_\_\_ DOB: \_\_\_\_\_

Register for classes by marking first and second choice(s) below.

Half Day Preschool:

Days	Time	Daily	Weekly	Choice
T/TH	8:00 am-11:00 am	\$13.00	\$26.00	
M/W/F	8:00 am-11:00 am	\$13.00	\$39.00	
M-F	8:00 am-11:00 am	\$13.00	\$65.00	

Full Day Preschool:

Days	Time	Daily	Weekly	Choice
T/Th	8:00 am-3:00 pm	\$26.00	\$52.00	
M/W/F	8:00 am-3:00 pm	\$26.00	\$78.00	
M - F	8:00 am-3:00 pm	\$26.00	\$130.00	

Preschool classes will be divided based on your child's age relative to other students.

**Rates above do not include before and after school care.**

**Please contact Community Ed for Cannon Kids registration forms and fees.**

**Cannon Falls Preschool offers Pathways II Scholarships and is Child Care Assistance eligible. Inquire with the Community Education office.**

To register, mail completed forms, immunization record and registration fee to:

**Cannon Falls Community Education  
820 E. Minnesota Street  
Cannon Falls, MN 55009**

**Acceptance letters will be emailed out in June, teacher placements will be emailed out in August.**

**Full Time students will be given priority**

**Office Use Only**

Date Received: \_\_\_\_\_ Reg. #: \_\_\_\_\_ Reg. Form: \_\_\_\_\_ Imm. Form: \_\_\_\_\_ Fee: \_\_\_\_\_  
Teacher: \_\_\_\_\_ Grade: PRESCHOOL

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**CANNON FALLS PRESCHOOL EMERGENCY AND REGISTRATION CARD**

PLEASE FILL OUT COMPLETELY IN INK:

Student's Legal Name: \_\_\_\_\_  
(First) (Middle) (Last)

Birthdate: \_\_\_\_\_ Age: \_\_\_\_\_ Sex: Male/Female

Federal Race/Ethnicity categories are required.

Part A: Is the child Hispanic/Latino?

**(Choose one)**

- NO, not Hispanic/Latino
- YES, Hispanic/Latino

Part B: What is the child's race? **(Choose at least one)**

- Black/African American
- Native Hawaiian/Pacific Islander
- White
- Asian
- American Indian/Alaska Native

Student lives with:

\_\_\_\_\_ Both parents \_\_\_\_\_ Mother \_\_\_\_\_ Father \_\_\_\_\_ Other (specify) \_\_\_\_\_

Father/Guardian \_\_\_\_\_

Address \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

E-mail address \_\_\_\_\_

Employer \_\_\_\_\_ Work Phone \_\_\_\_\_

Mother/Guardian \_\_\_\_\_

Address \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

E-mail address \_\_\_\_\_

Employer \_\_\_\_\_ Work Phone \_\_\_\_\_

Non-Custodial Parent Name \_\_\_\_\_

Address \_\_\_\_\_

Phone Number \_\_\_\_\_ Mail reports to non-custodial parent (Y or N)

**Names and birthdates of brother(s) and sister(s) living at home:**



**Person(s) authorized to pick up your child if you are 15 minutes late or in case of an emergency (include car pool, and list in order you would like to have called):**

Name \_\_\_\_\_ (Circle one: Neighbor/Relative/Friend)

Address \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ (Circle one: Neighbor/Relative/Friend)

Address \_\_\_\_\_ Phone \_\_\_\_\_

**Person(s) specifically NOT authorized to pick up your child:**

Name(s) \_\_\_\_\_

(Under no circumstances will your child be released to anyone unknown by school staff without authorization from parents or guardians.)

**Child's Doctor/Clinic** \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

Hospital \_\_\_\_\_ Phone \_\_\_\_\_

**Child's Dentist** \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

Does your child have any physical condition that the school should know about? If so, please specify.

\_\_\_\_\_  
\_\_\_\_\_

Does your child require any special attention, medication or routines that may have to be taken into consideration in planning for his/her time at pre-school? If so, please specify.

\_\_\_\_\_  
\_\_\_\_\_

Does your child have any diet restrictions due to allergies, etc.? If so, please specify.

\_\_\_\_\_  
\_\_\_\_\_

Do you have any concerns about your child's vision, hearing or speech? If so, please specify.

\_\_\_\_\_  
\_\_\_\_\_

**PLEASE CHECK ALL APPLICABLE**

( ) I authorize the Cannon Falls Preschool to act in an emergency situation when parents or guardians cannot be reached or if there will be a delay in my arrival.

( ) I give permission for my child to participate in the Cannon Falls Preschool activities and field trips.

( ) I authorize the Cannon Falls Preschool to use my child's photo for promotion and advertising.

Parent/Guardian Signature \_\_\_\_\_