



# Shakopee Pre-K Registration 2020

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.*

