



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

**NEW to district student**

# WELCOME TO OUR PRESCHOOL PROGRAM

Northwood-Kensett Preschool  
1200 1st Ave. North  
Northwood, IA 50459  
641-324-1127 Ext. 208  
**641-324-1353 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.

# FEEs and PAYMENT PROCEDURES AGREEMENT

Two(2) Day - 3 year old student      Monday-Wednesday A.M.                              \$75.00 / Month  
   Tuesday-Thursday A.M.

Three(3) Day - 4 year old student      Monday-Wednesday-Friday P.M.                      **NO FEE** - State Grant  
   Tuesday-Thursday P.M. - Friday A.M.

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 5<sup>th</sup> of each month.