



**Northwood-Kensett
Children's Garden
Pre-School Packet
All New Students**

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.

At the end of July or the beginning of August, all 3 year old preschool students will receive a letter asking the parents to attend a large group orientation in August. Please bring all paper work with you. All four year old parents will need to sign up for your home visit prior to school starting, on registration day, in August. 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(within the last year)
- Student Data Form
- State questions
- Ethnicity and Home Language Survery

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 _____

----- 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:

Parent #1 Name: _____ Phone Number: _____

Parent #1 Address: _____

Parent #1 Email Address: _____

Employer _____ Work Phone _____

Parent #2 Name: _____ Phone Number: _____

Parent #2 Address: _____

Parent #2 Email Address: _____ Primary Language: _____

Employer _____ Work Phone _____

Guardian: _____ Address: _____

Home Phone _____ Cell Phone _____

Employer _____ Work Phone _____

Does your child have a disability or special needs? _____

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: _____

Parent/ Guardian Signature

Date

*** 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 #: _____

Medical: 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"/> Other |
| <input type="checkbox"/> Insect bites/ stings | <input type="checkbox"/> Red Dye | |

Any other medical concerns we need to know about _____

*** 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.

*** 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 _____ 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: _____

Parent/ Guardian Signature

Date

*** 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 P.M. \$To be determined / Month
Tuesday-Thursday P.M.

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

OUT OF COUNTY - \$Be to determined/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.

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

_____2022-2023

_____2023-2024

_____2024-2025

_____2025-2026

All information is kept confidential.