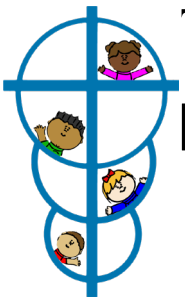

TRINITY LUTHERAN CHURCH
Moorhead, Minnesota

PRESCHOOL

APPLICATION
TRINITY LUTHERAN CHURCH PRESCHOOL

_____ Deposit Paid

_____ Admission Date

_____ Departure Date

CHILD'S NAME_____

Birthdate_____Gender_____Male_____Female

Home Address_____Phone_____

Parent or Guardian Responsible for the child_____

MOTHER_____Last 4 digits of Social Security_____

Home Address_____Phone_____

E-mail Address_____

Employer_____Phone_____

FATHER_____ Last 4 digits of Social Security _____

Home Address_____Phone_____

E-Mail Address_____

Employer_____Phone_____

Child Lives with: _____ Mother _____Father _____Both _____Other

Person/s Responsible for Tuition_____

Names and Ages of other children living in the home:_____

Other pertinent family information you wish to share with us:

EMERGENCY CONTACTS: (List two OTHER THAN PARENTS)

1. Name _____ work phone _____ home _____
   Address _____
2. Name _____ work phone _____ home _____
   Address _____

CHILD'S DOCTOR:
Name: _____ phone: _____
Address: _____

CHILD'S DENTIST:
Name: _____ phone: _____ Address _____
If possible, for emergency treatment, I would like my child to be taken to: _____

OPTIONAL:
Are you affiliated with a church?__yes__no. If no, would you like more information about Trinity Lutheran Church _____ www.trinitymhd.org

HEALTH HISTORY OF CHILD (to be filled out by parent or guardian before child is examined)

__Frequent colds, sore throats
__Frequent earaches, ear infections _Vision Difficulties
__Hearing Difficulties
__Speech Difficulties
__Poor Sleeping Habits
__Poor Eating Habits
__Headaches
__Restlessness
__Seizures
__Eczema
__Allergies
__Asthma
__Hay Fever

__ Unusual problems _____

Please indicate "yes" if your child has had any of these diseases:

__Scarlet Fever
__Poliomyelitus
__Heart Disease
__Measles
__Pneumonia
__Kidney Problems
__Chicken Pox
__Mumps
__Whooping cough
__Diabetes
__Other Illness
__Operations

We need to have record of the following immunizations;·(these must be completed before admittance to the program).

DPT; 3 doses during 1st year, 4th dose between 12-18 months. 5th dose at 4-6 years or at school entrance.

Polio (lpv and/ or OPV) 3 does at 2-18 months. 4th dose at 4-6 years.

Measles, Mumps, Rubella (M MR): 1st does at 15 months and older. 2nd dose at 4-6 years or at school entrance.

Haemophilus influnenzae typbe b (Hib) 3-4 does for children 2-15 months. One does for previously unvaccinated children 15-59 months.

Varicella (chicken pox): 1st does between 12-18 months, 2nd dose at 4-6 years or at school entrance.
Pneumonoccal Conjugate Vaccine (PCV) : 2-4 does for children 2-24 months.

Hepatitis B. (Hep B) : 3 doses between birth and 18 months.

Hepatitis A: (Hep A) 2 doses separted by 6 months for children 12-24 months. Must have one dose to be in MN childcare.

PLEASE attach A COPY OF YOUR IMMUNIZATION RECORDS WITH THIS APPLICATION.

Current Health Insurance provider.

Company _____
Policy Number _____
I authorize the following people to have access to health information

Kay Heidrich, director

Linda Andvik, Clay County Health Consult for Trinity Preschool

_____lead teacher for my child.

I understand that any other staff or outside individuals would be authorized only by my express written permission below:

_____

_____

Signed _____ date _____

RACE AND ETHNICITY INFORMATION:

In effort to be respectful and provide care that is relevant to all cultures, we ask that you provide the following information.

Confidentiality statement: Provision of this information is voluntary and will be used only in providing care to your family. This information is considered confidential and will be kept in preschool files in our preschool office. Information will not be provided to any other entities and will be shared only with your child's teaching staff.

Race/ethnicity (please check)

- ❑ Caucasian (white)
- ❑ Black or African American
- ❑ Asian (country optional)_____
- ❑ American Indian (tribe optional)_____
- ❑ Hispanic/Latino
- ❑ Other_____

Language:

Please indicate the language spoken in your home

- ❑ English
- ❑ Spanish
- ❑ Other (please indicate)_____

Which language would you prefer written communication in_____

Is there anything you would like us to know regarding your child's language or language development?

Family Culture:

Is there any culturally relevant information that may make caring for your child the best possible experience, ie routines, rituals, involvement of extended family members? _____

_____

_____

_____

_____

Please rate on a scale of 1-5

I would like to be involved in my child's day to day experiences at Trinity Preschool

Very Involved		Somewhat involved		not all that involved
5	4	3	2	1

Is there any other information regarding your family culture that my assist us in the care of your child?

_____

_____

We are a Christian Child Care center and therefore we share the message of Christ's birth and resurrection with children. Are there any significant family holidays or celebrations that you would like to share with us?

Preschool Developmental History

Child's Name_____Birth Date_____Today's Date_____

Health:

Is your child taking any medications; prescribed, over the counter, or herbal?_____? Does your child have any allergies?_____

Does your child tire easily?_____

Does he/she become easily excited?_____

What words does your child use for using the bathroom?_____

Sleep habits: Number of nighttime hours_____ nap_____

Is there anything concerning your child's sleep that you would like to comment on?

_____

Are both parents in good health?_____

Are there any other members of your child's immediate family with serious health problems?_____

Does your child have any contagious illness that could impact other children or staff (Malaria, Hepatitus A, Hepatitus B, HIV, AIDS TB)? If yes, what_____

Does anyone help you take care of your child on a regular basis?

_____

Is your child right or left –handed , or undecided?_____

What are your back up plans if your child becomes ill at the center?_____

Are you aware of any fears or anxieties that your child has?

Explain_____

Does your child find it difficult or easy to share possessions with others?_____

Circle the words which best describe your child: confident insecure anxious leader

Responsible self-reliant follower cooperative loving fearful high-spirited

Social Background:

Number of brothers:_____ Number of sisters_____ Number and age of playmates_____

How does your child get along with other children?_____

How much time does your child spend alone each day (excluding TV watching)_____

How much time does your child spend outdoors each day?_____

Is your child more at home with adults or children?_____

In what situations will your child need the most help?_____

Special Interests:

Is your child interested in books?_____

What subjects does he/she ask questions about?_____

About how much time does he/she spend watching TV_____

What are your child's special interests or abilities?_____

What play materials hold his/her attention the longest?_____

Indoors?_____ Outdoors?_____

Name and kinds of pets in the home?_____

Does your child have good or poor relationships with pets?_____

Emotional background:

What type of discipline works best with your child?_____

_____

What previous group experiences has your child had, and what were his/her reactions?_____

How does your child react to new people and situations?_____

What kinds of things can your child do by him/herself? (include feeding, dressing alone, washing hands, using the toilet, tying shoes, etc.)_____

Do you have any behavior concerns with your child?_____

Pick - Up Authorization

The people listed below have my authorization to pick up my child from the preschool. I will inform my child's director/teacher each time a special pick-up is necessary. Those authorized people must bring photo identification in with them for staff approval. You should list at least 2 but may list more as needed.

Name	Relation to child	Phone number
Name	Relation to child	Phone number
Name	Relation to child	Phone number
Name	Relation to child	Phone number
Name	Relation to child	Phone number

These people are NOT allowed to pick up my child as ordered by the courts. Please know that we will work with all families, but without a court order we are unable to prevent a parent from access to their child.

Name	Relation to child	Phone number
Name	Relation to child	Phone number

Child's Name_____Date_____

Parent's /Guardian's signature_____

Behavior Guidance

Children are not expected to immediately understand or fully comply with all of the rules. Rather, they are to be gently taught, reminded, and when necessary redirected. The staff has the responsibility to set up the environment to encourage cooperation and sharing and reduce or discourage aggressive behaviors.

There are times when the children, because they are "testing the limits," may actually endanger others or themselves through their actions. Due to these actions, specific guidance steps have been set up and will be followed by staff.

Logical Consequences: A child who damages, or is roughly playing with a toy or area, may be prohibited from using that toy for the play period in question. They will get an opportunity to try again next time. A child who intentionally spills or throws items will be required to clean up before moving on to the next activity.

Verbal Reprimand: There are brief verbal guidance measures consisting of stating the problem behavior, the fact that it is unacceptable, and the statement of the acceptable alternative.

Time Out: At times a child may require time to himself/herself to calm down enough for staff to speak with them, or to rejoin play. When a time out is given, the child remains within sight of the staff and is no longer than the age of the child in minutes (for example, a 4 year old would have a 4 minute time out.) Every time a child is given a time out it is logged and recorded in a separation report. We will notify the parent s of the child if 3 or more time outs were given in a day, or 5 or more times in one week have been given. Parents may request to see the separation report at any time. Trinity Lutheran Church Preschool complies with all federal and state laws which prohibit the use of corporal or abusive punishment in child care settings. Additionally, staff is expressly prohibited from using unproductive or shaming methods of punishment.

Trinity Lutheran Church Preschool believes that parents and child care staff must work together to address persistent behavioral issues such as biting, aggression, bullying etc. Parents will be contacted if all of our efforts have been unsuccessful. Additional outside behavioral help may be suggested to get the child's behavior set on more positive means of expression.

I have read and understand this document.

Signed_____Date_____

HEALTH CARE SUMMARY

MUST BE COMPLETED BY HEALTH CARE SOURCE

Date of Enrollment: _____

NAME OF CHILD _____ Birth Date _____

ADDRESS _____ Telephone _____

PARENT(S) OR GUARDIAN _____

Date of last physical examination _____ How long have you been seeing this child? _____

How frequently do you see this child when he/she is not ill? _____

Does this child have any allergies (including allergies to medications)? _____

Is a modified diet necessary? _____

Is any condition present that might result in an emergency? _____

_____

What is the status of the child's. . . Vision _____

Hearing _____

Speech _____

Please list below the important health problems

Important Health Problems	Followed By You	Followed By Other Med Source (Name)	Requires Special Attention at Center

Other information helpful to the child care program _____

_____

_____

Phone _____

Signature of Health Source _____ Address _____

Date _____

_____

Parental Agreement Form

Permission form for _____dated_____

Emergencies

I hereby give my permission to the Trinity Lutheran Church Preschool staff to act in a medical emergency situation and for appropriate medical staff to administer emergency medical treatment to my child. I understand that Trinity Lutheran Church Preschool may contact emergency people if the parents can not be contacted.

Signed_____

Impromptu Walks

I hereby give my permission for my child to go on impromptu walking field trips in the neighborhood. This includes walks around the block and the adjoining neighborhood. I understand that I will be notified of field trips for farther distances through a written permission form.

Signed_____

Photographs

I do_____ do not_____ give my permission for my child to be photographed in the program, program functions, and field trips. I understand and agree to those photographs being publicly displayed on wall displays, in portfolios, and or in e-mailed correspondence to parents.

I understand that school staff, professional photographers, news media, or other parents may take photographs featuring children. I give permission for my child's photo be on Trinity Church and Trinity Preschool Facebook or websites. No names will be posted.
Initial_____

I agree as a parent of Trinity Lutheran Church Preschool to refrain from publically posting on social media sites any picture involving Trinity Preschool children other than my own without explicit permission from the families of the children.
Initial_____

TUITION CONTRACT 2026

This tuition agreement between _____
(parent or guardian) and Trinity Lutheran Church Preschool, hereinafter referred to as "the preschool", for the care of

CHILD'S NAME	BIRTH DATE	AGE GROUP (circle one)
_____	_____	Infant Toddler Preschool School age
_____	_____	Infant Toddler Preschool School age
_____	_____	Infant Toddler Preschool School age

Beginning _____(start date or new year rates) and continuing thereafter until the agreement has been terminated.

CHILD CARE OPTIONS: (Please choose the most appropriate option.)

_____ Full time: (Monday through Friday) five hours or more care during the day. Weekly rate is $ 325.00 for infants, $250.00.00 for toddlers, $240.00 for preschool, $110.00 for school age. During school. Fixed Part Time Full days (selected days—for example Monday, Wednesday, Friday)

Days your child will attend (circle) M T W TH F. The rate for full days part time schedule is $51.00 for toddler, $49.00 for preschool. $49.00 for school age full time. Weekly rate is billed according to days selected. No infant part time care.

____ Afterschool; $22.00 per day regardless of schedule. Non school days will be billed after care has been received at an added rate of $26.00 for each day used. Summer full day care is billed at same rate as preschool $240.00 weekly.

*Transportation fees will be applied Reinertson, and Dodds schools at a rate of $60.00 per month.

Absent days are charged, including quarantine days, vacation, illness, storm.

- Activity Fees are charged $8.50 for full and part- time schedule This Tuition Contract for 2026 has been agreed to upon this date,_____

By:_____ parent or guardian

_____ parent or guardian

_____ director