



Little Wingers Preschool 2023-2024

(Previously Colvill Kids Preschool)

Red Wing Public Schools

Colvill Family Center / 269 E. 5th St. / Red Wing, MN 55066 651-385-8000



Please enroll my child in:

3 Year Class, Mon/Wed/Fri AM _____

(Children age 3 by 9/1/2023 may enroll in this class)

3 Year Class, Tue/Thurs AM _____

(Children age 3 by 9/1/2023 may enroll in this class)

Mixed Ages Class (3 / 4 Years), Mon thru Thurs PM _____

(Children age 3 or 4 by 9/1/2023 may enroll in this class)

4 / 5 Year Class, Mon thru Fri AM _____

(Children age 4 or 5 by 9/1/2023 may enroll in this class)

4 / 5 Year Class, Mon thru Fri PM _____

(Children age 4 or 5 by 9/1/2023 may enroll in this class)

4 / 5 Year Class, Mon thru Fri ALL DAY _____

(Children age 4 or 5 by 9/1/2023 may enroll in this class)

- ~ Morning class hours are: 8:45 am - 11:15 am *
- ~ Afternoon class hours are: 12:15 pm - 2:45 pm *
- ~ All day class hours are: 8:45 am - 2:45 pm *

* Class times are approximate and may change based on district transportation schedules. Classes are dependent on sufficient enrollment.

2 days a week (am):	\$145.00 / month
3 days a week (am):	\$175.00 / month
4 days a week (pm):	\$220.00 / month
5 days a week (am or pm):	\$275.00 / month
5 days a week (all day):	\$540.00 / month

*Scholarships are available based on individual need.
Please see page 2 for details.*

❖ **The registration fee of \$40.00 (non-refundable) is required at the time of registration.**

Child's Full First Name _____ Full Middle Name _____ Legal Last Name _____ Gender _____

Birth Date: ____/____/____ _____ years old (Age on Sept. 1, 2023)

Child's Home Address: Street _____ City _____ State _____ Zip _____

Parent/Guardian #1 Name _____ Parent/Guardian #2 Name _____

Address _____ Address _____

Cell # _____ Home # _____ Cell # _____ Home # _____

Email Address _____ Email Address _____

Relationship to Child: _____ Relationship to Child: _____

Work # and Employer Name _____ Work # and Employer Name _____

Daycare Provider: (if applicable) _____
Name Address Phone Number

The State of Minnesota requires verification of up-to-date immunizations for all children, BEFORE they can attend preschool. Please turn immunization forms in to the office as soon as possible.

Please describe previous group experiences (child care, preschool, ECFE, Sunday school, etc).

We feel it is important to know what you, as parents, expect from our program. Please share your expectations with us.

Has your child completed Early Childhood Screening? Yes ____ No ____ If not, please schedule a screening date by calling Colvill Family Center at 651-385-8000.

_____ Parent Signature	_____ Date
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Please return the completed form & registration fee (\$40 non-refundable) to the address below:

**Little Wingers Preschool
269 E. 5th St.
Red Wing, MN 55066
651/385-8000**



OFFICE USE ONLY

Date Received: _____

Registration Fee Paid: _____
(cash, check, credit card)

Scholarship Information: Limited scholarship funds are available to assist families in paying for preschool. Completed scholarship forms and proof of income or qualifying program participation (SNAP, Childcare Assistance, Free or Reduced Lunch, etc.) are required prior to scholarship consideration. Scholarship requests received or completed after the beginning of the school year are not retroactive. Scholarship forms need to be completed each year; scholarships do not carry forward from year to year. Please request a scholarship form from the front office, if you feel you would qualify to receive assistance.