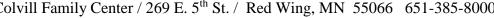


Daycare Provider: (if applicable)

Little Wingers Preschool 2025-2026

Red Wing Public Schools





		MN 55066 651-385-8		
Please enroll my child in:				
3 Year Class, Mon/Wed/Fri AM	~ N	forning class hours are:	8:45 am - 11:15 am *	
(Children age 3 by 9/1/2025 may enroll in this class)		fternoon class hours are:	12:15 pm - 2:45 pm *	
(Cimuren age e by 3/1/2020 may emon in this class)	~ A	Il day class hours are:	8:45 am - 2:45 pm *	
3 Year Class, Tue/Thurs AM			·	
(Children age 3 by 9/1/2025 may enroll in this class)		Class times are approximate and i		
		ransportation schedules. Classes nrollment.	are dependent on sufficient	
Mixed Ages Class (3/4 Years), Mon thru Thurs PM _		monnent.		
(Children age 3 or 4 by 9/1/2025 may enroll in this class)			***************************************	
4 / 5 Year Class, Mon thru Fri AM		2 days a week (am):	\$150.00 / month	
(Children age 4 or 5 by 9/1/2025 may enroll in this class)		3 days a week (am):	\$190.00 / month	
		4 days a week (pm):	\$240.00 / month	
4 / 5 Year Class, Mon thru Fri PM		5 days a week (am or p		
(Children age 4 or 5 by 9/1/2025 may enroll in this class)		5 days a week (all day)	: \$590.00 / month	
4 / 5 Year Class, Mon thru Fri ALL DAY (Children age 4 or 5 by 9/1/2025 may enroll in this class)	Scholarships are available based on individual need. Please see page 2 for details.			
❖ The registration fee of \$40.00 (non-ref	ai (aldebrui	required at the time of	ragistration	
• The registration rec of φ40.00 (non-rec	didable) is	required at the time of	registration.	
Child's Full First Name Full Middle Nam	e	Legal Last Name	Gender	
Birth Date:/ years old (Age on Sept. 1, 2025)				
Birth Date:/ years old	(Age on Sept.	. 1, 2025)		
Birth Date:/ years old Child's Home Address: Street	(Age on Sept.	. 1, 2025)		
			Zip	
Child's Home Address: Street	City	State	Zip	
	City		Zip	
Child's Home Address: Street Parent/Guardian #1 Name	City Parent/Gu	State	Zip	
Child's Home Address: Street	City	State	Zip	
Child's Home Address: Street Parent/Guardian #1 Name	City Parent/Gu	State	Zip	
Child's Home Address: Street Parent/Guardian #1 Name	City Parent/Gu	State	Zip Home #	
Child's Home Address: Street Parent/Guardian #1 Name Address	City Parent/Gu	State		
Child's Home Address: Street Parent/Guardian #1 Name Address Cell # Home #	City Parent/Gua Address Cell #	State ardian #2 Name		
Child's Home Address: Street Parent/Guardian #1 Name Address	City Parent/Gu	State ardian #2 Name		
Child's Home Address: Street Parent/Guardian #1 Name Address Cell # Home # Email Address	City Parent/Gua Address Cell # Email Add	State ardian #2 Name	Home #	
Child's Home Address: Street Parent/Guardian #1 Name Address Cell # Home #	City Parent/Gua Address Cell # Email Add	State ardian #2 Name	Home #	
Child's Home Address: Street Parent/Guardian #1 Name Address Cell # Home # Email Address	City Parent/Gua Address Cell # Email Add	State ardian #2 Name	Home #	

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.

Address

Name

Phone Number

Please describe previous group experiences (child care, preschool, EC	FE, Sunday school, etc).
We feel it is important to know what you, as parents, expect from our with us.	program. Please share your expectations
Has your child completed Early Childhood Screening? Yes No date by calling Colvill Family Center at 651-385-8000.	If not, please schedule a screening
Parent Signature	Date

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.