



REGISTRATION FOR OPEN DOOR PRESCHOOL 2020-21

Child's Name: _____

Child's Birthdate: ____/____/____ Gender: MALE FEMALE

Parent(s) Name(s): _____

Home Address: _____ Home Phone: _____

City: _____ Zipcode: _____

Email Address: _____

Have any of your older children been enrolled at Open Door? YES NO

Name(s): _____ Year(s) Attended: _____

CLASS PREFERENCE: Please number 1st, 2nd, 3rd choice.

_____ 3 day am (Tuesday, Wednesday, Thursday 9:00-11:30) - \$185/month x 9

_____ 2 day am (Wednesday, Thursday 9:00-11:30) - \$155/month x 9

children must be self sufficient in their toileting skills before school starts

Will you be carpooling? YES NO If yes, with whom? _____

To complete class lists, may we release your child's name, birth date, address, phone number and parent(s) name(s) to parents of other children in your child's class? (This class list may be useful for car pool arrangements and contacting other families throughout the year.) YES NO

Parents' Signature _____ Date: _____

Please be certain to enclose the following items:

This form AND the \$55.00 non-refundable registration fee. (Make checks out to Open Door Preschool)

REGISTRATION CANNOT BE PROCESSED WITHOUT BOTH FORM AND FEE

Barb Howe, Registrar
1114 St Olaf Avenue
Northfield, MN 55057
507-645-8532 x1