

For Office use only:

Date _____ BD _____
Class session _____ AM PM
Registration Fee _____ Check # _____

Rainbow Christian Preschool Registration Form

Child's name _____ Birth Date _____

Child name (preference for nametags) _____ Gender _____

Address _____

City/Zip _____ Home Phone (____) _____

Mother /Guardian's Name _____ Phone (____) _____

Cell phone (____) _____ E-mail _____

Address (if different than above) _____

Employment/school _____ Phone (____) _____

Father/Guardian's Name _____ Phone (____) _____

Cell phone (____) _____ E-mail _____

Address (if different than above) _____

Employment/school _____ Phone (____) _____

Day Care provider _____ Phone (____) _____

Address _____

Person(s) not authorized to pick child up _____

Child's **Physician** _____ Address _____

Phone (____) _____

Child's **Dentist** _____ Address _____

Phone (____) _____

Dietary restrictions _____ Allergies _____

Names of **siblings** (ages) /others living in the home. (Exclude child listed above).

Church affiliation _____ Sunday school/religion class: yes no

~please complete reverse side~

Emergency contact persons who are authorized to pick your child up in case of emergency:

1. Name _____ Relationship _____

Address _____ Phone (____) _____

2. Name _____ Relationship _____

Address _____ Phone (____) _____

Pertinent family information that will help us better understand your child/family:

Behavior concerns/reactions we should know about:

Special needs/unique characteristics that could affect his/her preschool experience:

In what ways do you hope your child will benefit and grow from this preschool experience?

Choice of Class (please indicate 1st and 2nd choice if applicable)

T, TH 3-year-olds 9:00 – 11:30 AM \$1,035.00/yr or \$115.00/month _____

M, W, F 4-year-olds 9:00 – 11:30 AM \$1260.00/yr or \$140.00 /month _____

M, W, F 4-year-olds 12:30 – 3:00 PM \$1260.00/yr or \$140.00 /month _____

***Please Note:** a deposit of one monthly payment will be due in August and will be applied to your last month's tuition

Terms of Application: the registration fee of \$50.00 must accompany each application for enrollment in order to be processed. The registration fee will be refunded if no immediate openings are available. All forms may be mailed to:

Rainbow Christian Preschool
St. Croix Valley United Methodist Church
PO Box 276
Lakeland, MN 55043

The undersigned request admission for the above child and agrees to the tuition and the policies of Rainbow Christian Preschool.

Signature of parent(s) or guardian(s) _____ date _____

14. Special words your child uses to describe his/her needs.

15. Please check the play experiences your child has had:

Clay Scissors Blocks Easel painting Sand/water Finger painting
 Listening activities Pencils/colors Playground Puppets
 Puzzles

16. How often do you read to your child?

17. Favorite stories:

18. Can your child dress her/himself?

19. What are your child's favorite foods?

20. How willing is your child to try new foods?

Do you have any special requests of the staff at Rainbow Christian Preschool?

Does either parent, or another family member, have any special resources or skills to offer our children, teachers or other preschool families?

How did you hear about Rainbow Christian Preschool?

How can we help you meet the expectations you have for your child during their preschool years?

Additional Comments/Concerns:

Signed _____ Date _____

Rainbow Christian Preschool
Permission to Participate in Preschool Activities
and to Receive **Emergency Medical Care**

Child's Name _____ Date of Birth _____

- I hereby grant permission for my child to use all of the indoor and outdoor play equipment and participate in all of the related activities of the Rainbow Christian Preschool.
- I hereby grant permission for my child to leave Rainbow Christian Preschool premise under the proper supervision for neighborhood walks and /or various field trips. I understand I will be notified in advance of field trips. I understand that public transportation will be provided via a van or bus company with proper supervision from staff and volunteer parents.
- I hereby grant permission for my child to be included in evaluations connected with the Preschool program.
- I hereby grant permission for the Director or representative to take whatever steps may be necessary to obtain emergency medical care for my child if warranted. These steps may include, but not be limited to, the following:
 1. Call 911
 2. Contact parent or guardian.
 3. If unsuccessful in contacting parent or guardian, an attempt will be made to contact a parent through any of the persons listed on the Emergency Information Card.
 4. In the event that #2 or #3 are unsuccessful, word will be left with an emergency contact person regarding the emergency and action taken.
 5. Child's physician would be notified.
- I understand that any expense incurred under #4 above will be borne by the child's family.
- I understand that these arrangements are in effect as long as my child is enrolled in Rainbow Christian Preschool, or unless I notify the Preschool in writing of any changes in this agreement.

Parent/Guardian #1 Signature _____ Date _____

Parent/Guardian #2 Signature _____ Date _____

Rainbow Christian Preschool

Child Maltreatment Mandated Reporting

Child's name _____ Date of birth _____

- Minnesota State Statutes (1987 Supplement, section 626.556. Subdivision 3) requires all educators to report all suspected or known cases of child maltreatment such as physical abuse, sexual abuse, or neglect to the local Child Protective Service or Washington County Sheriff's Department. When the reporting is made in good faith, the person making the report will have immunity from any liability resulting from the action. Failure for mandated individuals to report under the terms of the law constitutes a misdemeanor.

- If the Rainbow Christian Preschool staff are concerned about the safety of a particular child, the staff will consult with the parents and appropriate authorities. If a child is in immediate physical danger, the Washington County Sheriff's office will be called by a staff member. Ultimately, the Rainbow Christian Preschool staff seek to be an advocate on behalf of children.

- The Preschool staff supports efforts in the prevention of child maltreatment. This is accomplished by:
 1. continuing education on identification of child abuse, means of prevention, and knowledge of social support services within the community
 2. parental access to Rainbow Christian Preschool at all times
 3. staff evaluations
 4. release of children only to authorized persons by parent/guardian
 5. support to parents in the sometimes difficult task of parenting

- **I understand that the staff members of Rainbow Christian Preschool are mandated reporters in suspected or known cases of child maltreatment. I also understand that the Preschool staff support efforts for the prevention of child maltreatment.**

Parent/Guardian signature _____ date _____

Rainbow Christian Preschool

Consent Form

According to Minnesota Rule 3 guidelines, Rainbow Christian Preschool & Kindergarten is required to obtain parental permission before a child is involved in any research or public relations activity while at school.

Rainbow's policy is that we will, in the event of research or observation activities, ask for individual written permission with the specifics of the activity spelled out on a permission form BEFORE your child is involved in these activities.

Rainbow does use photographs of the children as part of our curriculum and for public relations. According to Minnesota guidelines, we are required to obtain parental permission allowing children to have their pictures taken while participating in school activities. The following is a yearly summary of the school photograph and public relation activities that will be undertaken:

- Pictures for nametags for signing in/out of the classroom, classroom helpers, etc.
- Pictures for name recognition
- Pictures for art activities/special events and/or holiday gifts
- Pictures for classroom books
- Pictures for portfolios for conferences
- Pictures for memory books
- Pictures for registration posters or brochures (no names will be listed)
- Class photos
- Monthly newsletters for Rainbow families
- Church bulletins (no names will be listed)
- Alumni newsletter (no names will be listed)
- Web site (no names will be listed with photos)

I _____, hereby authorize Rainbow Christian Preschool to take and publish pictures as stated above, of my child _____ while participating in preschool activities. Any such photography will be under the supervision of Rainbow Christian Preschool staff.

Parent / Guardian Signature

Date

Rainbow Christian Preschool
Driver Permission Form

Child's Name _____ Date of birth _____

The following individuals may pick up my child from Rainbow Christian Preschool.

• Name _____ Phone _____

Address _____ Relationship _____

• Name _____ Phone _____

Address _____ Relationship _____

• Name _____ Phone _____

Address _____ Relationship _____

• Name _____ Phone _____

Address _____ Relationship _____

• Name _____ Phone _____

Address _____ Relationship _____

• Name _____ Phone _____

Address _____ Relationship _____

• Name _____ Phone _____

Address _____ Relationship _____

• Name _____ Phone _____

Address _____ Relationship _____

• I understand that if my child leaves Rainbow Christian Preschool with someone other than those listed above, I will grant, in writing, permission for that individual to pick my child up from Rainbow Christian Preschool. I also understand that it is my responsibility to remain current on the above listing.

Parent/Guardian Signature _____ Date _____