

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 Registration Form and Registration Fee (fees vary depending on class, see below). This will hold your child's spot for the school year. All other forms are required before the first day of school.

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 the SMART bus application is available online and is due July 1<sup>st</sup> (priority deadline) or August 1<sup>st</sup>. The scholarship application is due August 1<sup>st</sup> and can be printed or requested to be sent to you.

**2022-2023 One Time Registration Fees:**

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

**2022-2023 Monthly Tuition Rates:**

2 day class- \$90/month      3 day class- \$125/month      4 day class- \$155      5 day class- \$180

**Good Shepherd Preschool Enrollment Forms**

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

- Registration Form- page 2
- Registration Fee- online or by check (Checks written 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
- Individualized Child Care Plan for Allergies- page 8 (if allergy is indicated on page 2/3)
- Health Care Summary Form- page 9
- Immunization Form (Clinic print-out is acceptable)

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

Please contact me if you have any questions:  
Heather Gleason  
451-6821  
[gspreschool@msn.com](mailto:gspreschool@msn.com)  
[www.goodshepherdowatonna.com/preschool-home](http://www.goodshepherdowatonna.com/preschool-home)



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## 2022-2023 CLASS REGISTRATION FORM

(Required To Reserve A Spot For Your Child)

### Choose Your Class (please check one)

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

**Oak Hills Academy Classical Track** Please indicate your desire to enroll your child into a classroom that provides the classical learning track. This option does not incur additional fees. More information on this class option is available at [goodshepherdwatonna.com/preschool-programs/](http://goodshepherdwatonna.com/preschool-programs/).

- Yes
- No
- Either

### Contact Information

Child's Name \_\_\_\_\_ M / F Birthdate \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Allergies (will require Individualized Child Care Plan on file before school starts) \_\_\_\_\_

Family email 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

**Allergy and/or Food Restrictions** If your child has a food or environmental allergy or has any food restrictions, you must fill out the attached Individualized Child Care Plan for allergies.

Known Allergies (medications, food, others): \_\_\_\_\_  
Food or physical restrictions: \_\_\_\_\_

### Additional Needs

- Please include our name on the carpool list:
- 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 (please confirm needs at Parent Orientation Night in August)
- Please send me information about SMART 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 \_\_\_\_\_

### 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 \_\_\_\_\_  
Child's/Family Dentist \_\_\_\_\_ Phone \_\_\_\_\_  
Dentist Address \_\_\_\_\_

Any known allergies (medications, food, others):  
\_\_\_\_\_

Any food or physical restrictions:  
\_\_\_\_\_

\*\*If you indicated your child has an allergy or food restriction, you must fill  
\_\_\_\_\_

Daycare Provider (if applicable): \_\_\_\_\_  
Address: \_\_\_\_\_ Phone: \_\_\_\_\_

## 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.

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**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.

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

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**I DO/ DO NOT** give my permission for **Baby wipes** to be used on my child for cleaning purposes.

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**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.

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**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)

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

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**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.

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**I DO/ DO NOT** give my permission for my child to attend on-site field trips/walks/outdoor play with the class. I understand that the non-fenced in areas are near roads and/or parking lots and, therefore, pose a hazard.

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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. _____	_____	_____	_____

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Parent's Signature \_\_\_\_\_ Date \_\_\_\_\_

## TUITION AGREEMENT

**I agree to the following tuition policies set forth by the governing agencies of GSP:**

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 10<sup>th</sup> 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 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. # \_\_\_\_\_

Does child listed have known allergies? \_\_\_\_\_ If yes, please list: \_\_\_\_\_

### 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. The source of emergency medical care will be Owatonna Hospital Allina, 2250 26<sup>th</sup> St NW, 451-3850.

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# INDIVIDUALIZED CHILD CARE PLAN (ICCP) - ALLERGY

## Parent Section

Child's Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_

1. Health Care Provider Information

Name: \_\_\_\_\_ Clinic: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

2. Diagnosed Allergy: \_\_\_\_\_

a. When was your child diagnosed? \_\_\_\_\_

b. Frequency? \_\_\_\_\_

c. Known Allergy triggers? \_\_\_\_\_

d. Symptoms of allergic reaction? \_\_\_\_\_

e. Avoidance Techniques? \_\_\_\_\_

f. Procedures for responding to an allergic reaction? \_\_\_\_\_

g. Medication prescribed? Yes or No

If yes: Medication name: \_\_\_\_\_

Medication Dosage: \_\_\_\_\_

Procedures for administration of medication? \_\_\_\_\_

3. Food Restrictions: \_\_\_\_\_

a. Reason \_\_\_\_\_

### Please Initial:

\_\_\_\_ I have filled out this form as completely and accurately as possible

\_\_\_\_ I understand this must be on file at Good Shepherd Preschool before the first day of school

\_\_\_\_ I will update Good Shepherd Preschool at any time must be made to this ICCP

\_\_\_\_ If medication needs to be kept at school, I will provide the medication to be left at the preschool or assist the teacher in leaving it/retrieving it daily to and from a secure location in the classroom or office

Parent Signature \_\_\_\_\_ Date: \_\_\_\_\_





**HEALTH CARE SUMMARY**  
(to be completed by health care source)

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.

<u>Important Health Problems</u>	<u>Followed by You</u>	<u>Followed by other Med. Source (Name)</u>	<u>Requires Special Attention at Center</u>
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\_\_\_\_\_  
\_\_\_\_\_

Other information helpful to a group care center \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Signature of Health Care Provider

Associates or Clinic

Date \_\_\_\_\_ Address \_\_\_\_\_