



**St. Michael's Lutheran Preschool**

9201 Normandale Boulevard • Bloomington, MN 55437

(952) 230-2025

**2023-2024 Preschool Application Form**

Please return or mail to St. Michael's office or Preschool Director

**Child's Name** \_\_\_\_\_ boy girl Birthdate \_\_\_\_\_  
First Last

Name preferred (nickname) \_\_\_\_\_ Phonetic spelling of last name \_\_\_\_\_

Child's Home Address \_\_\_\_\_  
Street City Zip

**Mother's Name** \_\_\_\_\_  
First Last

Mother's Address (if different from child's) \_\_\_\_\_  
Street City Zip

Mother's Occupation \_\_\_\_\_ Work Hours \_\_\_\_\_

Mother's Email \_\_\_\_\_ Cell Phone \_\_\_\_\_

**Father's Name** \_\_\_\_\_  
First Last

Father's Address (if different from child's) \_\_\_\_\_  
Street City Zip

Father's Occupation \_\_\_\_\_ Work Hours \_\_\_\_\_

Father's Email \_\_\_\_\_ Cell Phone \_\_\_\_\_

**Emergency Contacts** (must list two, cannot be a parent, emergency contacts are automatically considered authorized to pick up)

Name \_\_\_\_\_ Cell Phone \_\_\_\_\_

Address \_\_\_\_\_  
Street City Zip

Relationship to student \_\_\_\_\_

Name \_\_\_\_\_ Cell Phone \_\_\_\_\_

Address \_\_\_\_\_  
Street City Zip

Relationship to student \_\_\_\_\_

Continued next side...

**Additional persons other than parents authorized to take child from St. Michael's Preschool** (you will be able to add more people later in the Brightwheel app)

Name \_\_\_\_\_ Cell Phone \_\_\_\_\_

Name \_\_\_\_\_ Cell Phone \_\_\_\_\_

**Dentist** \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_  
Street City Zip

**Physician** \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_  
Street City Zip

**Significant medical information** (dietary or medical needs, please only include doctor-confirmed allergies/sensitivities)

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

**Class Choice** (check all that apply):

3K (3 on or before Aug. 31) Tues/Thurs 9 - 11:30 a.m. \$170/month

3K (3 on or before Aug. 31) Tues/Wed/Thurs 9 - 11:30 a.m. \$235/month

3K Wednesday class is limited to six students. Wednesday morning the 3K class is combined with the 4K class for independent and group times but separated for developmentally appropriate activities and snack.

4K (4 on or before Aug. 31) Mon/Wed/Fri 9 - 11:30 a.m. \$235/month

4K afternoon enrichment options with Lunch Bunch. Note all afternoon classes are initially limited to 10 students. If there is enough interest and we are able to secure staffing, we will consider increasing the afternoon class size.

Science Monday 11:30 - 2:45 p.m. \$80/month

Literacy Wednesday 11:30 - 2:45 p.m. \$80/month

Art Friday 11:30 - 2:45 p.m. \$80/month

**A registration fee of \$75 per child (\$120 maximum per family) is required to make this application complete.** This fee is not refundable, nor does it apply to tuition. You will receive an invoice from our Preschool office through the Brightwheel app, where you will be able to use a checking/savings account or a credit card to pay the registration fee. Any questions can be directed to our Preschool Director, Kristi Lueth, at [psdirector@smlcb.org](mailto:psdirector@smlcb.org) or 952-230-2025.

**Please initial the following**

\_\_\_\_\_ I give permission to St. Michael's Lutheran Preschool to act in any emergency situation when parents cannot be reached or are delayed (e.g., first aid, disaster evacuation). I understand that emergency medical care will be provided.

\_\_\_\_\_ St. Michael's Lutheran Preschool has permission to use my child's photo for general purposes such as bulletin boards, website, Brightwheel, program slide shows, church videos, brochures, and other promotional items. St. Michael's will not identify your child by name.

\_\_\_\_\_ I authorize my phone number and address to be included on a class list to be distributed to Preschool families to help set up play dates and carpools.

**Signed** \_\_\_\_\_ **Date** \_\_\_\_\_

Office use only: _____	Date Rec'd _____	Added to Brightwheel _____	Reg fee paid _____
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