

# Lake Harriet United Methodist Preschool naeyc



4901 Chowen Avenue South Minneapolis, Minnesota 55410 Phone: 612.926.8043 Fax: 612.926.7646  
 info@lakeharrietumpreschool.org www.lakeharrietumpreschool.org

## APPLICATION FOR ENROLLMENT

Child's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
 Address: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Gender: \_\_\_\_\_

### Parent/Guardian Information

Mother/Guardian Name: \_\_\_\_\_ Home: ( ) \_\_\_\_\_  
 Address (if different): \_\_\_\_\_ Work: ( ) \_\_\_\_\_  
 \_\_\_\_\_ Cell: ( ) \_\_\_\_\_

Father/Guardian Name: \_\_\_\_\_ Home: ( ) \_\_\_\_\_  
 Address (if different): \_\_\_\_\_ Work: ( ) \_\_\_\_\_  
 \_\_\_\_\_ Cell: ( ) \_\_\_\_\_

Family Email Address: \_\_\_\_\_

### Session Information

Please check your first choice and indicate if you will accept either session.

\_\_\_\_\_ Morning Session \_\_\_\_\_ Afternoon Session \_\_\_\_\_ Longer Day Session  
 M – Th: 9:00 – 11:30 am M – Th: 12:30 – 3:00 pm M – Th: 9:00 am – 1:00 pm

**NON-REFUNDABLE REGISTRATION FEE: \$50.00**

A CHECK MUST ACCOMPANY THIS APPLICATION

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

#### Office Use Only

Date Accepted: \_\_\_\_\_ Check # \_\_\_\_\_ Confirmation sent: \_\_\_\_\_ Tour Date \_\_\_\_\_