St. Paul's Lutheran Church & School

St. Paul's Lutheran Preschool

Welcome to Preschool!

St. Paul's Lutheran Preschool offers a loving, Christian learning environment for children ages 3-5. Our fun and flexible daily routine offers children the opportunity to explore and problem solve as they grow spiritually, socially, emotionally, intellectually, and physically. Daily play and activities incorporate math, literacy, social and language development, science, and sensory development. We also enjoy music time with our music teacher, library time, and physical education- both indoor and outdoor.

Class runs September through May, mostly following the Perham Public School calendar.

Tuition is to be paid by the 1st of each month.

Child's Name _____ **Birthdate**_____

Registration Options- Choose One

Half Day Preschool (must be 3 by Sept. 1) 8:20-11:20am

_____ Tuesday and Thursday $160 a month

_____ Monday, Wednesday, Friday $210 a month

Full Day Pre-K (must be 4 by Sept. 1) 8:20am-3pm

_____ Tuesday and Thursday $340 a month*

_____ Monday, Wednesday, Friday $420 a month*

_____ Monday through Thursday $500 a month*

_____ Monday through Friday $520 a month*

*There is a $50 discount on full day options for families that have another child (K-8th) enrolled in St. Paul's Lutheran School

Please submit the following to complete registration & hold child's spot.

_____ Admission Form

_____ $100 non-refundable Registration Fee

_____ Medical Information Form

Must be in BEFORE first day of school (State Required)

_____ Immunization Record

_____ Health Care Summary (completed & signed by Doctor)

_____ Permission/Consent Form

St. Paul's Lutheran Church & School Preschool Admission Form

Child's Name: First_____Middle_____ Last_____Goes by _____

Street Address: _____ City_____

State _____ Zip _____ Birthdate _____ Sex: Male Female

Home Church _____Baptismal Date (if baptized) _____

Parent #1 Full Name _____ Relation _____

Parent #1 Address _____

Parent #1 Primary Phone _____ Cell _____Work _____

Email Address _____

Place of Work _____Work Address_____

Parent #2 Full Name _____ Relation _____

Parent #2 Address _____

Parent #2 Primary Phone _____ Cell _____Work _____

Email Address _____

Place of Work _____Work Address_____

Emergency Contacts (2 must be listed for if parents/guardians cannot be reached) **A full address MUST be listed for emergency contacts.**

Name _____ Phone _____ Relationship _____

Address _____City/State _____

Name _____ Phone _____ Relationship _____

Address _____City/State_____

Others who may pick up & their phone numbers-

Medical Information Form

Child's Physician _____ Phone _____

Clinic Address_____

Child's Dentist _____ Phone _____

Dentist Address_____

Insurance Company_____ Policy #_____

Are your child's immunizations up to date? Yes No If no, reason:

_____

Does your child have any known health concerns? Yes No

If yes, please attach documentation from health care physician.

Please check below if your child has or has had any of the following-

Child has had:	Child suffers from frequent:
o Measles/German Measles	o Headaches
o Chicken Pox	o Earaches
o Mumps	o Stomach aches
o Whooping Cough	o Bloody Noses
o Other _____	o Other _____

Please list any serious injuries or surgeries: _____

_____

Allergies: Yes No if yes, allergy: _____
How your child reacts: _____

Does your child take any medication on a regular basis? Yes No If yes, please list the name of medication and the medical reason _____

_____

Do you have any concerns about your child's development? Yes No
If yes, please explain_____

In case of emergency, I understand that every effort will be made to contact me. If I cannot be reached, I hereby give St. Paul's School permission to act in my behalf in seeking emergency treatment for my child if deemed necessary by staff. I give permission to those administering emergency treatment to do so using measures deemed necessary. I absolve St. Paul's School from liability in acting on my behalf, so long as St. Paul's School is not grossly negligent.
Signature of Parent/Guardian _____ Date _____

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 (×)	**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) • 3 doses during 1st year *(at 2-month intervals)* • 4th dose at 12-18 months • 5th dose at 4-6 years *Indicate vaccine type: DTaP or DTP*					5th dose not required if 4th dose was given on or after the 4th birthday
Polio (IPV, OPV) • 2 doses in the first year • 3rd dose by 18 months • 4th dose at 4-6 years			4th dose not required if 3rd dose was given on or after the 4th birthday		
Measles, Mumps, and Rubella (MMR) • 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)** • 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) • Required for children 15 months and older • 1st dose on or after 1st birthday • 2nd dose at 4-6 years					
Pneumococcal Conjugate Vaccine (PCV) • 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) • 2-3 doses in the first year • 3rd dose (final dose) by 18 months					
Hepatitis A (hep A) • 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 concientious)

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.)

HEALTH CARE SUMMARY

MUST BE COMPLETED BY HEALTH CARE SOURCE

Date of Enrollment: _____

NAME OF CHILD _____ Birth Date _____

ADDRESS _____ Telephone _____

PARENT(S) OR GUARDIAN _____

Date of last physical examination _____ How long have you been seeing this child? _____

How frequently do you see this child when he/she is not ill? _____

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

Important Health Problems	Followed By You	Followed By Other Med Source (Name)	Requires Special Attention at Center

Other information helpful to the child care program _____

_____

_____

Phone _____

Signature of Health Source _____ Address _____

Date _____ _____

MS-2083

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Preschool Permission/Consent Form

Child's Name: _____ **Child's Birthdate:** _____

Walking Field Trips

Permission to participate in walking field trips off school grounds, where transportation is unnecessary. ie- park a block away from school. (Bussed field trips all require their own permission slips per state guidelines)

□ Yes □ No, I do not.

Photos with Names Around the School

May have his/her picture taken and label their name at St. Paul's Lutheran Preschool to celebrate and enhance learning activities within the school.

□ Yes □ No, my child may not have his/her picture taken and label his/her name.

Pictures in Advertisements

Permission to use his/her picture in an advertisement for St. Paul's Lutheran School.

□ Yes □ No, I do not.

School Website and Social Media with Name Listed

Permissions to St. Paul's Lutheran Preschool to post classroom and field trip pictures on the school website, www.stpaulsschoolperham.org or School Facebook page.

□ Yes □ No, I do not.

School Website and Social Media with No Name listed

Permissions to St. Paul's Lutheran Preschool to post classroom and field trip pictures on the school website, www.stpaulsschoolperham.org or School Facebook page without any names listed.

□ Yes □ No, I do not.

Topical Ointments/Lotions (St. Paul's Lutheran Preschool will apply single use lip balm packets and unscented hypoallergenic lotion on students, when appropriate.) Permission to have topical ointments and lotions applied in appropriate situations.

□ Yes □ No, he/she may not.

Parent Signature _____ Date _____