



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

Child's Name _____

- 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 _____

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

		2 days	3 days	4 days	5 days
Options	Time	TTh	MWF	M T W Th F	M-F
Half	8:30-11:30 am				
Full	8:30am-3:30pm				

Tuition fees are on a monthly basis.

These amounts reflect the 2021-2022 school year.

Thank you!

Date _____

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? Who? _____

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
12. Are you interested in information about Ascension Lutheran Church? YES NO
13. If yes, may we contact you regarding your interest? YES NO

Please be aware, many health conditions above may 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 (name)_____.**

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 Care Summary 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 day of each month and is payable by check or money order. You may also pay through the Brightwheel app with a debit or credit card for a fee of 2.9 % of your child's monthly tuition, or by Electronic Funds Transfer (EFT or ACH) payment for a fee of \$.60 per transaction. Payments may be made 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.
- 3) 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 also the fee for the bounced check.
- 4) 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 policy in number 3 applies.
- 5) 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.
- 6) Due to the COVID-19 crisis much of our programming could change along with how we charge tuition. In the event of a closure, we have specific payment terms outlined in our COVID-19 Preparedness Plan. The Plan will be provided to you at Teacher Meet & Greet, date to be announced in Summer 2021.

I/We, _____ agree to the terms of this letter and understand that this is a binding contract.

Signature of parent or legal guardian _____ Date _____

Your child (name) _____ 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

Precious Is the Child Preschool

Pick-up Authorization

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.

Please, only ONE NAME per section. More forms are available if you need more space.

1. Name _____ Relation to child _____
Address _____
Cell _____ Land Line _____

2. Name _____ Relation to child _____
Address _____
Cell _____ Land Line _____

3. Name _____ Relation to child _____
Address _____
Cell _____ Land Line _____

4. Name _____ Relation to child _____
Address _____
Cell _____ Land Line _____

5. Name _____ Relation to child _____
Address _____
Cell _____ Land Line _____

6. Name _____ Relation to child _____
Address _____
Cell _____ Land Line _____

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, art, 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 _____