

# Discovery Time Preschool Registration Form

List Age on Sept. 1 \_\_\_\_\_  
of  
School Year \_\_\_\_\_

Enrollments accepted with non-refundable registration fee of \$35. 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.**  
*Use the school year age guideline above. Hepatitis A immunization required -- see back.*

**\$35.00 non-refundable registration fee due with registration.**

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	Miss Debbie	3/4 Year Old**	T/Th Afternoon	12:45 - 3:30 pm	\$118 Monthly*
N3134	Miss Debbie	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	Miss Debbie	4 Year Old**	MWF Afternoon	12:45 - 3:30 pm	\$135 Monthly*
S5240	Mrs. Angie	4 Year Old***	MTWTHF Afternoon	12:45 - 3:30 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.**  
**\*\*\*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 receives Special Education Services (has an IEP or IIIP)
- 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** \$35 Receipt #: \_\_\_\_\_ Date Paid: \_\_\_\_\_ Received By: \_\_\_\_\_

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

Requested EL Scholarship Form: \_\_\_\_\_ Received EL Scholarship Form: \_\_\_\_\_