

Dear Parent,

Thank you for choosing Good Shepherd Preschool for your child. I would like to make your registration process quick and easy. Below is a checklist of forms in this packet that are required to complete your child's file. The most important form I will need is the first Registration Form and a Registration Fee (fees vary depending on class, see below). This will hold your child's spot for the school year. All the other forms are needed as listed, but don't forget about them because they are just as important when the school year begins ;-)

In June you will receive information in the mail regarding the school year calendar, a school supply list and any other important items. Parent orientation will be held at the end of August. Please note that if you wish to apply for a scholarship, the deadline is August 1st. You can print out an application from the website or ask for one to be sent to you.

2017-2018 Registration fees are as follows:

2 day class- \$60 3 day class- \$85 4 or 5 day class- \$100

2017-2018 Tuition Rates:

2 day class- \$85/month 3 day class- \$120/month 4 day class- \$150 5 day class- \$180

Good Shepherd Preschool Enrollment Forms

Upon Enrollment: (to reserve a spot for your child)

- Registration Form- page 2
- Registration Fee (Check should be made out to Good Shepherd Preschool or GSP)

Before First Day of School:

- Emergency Authorizations/Transportation Authorizations- page 3
- Parent Authorizations- page 4
- Tuition Agreement/ Release of Liability- page 5
- Play and Social Experiences- page 6
- Student Emergency Information- page 7
- Extended Care/Transportation Needs- page 8
- Health Care Summary Form
- Immunization Form (list printed from clinic is okay, sign and date)

Mail forms and fee to:
Good Shepherd Preschool
2500 7th Ave NE
Owatonna, MN 55060

Please contact me if you have any questions:
Heather Gleason
451-6821
gspreschool@msn.com
www.goodshepherdowatonna.com



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**GOOD SHEPHERD PRESCHOOL
2017-2018 REGISTRATION FORM**

Classes Offered (please check one)

- Tuesday/Thursday Class (3 by September 1st) 8:30-11:00am *2 days*
- Monday/Wednesday/Friday AM Class (4 by September 1st) 8:30-11:00am *3 days*
- Monday-Thursday PM Class (4 by September 1st) 11:45-2:15pm *4 days*
- Monday-Thursday Class (5 by December 1st) 8:30-11:00am *4 days*
- Monday-Friday Class (5 by December 1st) 8:30-11:00am *5 days*

Registration Fee (non-refundable and to be included with this form to reserve a spot):

2 day class- \$60 3 day class- \$85 4 or 5 day class- \$100

STUDENT INFORMATION

Child's Name _____ M / F Birthdate _____
Address _____ City _____ State _____ Zip _____
Phone Number _____

Family email for teacher/director communication _____

Child Attends Worship Sunday School Both Baptized Yes No
Church Home _____

Child Lives with Both Parents Father Mother Other, Specify _____

PARENT/GUARDIAN INFORMATION

Father's Name _____
Address (if different than child's) _____
Home Phone _____ Cell Phone _____
Employer _____ Work Phone _____

Mother's Name _____
Address (if different than child's) _____
Home Phone _____ Cell Phone _____
Employer _____ Work Phone _____

MEDICAL INFORMATION

Child's Physician _____ Phone _____
Clinic Name/Address _____
Family Dentist _____ Phone _____
Dentist Address _____

Any known allergies (medications, food, others):

Any food or physical restrictions:

Emergency Authorizations

In case of emergency, we will attempt to notify **parents FIRST**. In such cases that we are unable to reach you, please provide 2 additional emergency contact names (local if possible) of people who are authorized to take your child from GSP.

	Name	Address	Phone	Relationship to child
1.	_____			
2.	_____			

GSP will call 911 in case of emergency. The source of emergency medical care will be Owatonna Hospital Allina, 2250 26th St NW, 451-3850.

Requested source of emergency dental care _____ Phone _____
(dentist/oral surgeon)

Transportation Authorizations

Persons *AUTHORIZED* to take my child from GSP (include carpool drivers, daycare providers, etc.)

	Name	Address	Phone	Relationship to child
1.	_____			
2.	_____			
3.	_____			

Persons ***NOT AUTHORIZED*** to take child from GSP. If a non-custodial parent is not authorized to take child from GSP, we require a copy of the court order for our file.)

	Name	Address	Phone	Relationship to child
1.	_____			
2.	_____			

Our daycare provider is: _____

Address: _____ Phone: _____

Parent/Guardian Signature: _____ Date _____

Parent Authorizations
(Please circle your preference)

Child's Name _____

I DO/ DO NOT* authorize GSP to administer sunscreen, insect repellent, or lotion, purchased by the Center and applied according to the manufacturer's instructions.

* I will provide sunscreen, insect repellent, and/or lotion for my child as needed.

I DO/ DO NOT authorize GSP to administer non-prescriptive, age appropriate products that I bring from home with the understanding that they will only be applied according to the manufacturer's directions or written instructions from a physician or dentist.

I DO/ DO NOT authorize GSP staff to administer **Hand Sanitizer** when handwashing is not available (ie. on playground, walk, after blowing nose, etc)

I DO/ DO NOT give my permission for **Baby wipes**, purchased by the center, to be used on my child for cleaning purposes.

I DO/ DO NOT give my permission for my child's name and /or picture to be taken at the Center and used for general program activities which can be shared with parents and posted in the Center.

I DO/ DO NOT give permission for my child's picture to be shared on Facebook, used in the preschool brochure or on the preschool website. This is used for sharing with families and advertising GSP. (Names of students will not be shown with pictures)

I DO/ DO NOT give my permission for my child to be video taped in the classroom. Videos will be used solely for continuing staff development.

I DO/ DO NOT give my permission for my child's name, phone number, address, and parent email to be distributed to parents of children in the class and to staff.

I DO/ DO NOT give my permission for my child to attend on-site field trips/walks with the class. I understand that off-site permission will be obtained separately.

Parent's Signature _____ Date _____

TUITION AGREEMENT

**I agree to the following tuition policies set forth by the governing agencies of
Good Shepherd Preschool:**

1. I understand that my registration fee is non-refundable.
2. I agree to pay each month's tuition on the first school session which my child attends each month.
3. I understand that tuition paid after the 10th of any month will be subject to a late fee of \$10.
4. I understand that a written two week notice must be given if my child must discontinue attending.
5. I understand that if payment is not received by the end of the month, my child may have to discontinue enrollment, unless I have made another payment schedule with the Preschool Director.
6. I understand that the tuition for the school year is a set rate, and that I am expected to pay when my child is sick, on vacation, or otherwise absent in order to retain enrollment.
7. I understand that any check that is returned to the center because of insufficient funds in my bank will be subject to an extra \$20 fee. I further understand that should a NSF check be received by the school from me during the same school year, I will be restricted to payment by cashier's check, money order, or cash for the remainder of the school year.

_____ (Signature of Parent/Guardian) _____ (Date)

RELEASE OF LIABILITY

This release is made by _____
(parent's name)

as the parent of _____
(child's name)

In consideration of the permission granted by Good Shepherd Lutheran Church, to attend Good Shepherd Preschool and participate in the activities herein, I hereby release and discharge Good Shepherd Preschool, its agents, employees and officers from all claims, demands, actions, judgments and executions which the undersigned's heirs, executors, administrators, and assigns to all personal injuries known or unknown, and injuries to property caused by or arising out of the above described attendance and activities.

Parent Signature _____ Date _____

Play and Social Experiences

What group experiences has your child participated in?

How does your child relate to other children? _____

Does your child prefer to play alone? _____ With other children? _____

Does your child have any imaginary playmates? _____

Does your child have any pets? _____

What are your child's favorite toys and/or activities?

Indoors: _____

Outdoors: _____

Does your child accept new children/adults easily? (circle) Yes No

What nervous habits does your child have? _____

When does he/she show them? _____

How do you comfort your child? _____

Is there anything else about your child's play or playmates that you would like us to know?

Are there any special concerns you have that you would like us to be aware of?

Family Information

List brothers and/or sisters of child being enrolled

Name	Age	Relationship to child	Lives with child?	
_____			Yes	No
_____			Yes	No
_____			Yes	No

**It is always helpful for us to be aware of changes in your child's environment that may affect him/her. Please share these with us if as needed. Thank you.

STUDENT EMERGENCY INFORMATION

(This form will be taken on field trips)

Child's name _____ Birth date _____
Address _____ Home Phone _____
Guardian 1: _____ Employment and Ph. # _____
Guardian 2: _____ Employment and Ph. # _____

FOR UNEXPLAINED ABSENSE:

In case the above student is absent and we have not been called, school personnel should call the following listed numbers.

#1 name _____ ph. # _____
#2 name _____ ph. # _____

FOR EMERGENCY:

If our child becomes ill or injured and we cannot be reached, please call the following people in order of preference about our child's care. They are authorized to represent us in making decisions about our child's care and give our permission to transport our child from school if necessary.

#1 Name _____ Relationship to child _____ ph. # _____
Address _____
#2 Name _____ Relationship to child _____ ph. # _____
Address _____

In case of emergency, school procedure will be to contact the parent or guardian at home or work. If that contact cannot be made, GSP will call 911 or the dentist authorized by the parent. The source of emergency medical care will be Owatonna Hospital Allina, 2250 26th St NW, 451-3850.

Child's Doctor _____ Clinic _____ ph. # _____
Child's Dentist _____ ph. # _____

PLEASE FILL IN THE FOLLOWING HEALTH INFORMATION:

Month of last physical exam _____
Is child under treatment or receiving medication? _____
If yes, for what reason? _____ What medication? _____
Does child have a disability? _____ Explain: _____
Does child have allergies? _____ List: _____
Month and year of last dental work: _____
Month and year of last eye exam: _____
Does child wear glasses? _____ Are your child's immunizations up to date? _____
ILLNESS: List any serious illness, surgery or injury of this past year. _____

Health Insurance _____ Policy # _____

Parent/Guardian Signature _____ Date _____

Extended Care and Transportation Needs

Child's Name _____ Days he/she will be attending _____

Parent Name _____ Phone Number _____

_____ Please include our name on the carpool list (this list is only given to parents interested in carpooling with other families.):

_____ I am willing to give a ride, even though my child does not need one.

_____ I would like to share carpooling with another family.

_____ I am looking for a ride for my child.

_____ I am interested in before and/or after school care for these days and times:

___ 7:30-8:30am ___ 11:00am-12:00pm ___ 2:30-3:30pm

Circle days needing care: M T W TH F

(Please confirm needs at Parent Orientation Night in August)

_____ I am interested in receiving information and an application for bus transportation

Health Care Summary
(to be completed by health care source)

Date of Enrollment _____

NAME OF CHILD _____ BIRTHDATE _____

ADDRESS _____ TELEPHONE _____

PARENT(S) OR GUARDIAN _____

Date of last physical examination _____ How long have you been seeing this child? _____

Does this child have any allergies (including allergies to medications)? _____

Is a modified diet necessary? _____

Is any condition present that might result in an emergency? _____

What is the status of the child's . . . Vision _____

Hearing _____

Speech _____

Please list below the important health problems.

Indicate if you or someone else is following the child for the problem, and check which problems require attention at the center.

Important Health Problems	Followed by You	Followed by other Med. Source (Name)	Requires Special Attention at Center
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Other information helpful to a group care center _____

Signature of Health Care Provider

Associates or Clinic

Date _____ Address _____