



*House of Prayer Preschool + 7625 Chicago Ave S Richfield MN 55423 + 612.682.3163*

## **2023-2024 Enrollment Packet**

Thank you for your interest in House of Prayer Preschool (HoPP)! We are located in House of Prayer Lutheran Church and have been in the community for over 50 years. We offer several schedule options to fit your family's needs.

The classroom has evolved from a traditional preschool setting to a Montessori environment. Montessori education has been around since 1906 and is a child-centered educational approach. It was developed by Dr. Maria Montessori and is based on scientific observation of children age birth through adult. Montessori education values the whole development of the child- physical, emotional, social, and cognitive.

Nicole Olson serves as Director and has over 17 years of education experience. She has a Minnesota teaching license for grades K-8, an advanced Montessori Diploma for ages 2.5-6+ and a Master of Education degree from Loyola University Maryland.

To register for the upcoming year, please complete the registration forms and return with the \$50 application fee to:

House of Prayer Preschool  
7625 Chicago Ave S  
Richfield, MN 55423

If you have any questions, please contact [nolson@hoplc.org](mailto:nolson@hoplc.org) or 612.682.3163.

We look forward to welcoming you to our community!

Warmly,

Nicole Olson  
Preschool Director



### **Tuition and Hours Schedule – 2023-2024**

**8:30 a.m. to 1:00 p.m.**

4 days            Monthly: \$471

5 days            Monthly: \$590

**9:00 a.m. to 1:00 p.m.**

4 days            Monthly: \$419

5 days            Monthly: \$524

**8:30 a.m. to 3:30 p.m.\***

4 days            Monthly: \$733

5 days            Monthly: \$915

**9:00 a.m. to 3:30 p.m.\***

4 days            Monthly: \$681

5 days            Monthly: \$849

\*Care until 4:30 p.m. can be added for \$7 per day (calculated x four weeks per month).

*Tuition Schedule as of March 1, 2023*

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www.hoplc.org/preschool + nolson@hoplc.org*

**ENROLLMENT FORM 2023-2024**

Child's Name \_\_\_\_\_  
                                    **First**                                    **Middle**                                    **Last**

Birth Date \_\_\_\_\_ Male/Female \_\_\_\_\_

Home Address \_\_\_\_\_  
                                    **Street**                                    **City**                                    **Zip Code**

Current School/Childcare Center/Home with Parent/Caregiver \_\_\_\_\_

Parent/Guardian: Name \_\_\_\_\_ Phone# \_\_\_\_\_

Employer \_\_\_\_\_ Email \_\_\_\_\_

Address (if different than child) \_\_\_\_\_

Parent/Guardian: Name \_\_\_\_\_ Phone# \_\_\_\_\_

Employer \_\_\_\_\_ Email \_\_\_\_\_

Address (if different than child) \_\_\_\_\_

Are there any other languages spoken at your home?

How did you learn about House of Prayer Preschool?

Why do you want to enroll at House of Prayer Preschool?

Are you a member of House of Prayer Lutheran Church? YES NO

**Please attach a check with a non-refundable application fee of \$50  
payable to House of Prayer Lutheran Church.  
See Tuition Schedule for monthly tuition amounts.**

Additional required forms include:

1. Emergency Form (with an attached current photo of your child)
2. Authorization and Parent Agreement
3. Personal Profile
4. Health Care Summary and Immunization Form (can be requested from doctor)

**EMERGENCY FORM 2023-2024**

**Child's Name** \_\_\_\_\_

**Parent/Guardian #1 (Primary Contact and Authorized Pick Up):**

**Name** \_\_\_\_\_ **Preferred Phone** \_\_\_\_\_  
**Employer** \_\_\_\_\_ **Email** \_\_\_\_\_  
**Address (if different than child)** \_\_\_\_\_

**Parent/Guardian #2 (Authorized Pick Up):**

**Name** \_\_\_\_\_ **Preferred Phone** \_\_\_\_\_  
**Employer** \_\_\_\_\_ **Email** \_\_\_\_\_  
**Address (if different than child)** \_\_\_\_\_

**If we are unable to reach Parent/Guardian we will contact the persons listed below.**

**Name** \_\_\_\_\_ **Relationship** \_\_\_\_\_ **Phone** \_\_\_\_\_  
**Address** \_\_\_\_\_

**Name** \_\_\_\_\_ **Relationship** \_\_\_\_\_ **Phone** \_\_\_\_\_  
**Address** \_\_\_\_\_

**Please two other contacts authorized to pick up your child.**

**Name & Address** \_\_\_\_\_ **Relationship** \_\_\_\_\_ **Phone** \_\_\_\_\_

**Name & Address** \_\_\_\_\_ **Relationship** \_\_\_\_\_ **Phone** \_\_\_\_\_

**Please list others NOT authorized to pick up your child.**

**Name** \_\_\_\_\_ **Relationship** \_\_\_\_\_

**Child's Physician** \_\_\_\_\_ **Address/Phone** \_\_\_\_\_

**Child's Dentist** \_\_\_\_\_ **Address/Phone** \_\_\_\_\_

**Specific instructions regarding emergency care (use separate sheet if necessary)** \_\_\_\_\_

**Insurance Provider/ID#/Account#** \_\_\_\_\_

**Parent/Guardian carrying insurance** \_\_\_\_\_

**Known allergies:** \_\_\_\_\_

**Child's hair color** \_\_\_\_\_ **Eye color** \_\_\_\_\_ **Height** \_\_\_\_\_ **Weight** \_\_\_\_\_

**Please describe any distinguishing marks/birthmarks your child has** \_\_\_\_\_

*I understand that in some emergency situations the center may need to contact the emergency medical service (911) before the parent or guardian, child's physician, and/or other adults acting on the parents' behalf. In the event of a medical emergency, I understand that my child will be transported to the nearest hospital if the local emergency unit determines this is necessary for treatment. I hereby grant permission to the staff of House of Prayer Preschool to take whatever emergency measures are judged necessary for the care and protection of my child above named.*

**Parent/Guardian Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

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**AUTHROIZATION AND PARENT AGREEMENT 2023-2024**

**Child's Name** \_\_\_\_\_

I hereby authorize House of Prayer Preschool (HOPP) to:  
Check all for which you wish to give permission.

\_\_\_ Engage my child in all of the school's activities. I understand that HOPP will take all reasonable effort to provide for the safety and well-being of my child. However, in the event my child receives injuries during any school-sponsored activity, through no fault on the part of HOPP, its agents, or employees, I agree to release and indemnify HOPP its agents, and employees from liability.

\_\_\_ Photograph my child for school use, such as the school brochures, news releases, HOPP website, and HOPP Facebook and without compensation. I understand that the photos will not be used for research nor sold by the school to any outside entity.

\_\_\_ Apply hand sanitizer as needed.

\_\_\_ List the following in the HOPP School Directory for enrolled families  
(cross off those you do not want included):

- Name
- Address
- Phone
- Email

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

**Parent Agreement**

**I have enrolled my child in the House of Prayer Preschool program for the 2023-2024 school year. I agree to give 30-day's notice, and the regular tuition payment, if, for any reason, I remove my child from school.**

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

**PERSONAL PROFILE 2023-2024**

Child's Name \_\_\_\_\_

**Please answer the following (use a separate sheet if necessary):**

**How do you support your child's independence at home?**

**Does your child have siblings and/or pets? If so, names and ages?**

**Does your family have specific cultural practices or preferences of which you want us to be aware?**

**Has your child experienced any major family lifestyle or living arrangement changes (e.g., death of a relative, divorce, new residence)? Please explain.**

**How does your child respond to large groups? Explain experience with other groups of children.**

**Do you have any specific reservations or concerns about your child in a school setting?**

**Does your child have any specific fears? If so, please specify and explain any history.**

**How much screen time (television, videos, and computer) does your child have each day?**

**Is your child toilet trained?**

**What kind of "disciplining" strategies do you use?**