

Kids Corner Preschool Registration Form

2012-2013 School Year

Shoreview Parks & Recreation ~ 4580 Victoria Street North ~ Shoreview, MN 55126 ~ 651-490-4750

Please check the class/classes you are registering for (on-line registration is not available for this program):

Monday Funday A.M.
Activity #: 540206-01

Friday Funday A.M.
Activity #: 540206-03

Tiny Treasures
Activity #: 540206-05

Alpha Kids
Activity #: 540206-07

Monday Funday P.M.
Activity #: 540206-02

Friday Funday P.M.
Activity #: 540206-04

ABC's & 123's
Activity #: 540206-06

Stepping Stones
Activity #: 540206-08

Busy Buddies
Activity #: 540206-09

Bookends
Activity #: 540206-10

Investigators
Activity #: 540206-11

Please include \$50 non-refundable registration fee:

Check Cash Visa MasterCard

Checks payable to the City of Shoreview

Account Number _____ Exp. Date _____

Signature _____

Billing Address _____
Street City State Zip

School Year Dates:
September 10, 2012 -
May 24, 2013

*School Calendar will be mailed
with Parent Packet in August 2012.*

*Monthly tuition payments will be due
beginning in September 2012.*

Child's Full Name _____

Male Female

Home Address _____
Street City State Zip

Child's Nick Name _____ Name preferred on name tag _____

Date of Birth _____ Child resides with: Mother Father Both Other _____

Allergies _____

Medical Conditions/Surgeries _____

Parent/Guardian _____

Occupation _____

Home Phone(____) _____

Work Phone(____) _____

Cell Phone(____) _____

Email Address _____

Parent/Guardian _____

Occupation _____

Home Phone(____) _____

Work Phone(____) _____

Cell Phone(____) _____

Email Address _____

In consideration of your accepting my child's registration, I hereby, for myself, my child, my heirs, executors and administrators, waiver and release any and all rights and claims for damages I or my child may have against the City of Shoreview, the Parks and Recreation Department, or the Kids Corner Preschool for any and all injuries suffered by myself or my child at any activity sponsored by these groups. In an emergency situation, preschool staff will take whatever emergency measures necessary for the care and protection of your child while under our supervision. I hereby authorize City of Shoreview employees to contact emergency medical services and act on behalf of parents when parents are unavailable.

Parent/Guardian Signature _____ Date _____