

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.

2018-2019 Registration fees are as follows:

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

2018-2019 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:

- General Information- Page 3
- Parent Authorizations/Transportation Authorizations - page 4
- Tuition Agreement/ Release of Liability- page 5
- Play and Social Experiences- page 6
- Student Emergency Information- page 7
- Health Care Summary Form- page 8
- Immunization Form- page 9-10 (list printed from clinic is okay, must sign and date page 10)

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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Search for Good Shepherd Preschool

REGISTRATION FORM

(Required To Reserve A Spot For Your Child)

Choose Your Class (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-Friday Class (5 by December 1st) 8:30-11:00am *5 days*

Contact Information

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

Family email for teacher/director communication _____

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

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

Registration Fee (non-refundable and required to reserve a spot):

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

**Please note that all children must be potty trained to attend Good Shepherd preschool. We consider a child to be potty trained when he/she is able to know when he/she needs to go potty and can tell an adult. A child must be able to attend to his/her bathroom needs with minimal assistance from the teacher or aide. A child may start the year in pull-ups, but must transition to underwear with in the first 2 months of preschool. The classroom teachers will work with parents to maintain consistency. Please talk with the director if you have further questions.

Additional Needs

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

Circle days needing care: M T W TH F

(Please confirm needs at Parent Orientation Night in August)

Please send me information and an application for bus transportation

Please send me a Preschool Scholarship Application



GENERAL INFORMATION

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:

Daycare Provider (if applicable): _____
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.

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.

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. _____	_____	_____	_____

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 _____

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 _____

Child Care Immunization Form

Must be on file before a child attends child care

Name _____ Birthdate _____

Date of Enrollment _____

Minnesota law requires children enrolled in child care to be immunized against certain diseases or file a legal medical or conscientious exemption.

Parent/Guardian:

You may attach a copy of the child's immunization history to this form OR enter the MONTH, DAY, and YEAR for all vaccines your child received. Enter MED to indicate vaccines that are medically contraindicated including a history of disease, or laboratory evidence of immunity and CO for vaccines that are contrary to parent or guardian's conscientiously held beliefs.

Sign or obtain appropriate signatures on reverse. Complete section 1A or 1B to certify immunization status and section 2A to document medical exemptions (including a history of varicella disease) and 2B to document a conscientious exemption.

For updated copies of your child's vaccination history, talk to your doctor or call the Minnesota Immunization Information Connection (MIIC) at 651-201-5503 or 800-657-3970.

Type of Vaccine	DO NOT USE (✓) or (x)	1st Dose Mo/Day/Yr	2nd Dose Mo/Day/Yr	3rd Dose Mo/Day/Yr	4th Dose Mo/Day/Yr	5th Dose Mo/Day/Yr
Required (The shaded boxes indicate doses that are not routinely given; however, if your child has received them, please write the date in the shaded box.)						
Diphtheria, Tetanus, and Pertussis (DTaP, DTP) <ul style="list-style-type: none"> • 3 doses during 1st year (at 2-month intervals) • 4th dose at 12-18 months • 5th dose at 4-6 years Indicate vaccine type: <i>DTaP or DTP</i>						
Polio (IPV, OPV) <ul style="list-style-type: none"> • 2 doses in the first year • 3rd dose by 18 months • 4th dose at 4-6 years 						
Measles, Mumps, and Rubella (MMR) <ul style="list-style-type: none"> • Required for children 15 months and older • 1st dose on or after 1st birthday • 2nd dose at 4-6 years 						
Haemophilus influenzae type b (Hib) <ul style="list-style-type: none"> • 2-3 doses in the first year • 1 dose required after 12 months or older • For unvaccinated children 15-59 months, 1 dose is required • Not required for children 5 years or older 						
Varicella (chickenpox) <ul style="list-style-type: none"> • Required for children 15 months and older • 1st dose on or after 1st birthday • 2nd dose at 4-6 years 						
Pneumococcal Conjugate Vaccine (PCV) <ul style="list-style-type: none"> • Required for children age 2 - 24 months • 3 doses in the first year • 4th dose after 12 months • At least 1 dose is recommended for children 24-59 months in child care 						
Hepatitis B (hep B) <ul style="list-style-type: none"> • 2-3 doses in the first year • 3rd dose (final dose) by 18 months 						
Hepatitis A (hep A) <ul style="list-style-type: none"> • 2 doses separated by 6 months for children 12 months and older 						
Recommended						
Rotavirus (2-3 doses between 2 and 6 months)						
Influenza (annually for children 6 months or older)						

Name _____

Instructions, please complete:

Box 1 to certify the child's immunization status

Box 2 to file an exemption (medical or conscientious)

1. Certify Immunization Status. Complete A or B to indicate child's immunization status.	
A. Children who are 15 months or older: For children who are 15 months or older and who have received all the immunizations required by law for child care: I certify that the above-named child is at least 15 months of age and has completed the immunizations which are required by law for child care. _____ Signature of Parent / Guardian OR Physician / Nurse Practitioner / Physician Assistant / Public Clinic _____ Date	B. Children who are younger than 15 months: For children who are younger than 15 months OR have not received all required immunizations: I certify that the above-named child has received the immunizations indicated. In order to remain enrolled this child must receive all required vaccines within 18 months from initial enrollment date. The dates on which the remaining doses are to be given are: _____ Signature of Physician / Nurse Practitioner / Physician Assistant / Public Clinic _____ Date

2. Exemptions to Immunization Law. Complete A and/or B to indicate type of exemption.	
A. Medical exemption: No child is required to receive an immunization if they have a medical contraindication, history of disease, or laboratory evidence of immunity. For a child to receive a medical exemption, a physician, nurse practitioner, or physician assistant must sign this statement: I certify the immunization(s) listed below are contraindicated for medical reasons, laboratory evidence of immunity, or that adequate immunity exists due to a history of disease that was laboratory confirmed (for varicella disease see * below). List exempted immunization(s): _____ Signature of physician / nurse practitioner / physician assistant _____ Date *History of varicella disease only. In the case of varicella disease, it was medically diagnosed or adequately described to me by the parent to indicate past varicella infection in _____ (year) _____ Signature of physician / nurse practitioner / physician assistant (If disease occurred before September 2010, a parent can sign.)	B. Conscientious exemption: No child is required to have an immunization that is contrary to the conscientiously held beliefs of his/her parent or guardian. However, not following vaccine recommendations may endanger the health or life of the child or others they come in contact with. In a disease outbreak, children who are not vaccinated may be excluded in order to protect them and others. To receive an exemption to vaccination, a parent or legal guardian must complete and sign the following statement and have it notarized: I certify by notarization that it is contrary to my conscientiously held beliefs for my child to receive the following vaccine(s): _____ Signature of parent or legal guardian _____ Date Subscribed and sworn to before me this: _____ day of _____ 20____ _____ Signature of notary (A copy of the notarized statement will be forwarded to the commissioner of health.)