



# Good Shepherd Preschool

Your registration packet consists of the following forms:

- ♥ Registration form
- ♥ Tell Us About Your Child
- ♥ Pick-up Form
- ♥ Walking Permission Slip
- ♥ Medication Guidelines & Permit
- ♥ Medical Form
- ♥ Parent Emergency Consent Form
- ♥ Bee Sting Care Plan

A MINISTRY OF: Church of the Good Shepherd 708 college Ave. Box 617 Winona Lake, IN 46590  
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Caroline Nye, Director





# Good Shepherd Preschool

## Registration Form 2017-2018

Child's Full Name \_\_\_\_\_  
Child's Date of Birth \_\_\_\_\_ Age \_\_\_\_\_  
Child must be 3 years old by August 1<sup>st</sup>.

### Parents or Guardians

Mother's Name \_\_\_\_\_  
Street Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Home Phone # \_\_\_\_\_ Cell/Other # \_\_\_\_\_  
E-Mail Address \_\_\_\_\_  
Employer Name \_\_\_\_\_  
Work Phone # \_\_\_\_\_ Is this a direct line to you? \_\_\_\_\_

Father's Name \_\_\_\_\_  
Street Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
E-Mail Address \_\_\_\_\_  
Home Phone # \_\_\_\_\_ Cell/Other # \_\_\_\_\_  
Employer Name \_\_\_\_\_  
Work Phone # \_\_\_\_\_ Is this a direct line to you? \_\_\_\_\_

Child lives with (circle appropriate choices): MOTHER FATHER OTHER ADULTS

If "OTHER ADULTS" is circled, please fill out the following:

Name \_\_\_\_\_ Relationship to child \_\_\_\_\_

If this is a contact person please fill out the following:

Cell/Other # \_\_\_\_\_

Work Phone # \_\_\_\_\_ Is this a direct line to you? \_\_\_\_\_

Employer Name \_\_\_\_\_

Your church affiliation (optional) \_\_\_\_\_





# Good Shepherd Preschool

## Registration Form 2017-2018 (continued)

If your child is with a child-care provider during the day, please fill out the following:

Name of care-giver \_\_\_\_\_  
Address \_\_\_\_\_ Phone# \_\_\_\_\_

Please list all important information if there are legal custody arrangements:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

If there are current restraining orders, we must have a copy for our files.

~ ~ ~ ~ ~

I would like my child to attend Good Shepherd Preschool.

I am aware of the following:

Class days are Monday through Friday  
Class time is 9:00 AM - 11:30 AM  
Drop off time is from 8:45 - 9:00 AM.  
Pick-up time is from 11:30 - 11:45 AM

\*If Warsaw Schools are on a 2 hour delay, we are also on a delay. Will you be able to bring your child to school from 10:30-12:30 p.m.? YES or NO

Tuition is payable on the 1<sup>st</sup> of each month, and based on the number of days your child attends per week. Please choose days that you want your child to attend:

X	# Days/Week	Monthly	M	T	W	Th	F
	3 days/week	\$75.00/mo.					
	4 days/week	\$83.00/mo.					
	5 days/week	\$90.00/mo.					

Please place the tuition check in an envelope marked with the child's name and put in child's book bag, pay in the office, or give the envelope to the director, teacher, or assistant.

I have included a \$20 non-refundable registration fee.

Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_





# Good Shepherd Preschool

## Tell Us About Your Child

Child's Name \_\_\_\_\_

Does your child have a nickname? \_\_\_\_\_

Do you want us to call your child by this name at preschool? \_\_\_\_\_

Family members the child may talk about: (names of brothers, sisters, grandma, grandpa, cousins,...) \_\_\_\_\_  
\_\_\_\_\_

Family pets \_\_\_\_\_

Does your child usually take a nap? \_\_\_\_\_ If so, about what time does your child fall asleep? \_\_\_\_\_ How long a nap is usual for your child? \_\_\_\_\_

How would you describe your child's personality? Is your child out-going, cheerful, quiet, talkative...? \_\_\_\_\_  
\_\_\_\_\_

Does your child have earaches, stomachaches, nosebleeds, or any other recurring problem that we will need to be helping watch for? \_\_\_\_\_

How do you want us to handle these situations? \_\_\_\_\_  
\_\_\_\_\_

What signs should we be looking for if your child were becoming ill? \_\_\_\_\_  
\_\_\_\_\_

Please list any special foods your child should not eat, allergies, etc. \_\_\_\_\_  
\_\_\_\_\_

(OVER)

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# Good Shepherd Preschool

Does your child have fears we need to know about? \_\_\_\_\_  
\_\_\_\_\_

What is the worst behavior you think we might see at preschool? \_\_\_\_\_  
\_\_\_\_\_

What are your child's favorite activities or toys? \_\_\_\_\_  
\_\_\_\_\_

Does your child recognize or identify any

Colors \_\_\_\_\_

Shapes \_\_\_\_\_

Numbers \_\_\_\_\_

Letters \_\_\_\_\_

Does your child have previous preschool experience? \_\_\_\_\_  
\_\_\_\_\_

What are your child's favorite:

Songs. \_\_\_\_\_

Stories \_\_\_\_\_

Books \_\_\_\_\_

Characters \_\_\_\_\_

Is there anything else that you would like to tell us about your child? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_





# Good Shepherd Preschool

## Pick-Up For

Child's Name \_\_\_\_\_

Please list the names of all persons who have permission to pick up your child:

Name \_\_\_\_\_ Relationship to child \_\_\_\_\_

Home Phone # \_\_\_\_\_

Work Phone # \_\_\_\_\_

Cell/Other # \_\_\_\_\_

Name \_\_\_\_\_ Relationship to child \_\_\_\_\_

Home Phone # \_\_\_\_\_

Work Phone # \_\_\_\_\_

Cell/Other # \_\_\_\_\_

Name \_\_\_\_\_ Relationship to child \_\_\_\_\_

Home Phone # \_\_\_\_\_

Work Phone # \_\_\_\_\_

Cell/Other # \_\_\_\_\_

Please send a note with your child when someone else will be picking them up after school. We want that there be no confusion or mistakes made concerning your child's welfare and safety.





# Good Shepherd Preschool

## Walking Field Trip Permission Slip

My child, \_\_\_\_\_, has my permission to go on walking field trips around the immediate area of the Good Shepherd Preschool - no more than 10 blocks from the church. A few possible destinations include:

- ♥ Jefferson Elementary School
- ♥ Lake City Bank of Winona Lake
- ♥ Winona Lake Fire Station
- ♥ Winona Lake Park
- ♥ Other Winona Lake locations.

## Liability Release Form

By signing below, I agree to release Good Shepherd Preschool and the driver from any and all responsibility of accidents, loss or damages. I assume any risk of harm or injury and provide my consent for Church of the Good Shepherd to ask for emergency treatment if necessary. I agree to accept financial responsibility for the cost related to this emergency treatment. I release the organization from all liability, cost, and damages which might arise from driving my child to and from nearby Winona Lake locations.

Parent/Guardian Printed Name \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_

Phone \_\_\_\_\_

Date \_\_\_\_\_





# Good Shepherd Preschool

## Medications Guidelines and Permit

If your child needs to take medication during school hours, it is necessary for the school to comply with the following guidelines as set forth by the Indiana State Board of Health: regarding Public Law 287-Acts of 1979 (I.C. 34-4-16.5.5).

### Prescription Medications:

1. No prescription medication shall be given or dispensed unless the dispensing school personnel has on file a medication authorization form signed and completed by the doctor OR the medication is in the original container bearing the original pharmacy label, and the child's name.
2. Written permission from the child's parents or guardian must also be on file at the school.

### Non-Prescription Medications:

1. No non-prescription medication shall be dispensed without the written permission of the child's parents or guardian. The name of the medication must be included, and the amount to be dispensed if more than one dose has been sent to school.

\_\_\_\_\_ has permission to take  
name of student  
\_\_\_\_\_ on \_\_\_\_\_  
medication name and dosages amount date(s)

Parent/Guardian Signature \_\_\_\_\_







# Good Shepherd Preschool

## Medical Form

This form must be signed by a physician and is due at the beginning of the school year

\_\_\_\_\_, whose date of birth is \_\_\_\_\_, has been enrolled in our school. Classes meet three to five times weekly from 9 AM – 11:30 AM, in a group of fifteen children, under the supervision of a professional teacher and assistant. The daily program involves both vigorous and quiet indoor and outdoor play.

Does this child require special attention, medication, or routines?  
\_\_\_\_\_

Does this child have any physical condition that may have to be taken into consideration in planning for the child's time at school?  
\_\_\_\_\_

Does this child have any speech or hearing problem of which we should be aware?  
\_\_\_\_\_

In your opinion, is this child physically and emotionally able to participate in the preschool program described above? \_\_\_\_\_

Please indicate below the immunizations child has received and when.

### DPT

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_

### MMR

1. \_\_\_\_\_

### TOPV (Polio)

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

### HIB

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_

Date of most recent examination \_\_\_\_\_

Physician's Signature \_\_\_\_\_

Date \_\_\_\_\_





# Good Shepherd Preschool

## Parent Emergency Consent Form

Child's Name \_\_\_\_\_

In case of illness or emergency, please contact in this order:

Name \_\_\_\_\_ Phone# \_\_\_\_\_

Name \_\_\_\_\_ Phone# \_\_\_\_\_

Name \_\_\_\_\_ Phone# \_\_\_\_\_

In case of emergency:

Child's Physician \_\_\_\_\_ Phone# \_\_\_\_\_

Child's Dentist \_\_\_\_\_ Phone# \_\_\_\_\_

Hospital to which you want your child taken if necessary:

\_\_\_\_\_

I grant permission to the preschool to seek the proper medical attention necessary for my child if a contact person cannot be reached. I also grant permission for my child to be transported to the doctor or emergency room if necessary.

Parent/Guardian Signature \_\_\_\_\_

Date \_\_\_\_\_





# Good Shepherd Preschool

## Health Care Plan for Bee Stings

Child's Name \_\_\_\_\_

Please check all boxes that apply to your child and their degree of sensitivity to bee stings:

- My child has shown slight swelling after a bee sting. He/she needs to be observed carefully in case of a bee sting at school, but no special medication is needed at this time.
- My child has shown a reaction to bee stings and my doctor has recommended the following medication to be given: \_\_\_\_\_. The proper dosage is: \_\_\_\_\_. I will send this medication to be kept at school.
- My child is severely allergic to bee stings. My doctor prescribes that a bee sting kit be readily available at school, and I will comply by supplying the school with a kit. (If an injection is needed, the student may be transported to the hospital at parental cost if an ambulance is necessary.)

### Symptoms my child may have:

- Immediate swelling at site of sting.
- Hives, rash or flushing of skin over the body.
- Generalized itching (over the whole body).
- Difficulty breathing due to swelling of the airway, throat, etc.
- Abdominal cramps.
- Signs of shock: pale, clammy skin, eyes appear glassy, general weakness, fainting.

### Actions to be taken:

- Apply ice to the site of the sting.
- Observe student carefully.
- Notify parent.
- Give medication as written above.
- If hives or respiratory symptoms occur, use bee sting kit, following the instructions given on the kit.
- Transport to KCH ER for further care:

**Circle choice: EMS or parent transport.**

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

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