



St. Paul's Lutheran Preschool

Welcome to Preschool!

St. Paul's Lutheran Preschool offers a caring Christian learning environment for children ages 3-5. The flexible daily routine offers children the opportunity to explore and problem solve as they grow spiritually, intellectually, physically, socially, and emotionally. Daily lessons and activities incorporate math, literacy & language development, creativity, science, music, and sensory exploration. The classroom environment is designed specifically to encourage hands-on learning as children prepare for success in kindergarten.

Classes will run September through May, following the Perham Public School calendar. Tuition is to be paid by the 15th of each month. We welcome visitors! Feel free to call for more information or to set up a time to visit.

Child's Name _____ Birthdate _____

Registration Options - Choose One

Pre-K Options

(Must be 4 by August 31st, 2021)

Pre-K Options

Monthly Tuition

_____ Monday, Wednesday, Friday	8:15am-3:05pm	\$310
_____ Tuesday & Thursday	8:15am-3:05pm	\$210
_____ Monday-Thursday	8:15am-3:05pm	\$410
_____ Monday-Friday	8:15am-3:05pm	\$510

There is a \$50 discount for Pre-K families that have another child enrolled at St. Paul's Lutheran School.

Preschool Option

(Must be 3 by August 31st, 2021)

_____ Monday, Wednesday, & Friday	8:15am-11:15am	\$170
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Please submit the following to complete enrollment:

- _____ Admission Form
- _____ \$55 Non-refundable Registration Fee
- _____ Immunization Record
- _____ Health Care Summary
- _____ Medical Information Form

The Registration Fee must be received in order for us to secure your enrollment.

 **PREsCHOOL AdMISSION FORM**

Child's Name (First, Middle, Last) _____ Nickname _____

Street Address _____ City _____

State _____ Zip _____ Church Affiliation _____

Birthdate _____ Sex: Male Female

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 _____

At least two persons to contact in case of emergency (if parents are not available) and/or individuals authorized to pick up child (*if emergency contact, an address MUST be listed*):

Name _____ Phone _____ Relationship _____

Address _____ Emergency Contact: Yes No / OK to pick up: Yes No

Name _____ Phone _____ Relationship _____

Address _____ Emergency Contact: Yes No / OK to pick up: Yes No

Name _____ Phone _____ Relationship _____

Address _____ Emergency Contact: Yes No / OK to pick up: Yes No

Name _____ Phone _____ Relationship _____

Address _____ Emergency Contact: Yes No / OK to pick up: Yes No



Medical Information Form

Child's Physician: _____ Phone: _____

Preferred Clinic: _____

Clinic Address: _____

Child's Dentist: _____ Phone: _____

Dentist Address: _____

*(If a preferred dentist is not determined, we will default to Hamann Dentistry
200 1st Avenue, Perham, MN 56573, 218-346-4775.)*

Insurance Company: _____ Policy #: _____

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

****Please attach copy of immunization record.****

Does your child have any known health problems? Yes No If yes, please attach documentation.

Please check below of any of the following illnesses your child has had:

<p>Child has had:</p> <ul style="list-style-type: none"> <input type="radio"/> Measles <input type="radio"/> German Measles <input type="radio"/> Chicken Pox <input type="radio"/> Mumps <input type="radio"/> Whooping Cough <input type="radio"/> Other _____ 	<p>Child suffers from frequent:</p> <ul style="list-style-type: none"> <input type="radio"/> Headaches <input type="radio"/> Earaches <input type="radio"/> Sore Throat <input type="radio"/> Stomach Aches <input type="radio"/> Flu/Colds <input type="radio"/> Bloody Noses <input type="radio"/> Other _____
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Please list any injuries your child has had:

Does your child have any known allergies? Yes No If yes, what are they and what are your child's reactions? _____

Does your child take any medication on a regular basis? Yes No If yes, please list the name of the medication(s) and the medical condition for which is taken: _____

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

Please comment on any additional medical information or special need you would like St. Paul's Lutheran Preschool to be aware of concerning your child: _____

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

Signature of Parent/Guardian

Date



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.

Yes No, I do not.

Bussed Field Trips

Permission to attend field trips with St. Paul's Lutheran Preschool on an arranged school bus. St. Paul's Lutheran Preschool will notify families of field trip prior to attending.

Yes No, I do not.

Photos with Names (Pictures with names used of the children for classroom purposes to enhance learning and celebrating such as artwork, bulletin boards, cubbies, attendance, & school jobs.)

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 Preschool.

Yes No, I do not.

School Website and Social Media

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

Yes No, I do not.

Topical Ointments/Lotions (St. Paul's Lutheran Preschool will apply sunscreen, insect repellent, lip balm with a q-tip, 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 _____