



# Shakopee Pre-K Registration 2019

Please return this completed form to:  
**ISD #720, 1200 Town Square, Shakopee MN 55379**

Child's FULL LEGAL Name (First, Middle, Last): \_\_\_\_\_

Male  Female Birthdate: \_\_\_\_\_ Number of family members in home: \_\_\_\_\_

Street Address: \_\_\_\_\_ Apt#: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Primary language spoken at home: \_\_\_\_\_ Do you need interpreter assistance?  No  Yes

Special Health Concerns (accommodation, disability, allergy, dietary restrictions, or special needs we should be aware of?):  No  Yes, explain:

\_\_\_\_\_

Parent/Guardian Data:	Parent/Guardian #1	Parent/Guardian #2
Name (First, MI, Last)		
Relationship to Student		
Address Line 1		
Address Line 2		
Cell Phone		
Work Phone		
Email		
Birthdate		

### PRESCHOOL CLASS

1st Choice Course ID#	2nd Choice Course ID#

### EXTENDED CARE

Before care	Midday Care	After Care

- Non-Refundable \$80 Preschool Registration Fee**
- Initial Extended Care Deposit \$50** (This fee will be applied to the first extended care billing)
- Payment Plan** by auto pay by credit/debit card only (9 monthly payments. Payments processed on the 1st of the month Sept-May)
- Cash**       **Check** (Make Checks Payable to Shakopee Public Schools)       **Credit/Debit Card** (please fill out information below)

Card Type (check one):  MasterCard       Visa       Discover

Name on Card: \_\_\_\_\_

Credit Card Number: \_\_\_\_\_

Exp: \_\_\_\_\_

Authorized Signature: \_\_\_\_\_

Date: \_\_\_\_\_

*Liability: I hereby release, absolve, and hold harmless Shakopee Community education and School District #720, its officers, employees and agents from any damage resulting from any injury incurred by me or my child while participating in the above mentioned programs. I understand Shakopee Community Education and School district #720 assumes no responsibility before, during or after the program.*

