



# Little Wingers Preschool 2025-2026

## Red Wing Public Schools

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



Please enroll my child in:

**3 Year Class, Mon/Wed/Fri AM** \_\_\_\_\_

(Children age 3 by 9/1/2025 may enroll in this class)

**3 Year Class, Tue/Thurs AM** \_\_\_\_\_

(Children age 3 by 9/1/2025 may enroll in this class)

**Mixed Ages Class (3 / 4 Years), Mon thru Thurs PM** \_\_\_\_\_

(Children age 3 or 4 by 9/1/2025 may enroll in this class)

**4 / 5 Year Class, Mon thru Fri AM** \_\_\_\_\_

(Children age 4 or 5 by 9/1/2025 may enroll in this class)

**4 / 5 Year Class, Mon thru Fri PM** \_\_\_\_\_

(Children age 4 or 5 by 9/1/2025 may enroll in this class)

**4 / 5 Year Class, Mon thru Fri ALL DAY** \_\_\_\_\_

(Children age 4 or 5 by 9/1/2025 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):	\$150.00 / month
3 days a week (am):	\$190.00 / month
4 days a week (pm):	\$240.00 / month
5 days a week (am or pm):	\$300.00 / month
5 days a week (all day):	\$590.00 / 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, 2025)

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. 5<sup>th</sup> 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.*