

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 1st (priority deadline) or August 1st. The scholarship application is due August 1st and can be printed or requested to be sent to you.

2023-2024 One Time Registration Fees:

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

2023-2024 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 7th Ave NE
Owatonna, MN 55060

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



Follow us on Facebook

@gspreschool.org

2023-2024 CLASS 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*

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/.

- 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 _____

Does your family have a home church? No Yes (list) _____

Is your Child Baptized? No Yes Dedicated

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 out an Individualized Child Care Plan- Allergy form attached to this registration packet (page 8).

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.

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** 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 videotaped 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/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.

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 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 5th 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 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 26th St NW, 451-3850.

INDIVIDUALIZED CHILD CARE PLAN (ICCP) – ALLERGY

(Return if child has an allergy and/or food restriction)

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 _____