



**Northwood-Kensett
Children's Garden
Pre-School Packet
2019 - 2020**

WELCOME TO OUR PRESCHOOL PROGRAM

Northwood-Kensett Preschool
1200 1st Ave. North
Northwood, IA 50459
641-324-1127 Ext. 208
641- (fax)

Dear Parent,

Welcome to the Northwood-Kensett Children's Garden Preschool Program. Please complete the enclosed packet and return to the preschool. This packet will be a part of your child's folder while they attend preschool. On registration day, in early August, all four year old parents, will need to sign up for your home visit prior to school starting. At that time, the teacher will be collecting the packet and answer any questions you may have about enrollment. Additional paperwork will also be filled out at the home visit.

Along with this packet, the following documents will need to be provided to the preschool prior to the first day of class:

- A copy of your child's birth certificate
- An updated copy of your child's immunization card
- A copy of your child's current physical form
- Preschool packet

If you have any questions, please feel free to contact the preschool at the above number.

THANKS AGAIN! Enjoy the summer- we will see you soon!

Northwood-Kensett Children's Garden PreSchool Packet

Child's Full Name: _____ Birthdate: _____

Child's Address: _____

Race/ Ethnicity: _____ Primary Language: _____

----- Family Information -----

To Parent or Guardian: to serve your child in case of an Accident or Sudden Illness, it is necessary that you furnish the following information:

Mother's Name: _____ Phone Number: _____

Mother's Address: _____

Mother's Email Address: _____ Primary Language: _____

Employer _____ Work Phone _____

Father's Name: _____ Phone Number: _____

Father's Address: _____

Father's Email Address: _____ Primary Language: _____

Employer _____ Work Phone _____

Guardian: _____ Address: _____

Home Phone _____ Cell Phone _____

Employer _____ Work Phone _____

Siblings: (please list names, and ages)

_____	_____
_____	_____
_____	_____

Who has legal custody of your child? _____

If there is a separation or a divorce custody problem of which we should be aware, please explain: _____

*** Emergency Contact Information ***

When we are unable to get a hold of a parent, in emergency situations, please indicate the name and number of two people we can contact. Please make sure the numbers are current and working.

#1 Contact's Name: _____ Phone Number(s): _____

Relationship to Child: _____

#2 Contact's Name: _____ Phone Number(s): _____

Relationship to Child: _____

*** Health Insurance Policy Information ***

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

My child is covered by health insurance Yes _____ No _____

Health Insurance Information: Private Insurance HAWK I Medicaid # _____

Policy Holders (P.H.) Name: _____

P.H. Date of Birth: _____ Relationship to Child: _____

Address: _____

P.H. Employer's Name/ Address: _____

Health Insurance Company: _____

Policy #: _____ Plan #: _____ Group #: _____

Does your child have any of the following conditions or history of any of the following conditions?

- | | | |
|---|--|---|
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Bronchitis | <input type="checkbox"/> Fainting Spells |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Ear Infections | <input type="checkbox"/> Heart/Cardio Problems |
| <input type="checkbox"/> Convulsions/ Seizure | <input type="checkbox"/> Hay Fever | <input type="checkbox"/> Chronic Bone/Muscle Injury |
| <input type="checkbox"/> Migraine Headaches | <input type="checkbox"/> Surgeries (major/minor) | |

OTHERS: (Please List): _____

Allergies or Reactions (please check all that apply):

- | | |
|---|----------------------------------|
| <input type="checkbox"/> Dairy | <input type="checkbox"/> Peanuts |
| <input type="checkbox"/> Insect bites/ stings | <input type="checkbox"/> Red Dye |
| <input type="checkbox"/> Penicillin | |

OTHERS: (Please List): _____

Medications my child is currently taking: _____

Does your child have a disability or special needs? _____

*** Emergency Care ***

Please make sure to have the physical address of a doctor/ dentist. This form will be considered incomplete without this information.

DOCTOR : _____ Telephone: _____

Physical Address: _____

Hospital Choice: _____

Hospital Address: _____

DENTIST: _____ Telephone: _____

Physical Address: _____

I, the undersigned, do hereby authorize the Northwood-Kensett Children's Garden Preschool to contact the persons named on this form and do authorize a named physician/ dentist to administer such treatment as may be deemed necessary in an emergency, for the health of the child.

In the event physician/ dentist or parents cannot be contacted, the Northwood-Kensett CSD officials are authorized to take whatever action is deemed necessary, in their judgment, for the child.

I will assume financial responsibility for the emergency care of my child, including transportation by ambulance, emergency room and doctor's/ dentist's fees, and hospitalization if that is deemed necessary.

Parent/ Guardian Signature

Date

*** Parent Permission ***

Child Name: _____

Please **initial** each line and sign at the bottom of the page:

_____ I give permission for my child to participate in screenings that include vision, speech and hearing.

_____ I give permission for my child to be included in class photos, videotaping, and media coverage of the program. This may include publication on the school website, and local newspaper.

_____ I give permission for my child to participate in field trips.

_____ I give permission for my child to use electronic devices like iPads and computers during school hours.

Signed: _____

Date: _____

Please sign and initial if all forms are correct for the following year.

_____ 2018-2019

_____ 2019-2020

_____ 2020-2021

_____ 2021-2022

***** Insect Repellent Permission Form *****

Child's Name: _____ Date: _____

Name of Product (provided by the parent): _____

NOTE: Only repellents containing DEET may be used

Expiration Date: _____ (Product will not be applied if expired)

Special Instructions: _____

I give the staff at Northwood-Kensett Children's Garden Preschool permission to apply the above named product to my child according to the instructions provided and only when needed. I understand that the product will not be applied unless this form is completed and signed by the parent AND the product is not expired. To apply a different product than the one listed above, a new Insect Repellent Permission Form will need to be completed.

As a reminder:

- **Only repellents containing DEET can be applied**
- **All products must be supplied by the parent and labeled with the child's name.**
- **Staff will only apply bug spray with this form completed**

____ I DO NOT wish for my child to have repellent applied during preschool hours.

***** Sunscreen Permission Form *****

Child's Name: _____

Date: _____

Name of Product (provided by the parent): _____

NOTE: Sunscreen must have a UVB or UVA protection of SPF 15 or higher

Expiration Date: _____
(expired)

(Product will not be applied if expired)

Special Instructions: _____

I give the staff at Northwood-Kensett Children's Garden Preschool permission to apply the above named product to my child according to the instructions provided and only when needed. I understand that the product will not be applied unless this form is completed and signed by the parent AND the product is not expired. To apply a different product than the one listed above, a new Sunscreen Permission Form will need to be completed.

As a reminder:

- Sunscreen must have a UVB or UVA protection of SPF 15 or higher
- Staff will only apply sunscreen with this form completed
- All products must be supplied by the parent and labeled with the child's name.

____ I DO NOT wish for my child to have sunscreen applied during preschool hours.

***** Current Daycare Provider or Caretaker *****

Name: _____

Home Number: _____

Cell Number: _____

Address: _____

***** Child Pick Up Permission *****

I give the following people permission to pick up my child/ children from preschool. It is the responsibility of the parent/ guardian to notify the school, in writing, of changes.

Name _____ Relationship _____

Home Phone _____

Cell Phone _____

Name _____ Relationship _____

Home Phone _____

Cell Phone _____

Name _____ Relationship _____

Home Phone _____

Cell Phone _____

Name _____ Relationship _____

Home Phone _____

Cell Phone _____

Name of person(s) who MAY NOT pick up my child (provide legal documentation if applicable)

Name/ Relationship: _____

Name/ Relationship: _____

Name/ Relationship: _____

Name/ Relationship: _____

*** JMC Message Center ***

JMC Message Center is an automated notification system the school uses to inform families of school delays, closings, and important events that may impact students at school. Please fill out the following information and return to the office.

Parent/Guardian Name

Student(s) Name

Phone Numbers: (you may include up to four numbers)

E-Mail Addresses: (you may include up to four email addresses)

All information is kept confidential.

*** Transportation / Pick Up Sheet ***

Please circle ALL the bold black italicized word or words that pertain to your child's schedule:

_____ My child will **arrive** at preschool by a person listed on my permission sheet.

_____ My child will **be picked up** at preschool by a person listed on my permission sheet.

_____ My child will ride the Worth County Transit Bus: **before** preschool from _____ daycare / house.

_____ My child will ride the Worth County Transit Bus: **after** preschool to _____ daycare / house.

_____ My child will ride the N-K School Bus: **before** preschool.
Bus # _____

_____ My child will ride the N-K School Bus: **after** preschool.
Bus # _____

Early Dismissal Instructions _____

It is the responsibility of the **parents** to notify the preschool, in writing, or phone call, of any changes. If we do not hear from a **parent**, of any changes, your child will be departing preschool from the choice marked above.

Please DO NOT expect your preschool child to remember or know what they are suppose to do after school.

FEEES and PAYMENT PROCEDURES AGREEMENT

Two(2) Day - 3 year old student	Monday-Wednesday A.M. Tuesday-Thursday A.M.	\$75.00 / Month
Three(3) Day - 4 year old student	Monday-Wednesday-Friday P.M. Tuesday-Thursday P.M. - Friday A.M.	<u>NO FEE</u> - State Grant

OUT OF COUNTY - \$85/Month

Full monthly payment of preschool tuition is required even though a student may be absent due to illness or vacation. **Payment is due the first of the month, September through May.**

PRESCHOOL...tuition will not be billed to you, you are responsible for paying this on time without notice. Tuition is due the 5th of each month.