



Enrollment Form

<p align="center">For Registrar Use Only</p> <p>Date Received: _____</p> <p>Applying for Scholarship: <u> </u>Y<u> </u>N</p> <p>Additional Notes:</p>
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Child's Name: _____ Gender: ____ F ____ M

Birth Date: ____/____/____ Age as of September 1st of the school year enrolled: _____

Mother or Parent #1: _____ Father or Parent #2: _____

Address: _____ City: _____ Zip: _____

Home or Cell Phone #1: _____ Cell Phone #2: _____ Work Phone: _____

Email Address: _____

(Extremely important - please print clearly)

*****Children must be toilet trained before school starts*****

The class schedule at Northfield Nursery School includes three sessions:
(Age represents the child's age as of September 1st of the school year enrolled)

- | | | |
|-----------------------------|-------------------|---|
| (1) Tues/Thurs Mornings* | 8:30 – 11:30 a.m. | Suggested for 3 year olds |
| (2) Mon/Wed/ Fri Mornings* | 8:30 – 11:30 a.m. | Suggested for 4 & 5 year olds |
| (3) Mon/Weds/Fri Afternoons | 12:30 – 3:00 p.m. | Multi-age - Suggested for 3, 4, & 5 year olds |

Note: An extended time from 11:30 -12:30 will be offered each Wednesday for kids to stay or come early to experience lunch in a group setting. Sign-up will be the Monday of each week and the cost will be \$10 per lunch session (parents will need to provide lunch).

* Morning sessions can be combined for a 5-day offering. If interested, please note (1) and (2) on First Choice

FIRST CHOICE: _____ SECOND CHOICE: _____

Are you interested in the weekly Wednesday Lunch option? (Y/N) _____

Please return one Enrollment form per child with a \$55.00 per child registration fee (non-refundable). You will also need to include the 1st month of tuition (MWF am - \$180/mo., MWF pm - \$165/mo., T/TH am - \$145/mo. This can be combined in one check). This form and the registration fee must be sent in EACH year for EACH child. Please make checks payable to NORTHFIELD NURSERY SCHOOL.

Northfield Nursery School receives limited scholarship money. To hold your enrollment slot, if you are unable to afford the registration fee, please contact the Northfield Nursery School director. Scholarships are awarded by the Community Action Center and applications are due by June 1st. (Please see our website for more information and the scholarship application form - www.northfieldnurseryschool.com.)

This *Enrollment Form*, registration fee and 1st month of tuition can be mailed directly to: **Northfield Nursery School, 1401 S Maple St., Northfield MN 55057, "Attn: Registrar"** or, dropped into the **NNS Tuition Box with the notation "Attn: Registrar"** on the envelope.

If you have any questions you may contact the NNS Director at 507-645-4607 or the NNS Registrar at registrar@northfieldnurseryschool.com. Thank you!

NNS Withdrawal Policy

In the case of withdrawal, please notify the Director and the Registrar. We require at least 30 days' notice. In case of withdrawal, you will be responsible for the next two months tuition after the cutoff date of Aug 15th.

I, *(please sign)* _____, understand that once I have received confirmation from the Registrar via phone/email my son/daughter is enrolled and the withdrawal policy is in effect.

Background Information

Previous Nursery School Experience: _____

Does your child have any identified special needs? _____

Other children or adults living in the household: *(Include name, age and relationship to the child)*

Has your child had any previous group experience? If so, where? _____

Has your child had issues with separation in the past? _____

What language(s) are spoken in your home? _____

What is your child's favorite play activity? _____

Does your child have any particular fears? _____

What are some of the family activities you and your child like to do? _____

Volunteerism

Northfield Nursery School has relied on family participation. Each family is asked to volunteer on a school committee. In addition, we welcome classroom volunteers. Please complete the following.

Would you like to volunteer in the classroom? _____

Would you be willing to supply food for events? _____

Do you have a special interest, hobby, talent, or occupation that you would be willing to share? _____

EMERGENCY INFORMATION

Child's Name _____

Birth Date (m/d/y) _____

Parent/Guardian 1

Name _____

Home Phone _____

Address _____

Work Phone _____

Cell Phone _____

Parent/Guardian 2

Name _____

Home Phone _____

Address _____

Work Phone _____

Cell Phone _____

Significant Medical Information

Medical or Food Allergies: _____

Medication taken on a regular basis: _____

Please list other significant medical information we should know about your child. _____

Emergency Contact 1 (In Northfield)

Name _____

Address _____

Phone _____

Relationship to Child _____

Emergency Contact 2 (In Northfield)

Name _____

Address _____

Phone _____

Relationship to Child _____

Physician/Health Care Provider

Name _____

Address _____

Phone _____

Dentist

Name _____

Address _____

Phone _____

Northfield Nursery School
1401 South Maple Street
Northfield, MN 55057
507.645.4607
www.northfieldnurseryschool.com

PERMISSION FORM

Please initial to the left of each item for which you give permission:

I hereby give my permission for _____
Child's name

_____ To accompany the Northfield Nursery School class on neighborhood walks or walking field trips that may occur during the regular school session. (includes Sibley School, its grounds, and Sibley marsh)

_____ To be in the presence of any of the following animals which may visit school: gerbils, hamsters, dogs, cats, poultry, frogs, snakes, farm animals, etc.

_____ To have photos taken for publicity purposes that may be used for the newspaper, the school's brochure, the school's website or Facebook page, or for TV.

_____ To be included on the Northfield Nursery School class list. (This includes your child's name, birth date, parents'/guardians' names, addresses, and phone number and is distributed to all families enrolled in Northfield Nursery School.)

_____ To leave school with:
Names Phone Numbers

_____ I give permission to Northfield Nursery School to make whatever emergency (e.g. first aid, disaster evacuation) measures are judged necessary for the care and protection of my child while under the supervision of the school staff.

_____ I give permission, in case of medical emergency, for any of the Northfield Nursery School staff to call our health care provider/dentist for treatment and/or to summon an ambulance to transport my child to a medical facility. I understand that this transportation will be at my expense. I also understand that, in some medical situations, the staff will need to contact the local emergency resource before contacting me.

_____ Do you wish to specify the name of anyone who should NOT pick up your child? (If it is a non-custodial parent, we need to have a copy of the court order.)

If yes, please list the first and last names. _____

Parent/Guardian Signature _____ Date _____

(Over)