



The State of Minnesota requires licensed preschools to keep a student file on every child enrolled in their programs. Following is a list of all the forms in the Registration Packet for Precious Is the Child. Please read and fill them out completely; you may find the checklist below helpful for keeping track of the forms.

All paperwork is must be submitted one week prior to your child's start date.

1. Checklist \_\_\_\_\_
- 2-3. Admission Form \_\_\_\_\_
4. Contract for Payment \_\_\_\_\_
5. Pick-up Authorization \_\_\_\_\_
- 6-7. General Information \_\_\_\_\_
8. Release Form \_\_\_\_\_
9. Health Statement and Summary \_\_\_\_\_
10. Immunization Record \_\_\_\_\_

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

Please check the session(s) your child will attend:

		<b>2 days</b>	<b>3 days</b>	<b>5 days</b>	<b>Alternate</b>
<b>Options</b>	<b>Time</b>	TTh	MWF	M-F	
Half	8:30-11:30 am				
Full	8:30am-3:30pm				

*Tuition fees are on a monthly basis.*

*These amounts reflect the 2020-2021 school year.*

Thank you!

**Precious Is the Child Preschool**

**Admission Form**

Date \_\_\_\_\_

Please number your phone numbers and emergency contacts in the order you want them called in case of an emergency.

Child's Name \_\_\_\_\_ DOB \_\_\_\_\_ Age \_\_\_\_\_ M F

Home Address \_\_\_\_\_

Father's Name \_\_\_\_\_ Mother's Name \_\_\_\_\_

# Home Phone \_\_\_\_\_ C or LL # Home Phone \_\_\_\_\_ C or LL

# Cell Phone \_\_\_\_\_ # Cell Phone \_\_\_\_\_

Place of Employment \_\_\_\_\_ Place of Employment \_\_\_\_\_

# Work Phone \_\_\_\_\_ C or LL # Work Phone \_\_\_\_\_ C or LL

Email \_\_\_\_\_ Email \_\_\_\_\_

Are both parents in the home? Yes No If no, please name custodial parent \_\_\_\_\_

Guardian if other than parent \_\_\_\_\_

Address \_\_\_\_\_

Phone: Home \_\_\_\_\_ Cell \_\_\_\_\_ Work \_\_\_\_\_

Are there any other adults living in the home? \_\_\_\_\_

Siblings:

Name \_\_\_\_\_ Age \_\_\_\_ M F Name \_\_\_\_\_ Age \_\_\_\_ M F

Name \_\_\_\_\_ Age \_\_\_\_ M F Name \_\_\_\_\_ Age \_\_\_\_ M F

**\*\*\*\*\* Minnesota State Law requires this section to be filled out completely! \*\*\*\*\***

Child's Physician \_\_\_\_\_ Phone \_\_\_\_\_

FULL Street Address \_\_\_\_\_

Child's Dentist \_\_\_\_\_ Phone \_\_\_\_\_

FULL Street Address \_\_\_\_\_

In case of an emergency your child will be transported by ambulance to the emergency room that can serve the child's needs best. All incurred transportation and medical costs are the obligation of the parents and their insurance company. For detailed information on our health, safety, and emergency procedures and guidelines read the written plan in our handbook.

Please list the name, address, and phone numbers of two LOCAL people who can assume temporary responsibility for your child if you cannot be reached. (A neighbor, friend, or relative)

Name \_\_\_\_\_ # Home \_\_\_\_\_ C or LL

Address \_\_\_\_\_ # Cell \_\_\_\_\_

Name \_\_\_\_\_ # Home \_\_\_\_\_ C or LL

Address \_\_\_\_\_ # Cell \_\_\_\_\_

I hereby give permission to Precious Is the Child Preschool to act in an emergency if I cannot be reached or if there will be a delay in my arrival.

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

**The next section provides us with information to assist us in caring for and teaching your child in his/her best interest.**

1. Has your child ever had any contagious or prolonged illness? YES NO Will this affect your child's interactions in the classroom? \_\_\_\_\_
2. Has your child's development progressed normally? YES NO \_\_\_\_\_
3. Has your child ever been seen by a professional (i.e. psychiatrist, psychologist, counselor, etc.) for behavior or emotional problems? YES NO Please explain \_\_\_\_\_  
\_\_\_\_\_
4. Does your child take any medications regularly? YES NO \_\_\_\_\_
5. Does your child have tubes inserted in one or both ears? YES NO Which? \_\_\_\_ Is there special care needed? \_\_\_\_\_
6. Does your child have any allergies to foods, insects, or other? YES NO Please explain \_\_\_\_\_  
\_\_\_\_\_
7. Is your child diabetic or have asthma? YES NO Please explain \_\_\_\_\_  
\_\_\_\_\_
8. Does your child brush his/her teeth at least twice per day? YES NO Comments \_\_\_\_\_
9. Has your family's residence changed often? \_\_\_\_\_
10. What is the primary language spoken in your home? \_\_\_\_\_ Others? \_\_\_\_\_
11. What is your family's church home, if any? \_\_\_\_\_ Is your child baptized? YES NO

*Please be aware that many of the conditions above will need additional paperwork including a health care provider signature.*

**Please choose yes or no to indicate whether you give your permission  
for the following activities for your child \_\_\_\_\_.**

Taking walks under supervision of teachers.	YES	NO
Staff applying sun screen up to a 30 SPF for extended outdoor activities.	YES	NO
Staff applying unscented hand lotion/ointment to my child's hands as needed.	YES	NO
Staff applying lip balm supplied by parent to child's lips (parent provide)	YES	NO
Baby wipes – for wiping messy hands.	YES	NO

PARENT SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_



# Precious Is the Child Preschool

2207 11th Ave SE  
Rochester, MN 55904  
507-288-2781  
**Contract**

Dear Parent(s),

Please read and understand the numbered items in this document before signing. Our staff will be happy to answer any questions you may have.

- 1) The immunization record and health form signed by a health care provider, and all other paperwork must be completed and on file one week before your child attends class.
- 2) Tuition is due the first school day of each month and is payable by check or money order. You may pay monthly, quarterly, or yearly. If your child is absent due to illness or vacation, payment is still required. Checks should be payable to Precious Is the Child Preschool. Parents are responsible for any fees incurred by checks returned for insufficient funds. This means if your check bounces, you must still pay tuition, and the fee for the bounced check.
- 3) The following is our procedure for handling overdue payments:
  - a) Reminder is sent if payment is late
  - b) Notice sent after 15-day delinquency that your child will be dis-enrolled in 15 days
  - c) Child dis-enrolled upon 30-day (total) delinquency
  - d) A check returned for insufficient funds is considered late payment and the above policy applies.
- 4) Please give two weeks' notice before withdrawing your child from our program. Tuition will not be refunded if the child leaves before the end of a month. The \$70.00 registration fee is non-refundable.

\_\_\_\_\_ (initial) I agree to the terms of this letter and understand that this is a binding contract.

\_\_\_\_\_ (initial) I have received and read the parent handbook and agree to the policies outlined in it.

Signature of parent or legal guardian \_\_\_\_\_ Date \_\_\_\_\_

Your child \_\_\_\_\_ is now formally registered in Precious Is the Child Preschool  
for the \_\_\_\_\_ school year. Thank you!

Sincerely,

Precious Is the Child Preschool  
Board of Directors

Child Name \_\_\_\_\_

Parent Name(s) \_\_\_\_\_

In the event that I am unable to pick up my child from preschool, I hereby give authorization to the following people to pick him/her up:

*Please note: The state requires names and contact information for at least two different individuals.*

1. Name \_\_\_\_\_ Relation to child \_\_\_\_\_  
Address \_\_\_\_\_  
Phone #1 \_\_\_\_\_ Phone #2 \_\_\_\_\_

2. Name \_\_\_\_\_ Relation to child \_\_\_\_\_  
Address \_\_\_\_\_  
Phone #1 \_\_\_\_\_ Phone #2 \_\_\_\_\_

3. Name \_\_\_\_\_ Relation to child \_\_\_\_\_  
Address \_\_\_\_\_  
Phone #1 \_\_\_\_\_ Phone #2 \_\_\_\_\_

4. Name \_\_\_\_\_ Relation to child \_\_\_\_\_  
Address \_\_\_\_\_  
Phone #1 \_\_\_\_\_ Phone #2 \_\_\_\_\_

5. Name \_\_\_\_\_ Relation to child \_\_\_\_\_  
Address \_\_\_\_\_  
Phone #1 \_\_\_\_\_ Phone #2 \_\_\_\_\_

6. Name \_\_\_\_\_ Relation to child \_\_\_\_\_  
Address \_\_\_\_\_  
Phone #1 \_\_\_\_\_ Phone #2 \_\_\_\_\_

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

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

Form completed by \_\_\_\_\_ Relation to child \_\_\_\_\_

The following questions about family life are intended to help us get to know your child. It's important for us to learn about the culture (values, beliefs, traditions, etc.) of each family so that we may provide the best interactions possible while your child is in preschool.

What are your child's favorite activities at home (reading, sports, music, toys, TV, etc.)? \_\_\_\_\_

How often does he/she play with other children? \_\_\_\_\_

Are the children the same age? \_\_\_\_\_ Older: \_\_\_\_\_ Younger: \_\_\_\_\_ Girls: \_\_\_\_\_ Boys: \_\_\_\_\_

How many in a playgroup? \_\_\_\_\_ Child's previous group experience (circle all that apply):

Play groups    Preschool    Day Care Center    Sunday School    Family Child Care    Other

Mother's Education \_\_\_\_\_ Father's Education \_\_\_\_\_

Present Dwelling (circle one):    Apartment    House    Mobile Home    Other

Has your child moved recently? \_\_\_\_\_ When? \_\_\_\_\_

Does your child have own room? \_\_\_\_\_ If shared, with whom? \_\_\_\_\_

Was child adopted? \_\_\_\_\_ At what age? \_\_\_\_\_ Does she/he know? \_\_\_\_\_

Does child undress/dress self? \_\_\_\_\_

Does child accept new people easily? \_\_\_\_\_

Do you regard your child as loving? \_\_\_\_\_ To whom? \_\_\_\_\_

Describe any pronounced fears and how you handle them \_\_\_\_\_

Does your child take naps? \_\_\_\_\_ How long are naps? \_\_\_\_\_

What time is he/she in bed at night? \_\_\_\_\_ Asleep at? \_\_\_\_\_ Awake at? \_\_\_\_\_

What is child's attitude toward going to bed? \_\_\_\_\_

Does she/he have nightmares? \_\_\_\_\_

At what age was child toilet trained? \_\_\_\_\_

How is child's appetite?    \_\_\_very good    \_\_\_good    \_\_\_fair    \_\_\_poor

Favorite foods \_\_\_\_\_ Strong dislikes \_\_\_\_\_

What are your family's special customs or traditions? \_\_\_\_\_

For which hand does child show a preference:    Right    Left    Both    Neither

What are you most proud of about your child? \_\_\_\_\_

Describe your child's relationship with his/her siblings: \_\_\_\_\_

How is your child disciplined? \_\_\_\_\_

Who does most of the disciplining? \_\_\_\_\_ Do your methods usually work? \_\_\_\_\_

What do you find most difficult about rearing a child? \_\_\_\_\_

What activities do you most like to share with your child? \_\_\_\_\_

Do any family members have a disability? \_\_\_\_\_

Please describe any special concerns or counseling needed for other family members as it relates to your child's care: \_\_\_\_\_

What does your child do when she/he is upset and how is she/he best comforted? \_\_\_\_\_

Are there any special experiences or events in your child's life that you want us to be aware of? \_\_\_\_\_

Describe your child's method of communication IF speech is insufficient: \_\_\_\_\_

\*\*\*\*\*

The following section applies only if parents are **not** together:

Describe the child's adjustment to the separation: \_\_\_\_\_

How often does child see parent not living with him/her? \_\_\_\_\_

How does your child feel about these visits? \_\_\_\_\_

Whom does the child call *mother*? \_\_\_\_\_ *father*? \_\_\_\_\_

\*\*\*\*\*

Thank You!

Parent Signature \_\_\_\_\_

Date \_\_\_\_\_

Teacher Signature \_\_\_\_\_

Date \_\_\_\_\_

# Precious Is the Child Preschool Media Release Form

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

Pictures will be taken at preschool and may be used to interpret the program onsite, on the website, on Facebook, through the press, or in publications. Any such photography will be done under supervision of preschool staff and parents will be notified before photos are used outside the facility, on the public Facebook page, or on our website.

I give permission for the preschool to use photos of my child in the following:

	Yes	No
• Classroom activities	___	___
• In-house promotions	___	___
• Brochures	___	___
• Website	___	___
• Facebook Public Page	___	___
• Facebook Group/Private Page	___	___

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

## Research Release Form

I understand that the preschool may be involved in research projects on occasion. Any research that takes place will be publicized and information provided to parents before it is conducted.

My child may participate in research according to the following:

	Yes	No
• Research that is made public (no use of names)	___	___
• Research that is not made public (no use of names)	___	___

By checking yes or no I have indicated whether I give permission for each item.

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