

Community of Saints Preschool Program: Forms to be Returned



The following items **need** to be on file at school **prior** to the first day of preschool. Please use checklist provided to ensure your child is ready to start preschool! 😊

- _____ **Registration Form (2 sided)**
- _____ **Most Current Immunization Record**
- _____ **Health Care Summary (to be filled out by Health Care Professional)**
- _____ **Emergency Card**
- _____ **Child Information Form**
- _____ **Billing Request Form**
- _____ **Media Release Form**
- _____ **Kindergarten Readiness Screening, IEP, DA (if your child has one)**

Drop off, Mail, or Email Forms to:
Community of Saints Preschool
Attn: Katie Hartz
335 Hurley St. E.
West St. Paul, MN 55118
khartz@communityofsaints.org

Our Preschool supply list, calendar and themes can be found on our website by April
www.communityofsaints.org.

Katie Hartz
Preschool Director/Lead Teacher

Community of Saints Preschool: Health Care Summary



MUST BE COMPLETED BY HEALTH CARE SOURCE

Name of Child: _____ Birth Date: _____
Address: _____ Telephone: _____
Parent(s)/Guardian(s): _____
Signature of Parent(s)/Guardian(s): _____

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 any important health concerns.

<u>Important Health Concerns</u>	<u>Followed by You</u>	<u>Followed by Other Med. Source</u>	<u>Requires Special Attention at School</u>
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Other information helpful to the program: _____

Signature of Health Source: _____ Date: _____
Address: _____ Phone: _____

The most current immunization record must accompany this form



EMERGENCY INFORMATION

Student _____
Last Name First M.I.

Birthdate _____

Home Address _____

Home Phone _____

Mother's Name _____

Cell Phone _____

Place of Employment _____

Work Phone _____

Father's Name _____

Cell Phone _____

Place of Employment _____

Work Phone _____

Physician's Name _____

Physician's Phone _____

Clinic & Address _____

Health Concern(s) _____
Please list any allergies or medications.

Allergies Asthma Diabetes Seizures
Please circle all that apply.

Please list people below who are authorized to pick up your child if you can't be reached.

<i>Print Name</i>	<i>Address</i>	<i>Phone Number</i>	<i>Relationship to Child</i>

Community of Saints Preschool Program: Information Form



Child's Name: _____ Nickname: _____

Name you would like your child to learn to recognize & write: _____

Child's Place in the Family (oldest, middle, youngest, only): _____

Child lives with: _____

Child's Siblings & Ages: _____

1. Most of the time my child:

brief description

- Shows interest & enjoyment in stories
- Is a good listener
- Likes to play alone
- Likes to play in a group
- Likes active play
- Likes quiet play

2. My child enjoys these activities the most:

3. Describe how your child behaves in a group of children based on the setting:

- Home/Family:
- Child Care:
- School:
- Other:

4. My child's biggest discipline issue is:

5. Information that would be helpful when working with my child:

6. Generally, how does your child behave when she/he is...

- Mad:

- Scared:

- Frustrated:

- Embarrassed:

7. Please describe your families' race, religion, home language, abilities, values, and culture.

8. Would you be willing to come into the classroom and share something special about your family (food, culture, traditions...) Please describe 😊

9. Goals for your child include: _____

Community of Saints Preschool: Billing Request Form



Community of Saints will offer three payment options for the 2018-2019 school year. Please check the option that applies to you.

_____ I/We will pay Community of Saints Preschool in **one full payment** by August 15th to receive a 5% discount on the yearly tuition rate.

_____ I/We will pay Community of Saints Preschool in **two payments**, one on August 15th and one on January 31st to receive a 3% discount on the yearly tuition rate. (If 2nd payment is not made by 1/31/19, you will need to make monthly payments without the 3% discount rate)

_____ I/We will pay Community of Saints Preschool **monthly** based on the monthly tuition rates. Monthly payments will be made on or before the 25th of each month.

_____ I/We have been approved for a **scholarship** to pay for monthly tuition costs. (please indicate award amount & scholarship name): _____

_____ I am a **staff member** at Community of Saints and receive a full tuition discount.

Please note:

- All payments need to be made on or before the dates listed above. Late payments may result in a late fee of \$10.00/per week that payment is late.
- Before/after school care will be billed separately at the end of each month unless your child is registered for the preschool package.
- All billing is done through TADS.

I/We hereby agree to pay tuition for my/our child(ren) according to the payment schedule checked above and abide by Community of Saints Preschool rates and payment policies.

Printed Name(s) _____

Signature _____ Date _____

Signature _____ Date _____

(Must be signed by person(s) responsible for tuition. All names on this agreement will be responsible for payments on this account.)

Community of Saints Preschool Program: Media Release Form



I consent that Community of Saints School be permitted to use and publish for advertising, commercial or publicity purposes, the name and likeness of my child for any other lawful purpose whatsoever, including photographic portraits, pictures, reproductions, made through any medium, including electronic media, and the undersigned parent/guardian does hereby release Community of Saints School from any liability in connection with such use.

The undersigned parent/guardian acknowledges having read this release, having had the opportunity to consider and understand its terms and does hereby execute it voluntarily and with knowledge of its significance.

If you do not want your child's picture on the school website or for any other marketing purposes, please talk to your child(ren) about this decision and that they cannot participate in any of the pictures.

Please choose one of the following:

_____ Yes, I consent that Community of Saints School use photographs of my child(ren) for marketing and advertising purposes.

Name of Student(s): _____

Parent Name (Print): _____

Parent Signature: _____ Date: _____

_____ No, my child is not able to participate in photographs to use for marketing and advertising purposes for the school.

Name of Student(s): _____