



Dear Preschool Family,

We are so excited you are considering Peace Preschool for the start of your child's education. Peace Lutheran Preschool is a Christ centered school that strives to develop the whole child through a variety of play centered learning experiences. Children will leave our school, knowing, growing, and sharing in Christ.

Children entering Peace Preschool must be 33 months old at time of enrollment. One preschool classroom will be available for children 33 months-48 months who are in the process of potty training. Spots are limited for children who are potty-training in the preschool classroom, as we only have one preschool classroom that can assist with this transition. For all other preschool classrooms children must be self-sufficient in the bathroom to be enrolled in preschool.

Children in the toddler room must be 16 months at the time of their enrollment and walking. Toddlers may not use bottles in the classroom. Pacifiers are only allowed in the toddler room during nap time. Please inquire with the director for more information. Space is limited in our toddler classroom and will first go to currently enrolled students, then to sibling of students and then to the public.

Included in this packet are the following forms. All forms must be completely filled out.

2024-2025 Registration Form: Please complete this in full

- **Medical Forms: The immunization and Health care Summary** must be completed by your child's doctor and returned to Peace Lutheran Preschool BEFORE your child can start
- **Emergency Form:** Complete this form in full, addresses and phone numbers are needed for all contacts and for dentist and doctor. If there are any changes throughout the school year, keep us updated.
- **Health Update:** Please complete to help us make sure your child's needs are met. It is our goal to make sure each child has a happy and successful experience at Peace Preschool.
- **Child Questionnaire:** Help us get to know your child and family!
 - **Only fill out the child questionnaire for preschool students**
 - **Only fill out the toddler questionnaire for toddler students**
- **Peace Lutheran Preschool Authorization:** Please check all that apply, sign and date
- **Parent Agreement:** Please read, sign and return.
- **All day classroom/lunch information**

Your child's registration form must be filled out and returned and the registration fee must be paid in full to secure a spot for your child. The child's paperwork does not need to be returned to secure a spot, that just must be completed before the start of the school year.

The 2024-2025 registration fee is \$150, which includes a t-shirt and a water bottle to use in the classroom.

If you have any questions, please do not hesitate to reach out.

Blessings,

JoAnna Lane, Director

Peace Lutheran Preschool

peacepreschoolfaribault@gmail.com

507-334-5999



Peace Lutheran Preschool

213 6th Ave SW, Faribault, MN (507) 334-5999 peacepreschoolfaribault@gmail.com

REGISTRATION FORM 2024-2025 School Year

STUDENT INFORMATION

Child's Name _____ M / F Birthdate _____
 Nickname _____ Home phone _____
 Address _____ City _____ Zip _____
 Church Affiliation _____ Attends Sunday School _____ Baptized ___ Yes ___ No
 Child Lives with ___ Both Parents ___ Father ___ Mother ___ Other, Specify _____
 Previous Preschool Experience Yes No Where? _____
 Returning Student? Yes No Sibling of Current Student? Yes No Sibling/s name _____

PARENT OR GUARDIAN INFORMATION

Father's Name _____
 Address (if different than child's) _____ City _____ State ___ Zip _____
 Phone Number _____ Cell Phone Number _____
 Email _____
 Employer _____ Business Phone Number _____

Mother's Name _____
 Address (if different than child's) _____ City _____ State ___ Zip _____
 Phone Number _____ Cell Phone Number _____
 Email _____
 Employer _____ Business Phone Number _____

INITIAL CHOICE	CLASS OPTIONS	PROGRAM DAYS	TIME	TUITION
	3- Year -Old	Tuesday/Thursday	8:15-12:00	\$1,710/Year \$190/ Month
	4-Year-Old	Monday, Wednesday, Friday	8:15-12:00	\$2,225.00/Year \$250/Month
	Full Day 33 months - prekindergarten (Three classrooms available)	Monday- Friday	7:15-5:15	\$7,030/Year \$782/ Month \$190/Week
	M-F Half Day	Monday-Friday	8:00-12:00	\$3,600/ Year \$400/Month
	Full Day Toddler (16months at enrollment)	Monday-Friday	7:15-5:15	\$7,400/Year \$823/ Month \$200/Week
	Extended Morning Care Part Time Classes	Tuesday/Thursday Monday, Wednesday, Friday	7:15-8:00am	T/TH/\$50 month M/W/F/ \$65 month M-F/ \$100 month
	Extended Afternoon Care Part-time classes	Monday-Friday	12-5:15	\$20 a day - must confirm availability

*Monthly payments are based on 9 months.

Estimated Drop Off Time _____ Estimated Pick Up Time _____

Registration/Supply Fee for all classes \$150.00

TUITION AGREEMENT:

I agree to the following tuition policies set forth by the governing agencies of Peace Lutheran Preschool:

- I understand that my registration fee is non-refundable, and non-transferrable.
- I agree to pay each weekly/month's tuition by the first school session which my child attends each week/month.
- I understand that tuition paid after the 10th of any month will be subject to a late fee of \$10.00.
- I understand that if payment is not received by the end of the month, my child will have to discontinue enrollment, unless I have made another payment schedule with the Preschool Director.
- I understand that 30 day written notice must be given when withdrawing my child. Full tuition is due for the month following notifications.
- I understand that the tuition for the school year is a set rate, and that I am expected to pay when my child is sick, on vacation, or any other reason in order to retain his/her place in the preschool program.
- A \$25.00 return check fee will be charged for all NSF or uncollectable checks. I further understand that should a NSF check be received by the school from me during the same school year, I will be restricted to payment by cashiers check, money order, or cash for the remainder of the school year.
- Current students will be placed on a class list only if tuition payments are current.
- I will provide a credit card to be charged on the procare system so if I have not paid by the 15th of the month my card may be charged.

SIGNATURE OF PARENT/GUARDIAN #1 _____ Date _____

SIGNATURE OF PARENT/GUARDIAN #2 _____ Date _____

RELEASE OF LIABILITY

This release is made by _____
(parent's name)

as the parent of _____
(child/children's name)

In consideration of the permission granted by Peace Lutheran Church, to attend Peace Lutheran Preschool and participate in the activities herein, I hereby release and discharge Peace Lutheran Preschool, its agents, employees and officers from all claim, demands, actions, judgments and executions which the undersigned's heirs, executors, administrators, and assigns to all personal injuries known and unknown, and injuries to property caused by or arising out of the above described attendance and activities.

SIGNATURE OF PARENT/GUARDIAN _____ Date _____

Peace Lutheran Preschool

Emergency Information

Please Attach A
Current Photo

Child's Name _____ Nickname: _____

Birthdate: _____ Current Age: _____

I give permission to Peace Lutheran Preschool Staff to release my child to the following people, or in the case of an emergency and I cannot be reached the following emergency contacts have my permission to transport my child.

	Name	Cell Phone	Work Phone	Home Phone
Parent/Guardian #1				
Parent/Guardian #2				

Parent/Guardian #1 email: _____

Parent/Guardian #2 email: _____

	Name	Address	Relation	Phone
Emergency Contact/ Authorized Pick Up				
Emergency Contact/ Authorized Pick Up				
Emergency Contact/ Authorized Pick Up				
Emergency Contact/ Authorized Pick Up				
Emergency Contact/ Authorized Pick Up				

What is the best way to contact parents in case of emergency? _____

Unauthorized Persons:

The following do not have permission to pick-up my child from Peace Lutheran Preschool:

Name: _____ Relationship to Child: _____

Name: _____ Relationship to Child: _____

Parent Signature: _____ Date: _____

Doctor: _____ Phone _____
Address: _____
Insurance Provider: _____
Insurance ID# _____

Dentist: _____ Phone _____
Address: _____
Insurance Provider: _____
Insurance ID# _____

Hospital Preference: _____
Address: _____

Please list any conditions that may result in a medical emergency (Ex. Asthma, food allergy, other allergic reactions, diabetes, seizures, etc....) _____

Procedures for Medical Emergencies: In case of a severe illness or injury, staff of Peace Lutheran Preschool, will first call the Rice County Emergency Services (911). The parents will be called to make them aware of the emergency. If emergency staff find it necessary to transport the child, they will be taken to District One Hospital. If the parents or emergency contact person/s are unavailable, the director or staff member will ride with in the ambulance or follow in their car to the hospital. All minor injuries will be handled by staff of Peace Lutheran Preschool, who are trained in First Aid and CPR. If a minor illness or injury occurs, the parents or emergency contact person will be contacted immediately. The child will remain with the director or classroom teacher until a parent or authorized person has arrived.

Parent Signature _____ Date _____

Peace Lutheran Preschool Health Update

Child's Name: _____ **DOB:** _____ **Age:** _____

Does your child have any of the following health concerns(Please indicate by circling):

- | | | |
|-----------------|-----------------------|---|
| No Concerns | Bee Sting Reactions | Asthma(See Below) |
| Seizures | Hayfever | Frequent Sore Throat |
| Shunt | Allergies | Constipation |
| Heart Problems | Bloody Noses | Bladder/Bowel Issues |
| ADD/ADHD | Diabetes | Social/Emotional/Mental Health Concerns |
| Autism Spectrum | Dizzy/Fainting Spells | Anxiety |

Please describe in more detail anything circled above(Types of allergies, specific triggers, symptoms, treatment, if medical bracelet is needed, special care instructions, etc_) _____

Does your child have a medical diagnosis or developmental delay that requires extra support? (Please Specify) _____

Does your child have an IEP? _____

Any other special nees or concern? _____

Does your child require an Epi Pen? **Y** or **N** Reason for Epi Pen: _____

Will your child have an Epi Pen at Peace Preschool? **Y** or **N**

Asthma or Other Breathing Problems:

Has your child ever been diagnosed by a doctor as having asthma? Yes No

Does your child have an inhaler? Yes No Will your child have at inhaler at Peace Preschool Yes No

Diet: Does your child have any special dietary restrictions/Considerations or Food Allergies? Yes No

Please Describe: _____

Vision: No Vision Problems Glasses Other

Please Describe: _____

Hearing: No Hearing Problems Frequent Ear Infections: Yes No Hearing Aids: None Right Ear Left Ear

Medications: List all medications your child is taking and specify which are needed at Peace Preschool. Proper documentation, including a doctor or dentist's signature, must be on file for administering meds at Peace Preschool, (Including "over-the counter" medications).

Medication	Purpose	Dose	Time/How Often

Does your child have any health problems that may result in emergency? Yes No

Please Describe: _____

Has your child had surgery in the last year? Yes No

Please Describe/Restrictions: _____

Is there anything else we should be aware of? _____

Parent Signature _____ Date _____

Peace Lutheran Preschool Child Questionnaire

Child's Name _____ Class _____

General Information:

Child lives with (Names and Relation) _____

Do you consider your child _____ Right Handed _____ Left handed _____ Unsure

Has your child gone through Early Childhood Screening? _____ yes _____ no

If no would you like information regarding screening? _____ yes _____ no

Language/s spoken at home _____

Does your child have any health concerns/allergies we should be aware of? _____

Does your child typically take naps at home? _____ yes _____ no if so for how long? _____

Social Development:

Has your child attended any other preschool or child care? _____ Yes _____ No

What experiences has your child had with groups of children? _____

What are some of your child's favorite toys, activities and special interests?

Does your child have any fears we should be aware of?

If your child is sad or upset what is the best way to comfort them? _____

Describe your child's personality (shy, friendly, cautious etc.....)

Please share your goals for your children at preschool, are there areas in which you would like the preschool to help in development:

Family Tradition, Customs, Backgrounds and Interests:

Does your family have any special traditions or customs or background interest you would be willing to share with your child's class? _____
_____ No If yes please explain _____

Yes

Spiritual Information:

Does your family belong to a church? _____ Yes _____ No If yes name of Church _____

Is your child baptized _____ Yes _____ No If yes date of their baptism _____

Would you like information about baptism? _____ Yes _____ No

Does your child attend Sunday School? _____ Yes _____ No Does your child attend Church? _____ Yes _____ No

Would you like information about Sunday School? _____ Yes _____ No

Are there ways that we can help in the spiritual growth of your child? _____

Any other information you would like to share with us about your child: _____

How did you hear about Peace Lutheran Preschool? _____ Church Member _____ Past/Current Family _____ Friend

_____ Facebook _____ Other If other please share where _____

Parent Signature _____ Date _____

Parent Signature _____ Date _____

Toddler Program Child Questionnaire

Child's Name _____ Class _____

General Information:

Child lives with (Names and Relation) _____

Do you consider your child _____ Right Handed _____ Left handed _____ Unsure

Language/s spoken at home _____

Does your child have any health concerns/allergies we should be aware of? _____

Sleeping Habits:

My child usually naps _____ times/day from _____ to _____

From _____ to _____

My child sleeps at night from _____ p.m. to _____ a.m.

Does your child have any sleep disturbances? _____

Does your child sleep with any special object or have any special way to go to sleep? _____

Where does your child sleep? _____

Does your child use a pacifier Yes _____ No _____

Toileting:

Child wears: diapers _____ all day _____ sleeping only

Underpants _____ all day

Training process: bowel control (date) _____ bladder control (date) _____

Does your child ask to go to the bathroom? _____

What phrases/words do you use for urinating? _____

What phrases/words do you use for bowel movements? _____

If toilet training is in process, please describe routines/methods you use: _____

Social Development:

Has your child attended or been enrolled in:

_____ a child care center at what age? _____

_____ A family day care home At what age? _____

_____ a babysitter's home At what age? _____

_____ your home with a babysitter At what age? _____

_____ a parent/child play group At what age? _____

_____ other setting: _____

How does your child adjust to new situations and activities? _____

What are some of your child's favorite toys, activities and special interests? _____

Does your child have any fears we should be aware of? _____

If your child is sad or upset what is the best way to comfort them? _____

Describe your child's personality(shy, friendly, cautious etc.....)

Please share your goals for your children at school, are there areas in which you would like the school to help in development:

How often does your child need to be held during the day? _____

How does your child communicate? (crying, pointing, phrases, sentences): _____

Family Tradition, Customs, Backgrounds and Interests:

Does your family have any special traditions or customs or background interest you would be willing to share with your child's class? _____

Yes

_____ No If yes please

explain _____

Spiritual Information:

Does your family belong to a church? _____ Yes _____ No If yes name of Church _____

Is your child baptized _____ Yes _____ No If yes date of their baptism _____

Would you like information about baptism? _____ Yes _____ No

Does your child attend Sunday School? _____ Yes _____ No Does your child attend Church? _____ Yes _____ No

Would you like information about Sunday School? _____ Yes _____ No

Are there ways that we can help in the spiritual growth of your child? _____

Any other information you would like to share with us about your child: _____

How did you hear about Peace Lutheran Preschool? _____ Church Member _____ Past/Current Family _____ Friend

_____ Facebook _____ Other If other please share where _____

Parent Signature _____ Date _____

Parent Signature _____ Date _____

Peace Lutheran Preschool

Authorizations

Child's Name

DOB

Please initial all statements to which you agree:

I give permission for Peace Lutheran Preschool to administer/apply the following:

____ Sunscreen (Provided by the family)

____ Medication (Proper documentation that includes a doctor or dentist's signature must be on file, this includes "over the counter" medications.)

____ Hand Sanitizer (to be used on occasion if needed)

____ Lotion (to be used on occasion if needed or in our calm down/safe space)

____ Chapstick (provided by the family)

____ **Pets:** I give permission for my child to participate in pets coming to Peace Lutheran Preschool as arranged by staff.

____ **Walking Trips:** I give permission and authorize my child to participate in Peace Lutheran Preschool walking trips around the neighborhood. I agree that Peace Lutheran Preschool staff involved in the walking trips are not liable or responsible for any accidents or injuries which may occur in the absence of negligence by the preschool staff. In the event of an emergency situation, I authorize the staff to follow Peace Lutheran Preschool's emergency procedures. I further acknowledge that in the event of a non-emergency situation, such as sickness, minor injury, or behavioral issues, I will make arrangements to transport my child from the walking trip site at the request of the preschool staff.

Publicity: Peace Lutheran Preschool may take pictures of students, teachers and activities to be used in the newspaper, on bulletin boards, in newsletters, on the web, including social media.

Please initial statement/s to which you agree:

____ I give permission for my child to be photographed and for photos and my child's **FIRST NAME only** to be used in Peace Lutheran Preschool publications.

____ I give permission for my child to be photographed and for photos only to be used in Peace Lutheran Preschool Publication. Please do not publish my child's name with photos.

____ **Movies:** I give permission for my child to view "G" movies, content to be previewed by staff.

Parent Signature _____ Date _____

Peace Lutheran Preschool

Parent Agreement

- 1.** I understand that it is my responsibility to read, understand, become familiar with and to comply with the standards that are established in the Peace Lutheran Preschool Handbook (Which parents will receive at Orientation)
- 2.** I am responsible for and agree to pay a \$150.00 registration/supply fee for each child and I understand that this fee is non-refundable and non-transferrable.
- 3.** I understand that I am responsible for the entire school year tuition. I understand if I withdraw my child from the program a written 30-day notice is required and I will be charged tuition for that month. Failure to provide a 30-day notice will result in an extra month of tuition charged to my account.
- 4.** I understand that preschool will be closed throughout the year for holidays and staff development days. This has been taken into consideration in the overall tuition rates and no there will be no change in tuition rates due to closed days.
- 5.** I understand that by enrolling my child in Peace Lutheran Preschool I am giving my permission for my child to use all the school and playground equipment and participate in all preschool activities.
- 6.** I understand that parental permission will be obtained in writing, before any assessment or public relations activity is done involving children at the preschool.

My signature indicates that I have read and understand the above conditions and I agree to comply with these terms.

Child's Name _____

Parent Signature _____ Date _____

Toddler Room Information

Diapers and Wipes

In the toddler room children will be required to bring in their own diapers, wipes and diaper rash cream. Diaper rash cream must be labeled with the child's first and last name. Children should also provide two changes of clothing in case of a diaper explosion or extremely messy play.

Pacifier Policy

Pacifiers will be allowed to be used during rest time, only on the cot. The Parent/Guardian should provide at least two pacifiers (labeled with their child's name using a waterproof label or non-toxic permanent marker. Staff will inspect each pacifier for tears or cracks before each use. Staff will clean each pacifier with soap and water and rinse thoroughly before each use. Pacifiers are not permitted to be attached to the child's clothing in any manner or hung around the child's neck. Pacifiers are not permitted to have attachments such as stuffed animals. If the pacifier falls out of the toddlers' mouth during nap time it does not need to be re-inserted. Pacifiers will not be coated in any sweet solution. Pacifiers will be cleaned and stored, open to air, separate from the diapering area, diapering items, or other children's personal items.

All Day Classrooms (toddlers and preschool)

SNACKS

We are asking each family to provide a snack for his or her child's class once a month. Each month the teachers will send home a snack calendar that will have children's first name on it to identify who is responsible for snacks for that week. If it is your week to provide snack, we ask that you bring your snack on the 1st class period of the week. Because we are an Educational Facility, the State of Minnesota has certain guidelines that we must follow. We aim for snacks to be as nutritious and easy to distribute as possible and at the same time meet the requirements of being from at least two nutrition groups. Snacks must be commercially packaged, may not be prepared in your home or have been altered in any way. We have included a list of nutritional snacks that you may choose from in your orientation materials. We also ask that you provide either a half gallon of milk or a 12 oz. can of 100% fruit juice. We are a PEANUT Free facility, so please do not send anything with peanuts in it.

BREAKFAST/LUNCH

Breakfast is available for children enrolled in the all-day classrooms from 7:30-7:45 am and is included in the tuition. Children arriving after 7:45 will not be served breakfast. Children in the all-day classrooms will need to bring a cold lunch each day. Milk will be provided by the school. Occasionally, the children will plan a menu and make their own lunch. Parents will be notified on when NOT to send lunch. We are a PEANUT Free facility so please remember that when packing lunches. Breakfast will be available for those children who have signed up for before school care and is included in the before school care fee.

Peace Lutheran Preschool

Snack/Lunch Information

Snack:

While at preschool your child will receive one snack if they are in a half day class and 2 snacks if they are in a full day program.

We ask for parents help in supplying morning snack for your child's class. Your teacher will send home a calendar with a snack schedule if you have any questions please contact your child's teacher.

We appreciate your help in providing healthy snacks for our children.

When providing snack here are some suggestions, please feel free to add any ideas you may have that would be a healthy option for our children. All snacks need to be store bought.

Juice 100% fruit juice	Milk
Animal Crackers	Biscuits
Bread Sticks	Crackers of any kind, wheat is a good option.
Graham Crackers	Granola Bar-plain, fruit
Muffins	Pretzels
Raisins	Tortilla/Tortilla Chips/Salsa
Fresh Fruit of any kind	Vegetables of any kind
Goldfish	Rice Cakes
Veggie Straws	Yogurt (single serve containers)
Meat/Cheese/Crackers	String Cheese
Bread	Cereal

REMINDER: We are a peanut free facility/you will be notified if there are other allergies in your child's class to consider when supplying snack.

Juice will be served once per day. Water will be available with every snack and lunch.

Lunch:

Children in our full day will need to bring a lunch from home each day they attend preschool. We ask that as you plan for your child's lunch you keep in mind the following guidelines so that we can assure your children are getting a healthy balanced lunch each day. State Laws sets the following guidelines for children's lunches:

- 1 Protein: 1 1/2 oz. of meat, poultry or fish, cheese, cottage cheese, eggs or 6oz. or 3/4 cup yogurt
- 1 Vegetable: 1/4 cup
- 1 Fruit: 1/4 cup or 1/2 cup 100% Juice
- 1 Grain: 1/2 oz bread or whole wheat bread saltines, whole wheat snack crackers, 3/4 cup or 1/2 oz. dry cereal
- Dairy-Preschool provides 1% milk at lunch time for preschoolers and 1% for toddlers over 2 and whole milk for toddlers under 2.