

Alden-Conger Little Knights Preschool
215 N. Broadway Alden, MN 56009
(507) 874-3240

2019-2020

Student's Name _____ Gender _____
(First) (Last)

Nickname _____ Date of Birth _____ Marriage Status: _____
(mm/dd/yyyy)

Mom/Guardian Name _____ Dad/Guardian Name _____

Address _____ Address _____

Home/Cell # _____ Home/Cell # _____

Work Place and # _____ Work Place and # _____

Email _____ Email _____

Child lives with _____

Name of Resident School District _____

- If you ARE a resident of the Alden-Conger school district, there is NO fee for preschool.
- If you ARE NOT a resident of the Alden-Conger school district and you DO open enroll so your child will attend kindergarten in Alden-Conger, there is NO fee for preschool.
- If you ARE NOT a resident of the Alden-Conger school district and you DO NOT open enroll your child for kindergarten, then you will be charged the following tuition. Tuition is due at the beginning of each month.

Tuesday/Thursday classes \$70 per month
Monday/Wednesday/Friday classes \$120 per month

Please circle your 1st choice for preschool. Class size will be limited. We do not guarantee your 1st choice.

_____ Monday, Wednesday & Friday AM 8:00-11:00 PM 12:00-3:00
(taught by Ms. Nicky) (co-taught by Ms. Nicky and Ms. Courtney)
(4-5 year olds entering kindergarten in the fall of 2020)

_____ Tuesday & Thursday AM 8:00-10:30 PM 12:30-3:00
(taught by Ms. Nicky) (co-taught by Ms. Nicky and Ms. Courtney)
(3-4 year olds entering kindergarten in the fall of 2021)

Emergency Contact Information

Name & Relationship _____ Phone Number _____

Name & Relationship _____ Phone Number _____

Name & Relationship _____ Phone Number _____

How will your child get home? _____
(Busing is only available for preschool when riding with older sibling- If older sibling is out sick preschooler will need to be picked up) Thanks for understanding!

If there is an early out, my child will _____

Any health information I/we need to know: _____

Any Allergies: _____

What are your child's strengths? _____

What is the most challenging thing about raising your child? _____

Describe your child's social and emotional behavior, i.e., personality traits and how they work/play with others.

Is your child currently receiving early childhood special education services (**on an IEP**)? ____ Yes ____ No

Type of service _____

Has your child received any early childhood special education (**an IEP**) services in the past? ____ Yes ____ No

Are there any other things I/we should know about your child? _____

Please list your child's siblings along with their date of birth.

**** Up to date shot records and open enrollment forms (if applicable) need to be turned in with this application BEFORE classroom placement.**