

**Servant Schoolhouse Christian Preschool**  
740 E. Hayden Lake Road – Champlin, MN 55316  
Phone (763) 427-7765  
dianep@servantofchrist.com

**REGISTRATION FORM**  
(Please Print)

Name of child \_\_\_\_\_  
(Last) (First) (Middle)

What name do you want your child to recognize and write, i.e., full first name, abbreviated name, nickname? \_\_\_\_\_

Date of birth \_\_\_\_\_

Parents full name \_\_\_\_\_  
(Father) (Mother)

We will be assembling a class list including parents names, child's name, address and phone number to be distributed to all families in the class.  
\_\_\_\_\_ Yes, you may include our address and phone number \_\_\_\_\_ No, you may NOT include our address and phone number

Address of Mother or Legal Guardian \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Email: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Business/Cell Phone: \_\_\_\_\_

Address of Father or Legal Guardian \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Email: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Business/Cell Phone: \_\_\_\_\_

Child resides with: \_\_\_\_\_

Do you have physical and legal custody of this child? \_\_\_\_\_ Yes \_\_\_\_\_ No

Allergies (medication, food, insects, etc.) \_\_\_\_\_

Health concerns: \_\_\_\_\_

Under no circumstances will a child be released to anyone not known to the school staff without authorization from parents or guardian. If someone other than the regular person is picking up your child, we request a phone call or note from you stating to whom we should release your child.

Persons NOT authorized to pick up my child: \_\_\_\_\_

How did you hear about Servant Schoolhouse Preschool? \_\_\_\_\_  
Are you a member of Servant of Christ? Yes \_\_\_\_\_ No \_\_\_\_\_ if not, would you like information regarding membership? Yes \_\_\_\_\_ Not at this time \_\_\_\_\_.

**A NON-REFUNDABLE registration fee of \$45.00 per family** is required to make this application complete. Make checks payable to Servant Schoolhouse Preschool. Please select your first choice. You will be contacted if your first choice if full.

**Preschool - 3 year old program** \*Must be 3 by 9/1  
\_\_\_\_\_ T/TH AM 9:15-11:45 \$125/mo. \$1125/yr.

**Kindergarten Readiness**\*Must be 4 by 9/1  
\_\_\_\_\_ M/T/W/TH PM 12:45-3:45 \$175mo. \$1575/yr.

**Pre-Kindergarten - 4 year old program** \*Must be 4 by 9/1  
\_\_\_\_\_ M/W/F AM 9:15-12:15 \$160/mo. \$1440/yr.  
\_\_\_\_\_ T/TH PM 12:45-3:45 \$150/mo. \$1350/yr.

\_\_\_\_\_ I am interested in being considered for the partial scholarship. Here is a brief summary of our financial situation\*\* \_\_\_\_\_

\*\*Please include proof of your 2016 household income.

I agree to the following tuition policies set forth by the Servant Schoolhouse Christian Preschool Advisory Board:

1. I understand that my registration fee is NON-REFUNDABLE.
2. I agree to pay September's tuition on or before September 1.
3. I agree to pay the remaining tuition monthly, with each payment due by the 1<sup>st</sup> of the month.
4. I understand that tuition paid after the 1<sup>st</sup> requires a \$20.00 late fee, and that if I do not remit this late fee I will be billed accordingly.
5. I understand that my child is expected to remain enrolled for the duration of the school year, and that if I am moving or must discontinue for other reasons, a **THIRTY DAY WRITTEN NOTICE IS NECESSARY**. Without such notification, an additional month's tuition will be charged.
6. I understand that failure to pay tuition by the last day of the month will be cause to discontinue my child's enrollment UNLESS I have discussed the situation and payment plan with the director.
7. I understand that the tuition for the school year is a set rate, and that I am expected to pay when my child is sick, on vacation or otherwise absent in order to retain their spot in the preschool program.
8. I understand that a \$15.00 fee will be assessed for all NSF checks.

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(Signature of Parent/Legal Guardian)

(Date)

In the event of an accidental ingestion of poison, I understand that the Servant Schoolhouse Preschool staff will contact the Poison Control Center. I give permission for the staff to administer syrup of ipecac to my child if directed to do so by authorities at Poison Control.

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(Signature of Parent/Legal Guardian)

(Date)

**I understand that my child's health and immunization records must be on file within 2 weeks of my child's first day at school. I understand that after this 2 week period my child will not be permitted to return to preschool until is has been turned in.**

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(Signature of Parent/Legal Guardian)

(Date)

The following is our disciplinary policy. These steps are taken only after parent communication, encouragement, time out, removal of privileges and other measures have been done and proven unsuccessful.

1. Staff will personally contact parents when unacceptable behavior arises, including excessive violence, disruption or defiance.
2. The child's behavior and staff response will be documented through teacher anecdotal record keeping.
3. If unacceptable behavior continues, the teacher will schedule a conference with parents to develop a written behavior plan. The plan will include specific measures to be taken, consequences, means of positive reinforcement, date by which problem must be resolved and signatures of parents and teacher. This plan may include an agreement with parents to pick up the child immediately when the behavior occurs or the parent may be required to attend school along with their child. A copy of the plan will be placed in the child's file.
4. Parents and staff will work together to implement the plan and communicate on a daily basis.
5. If the plan for changing the unacceptable behavior is unsuccessful, a student may be expelled depending on the severity of the situation on the following grounds:
  - a. Conduct which endangers children or property.
  - b. Conduct which disrupts the rights of others.
  - c. Conduct which prevents other students from learning or enjoying school.

If any one of these conditions is met the following policy will apply:

"Servant Schoolhouse Christian Preschool reserves the right to drop an enrollee after a trial period if the child is unable to adjust to the program." If a child drops out of the program, no refunds will be given except for tuition paid beyond the child's last day of school. There will be no penalty for 30 day notice.

I have read and understand the above disciplinary policy.

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(Signature of Parent/Legal Guardian)

(Date)

# Child Information Form

Child's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

1. Has your child had previous group experience?
2. How do you feel your child will adjust to preschool?
3. How well does he/she get along with other children?
4. Favorite toy/activity:
5. Food allergies or dietary restrictions:
6. Characteristic behavior: (circle word or words)  
calm      excitable      easily angered      whining      crying      happy  
cheerful      stubborn      cooperative      quiet      independent      active      fights often  
gives in easily      wants own way      temper tantrums      other: \_\_\_\_\_
7. What types of discipline are effective with your child?
8. Fears (history and how child shows fear):
9. What makes your child frustrated or upset and how does he/she respond to those situations?  
(ex: hitting, withdrawing, vocal expressions, crying)
10. Is your child generally right or left handed?
11. Can your child identify and/or write his/her name?
12. Has your child had experience with: (circle)      cutting      gluing      coloring/markers
13. Difficulties with speaking?
14. Any needs that require special attention (physical, health or emotional)?
15. Names and ages of siblings and other members of household:
16. If our program could accomplish only one thing in regard to the development of your child, what would you like it to be? (Use back of sheet if necessary)

PLEASE LET US KNOW IF YOU ARE IN THE PROCESS OF  
ANY KIND OF CHANGE AT HOME.

**EMERGENCY CARD**

(Please print)

Name of child \_\_\_\_\_  
(Last) (First) (Nickname)

Date of birth \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

Mother/Guardian \_\_\_\_\_ Employment \_\_\_\_\_ Phone \_\_\_\_\_

Father/Guardian \_\_\_\_\_ Employment \_\_\_\_\_ Phone \_\_\_\_\_

Persons to be called in an emergency if unable to reach parent—**you are required to list 2 emergency contacts.**  
Try to include someone who will usually know your whereabouts.

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

Address \_\_\_\_\_ Phone \_\_\_\_\_

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

Address \_\_\_\_\_ Phone \_\_\_\_\_

Child's physician \_\_\_\_\_ Phone \_\_\_\_\_

Physician's address \_\_\_\_\_

Child's dentist \_\_\_\_\_ Phone \_\_\_\_\_

Dentist's address \_\_\_\_\_

**How can you be reached when your child is at preschool?**

I HEREBY GRANT PERMISSION FOR THE DIRECTOR AND/OR TEACHERS TO TAKE WHATEVER STEPS MAY BE NECESSARY TO OBTAIN CARE FOR MY CHILD.

These steps include the following:

1. Attempt to contact parent or guardian.
2. Attempt to contact a parent through any of the persons listed on the child's emergency card on file.
3. Attempt to contact the child's physician.
4. If we cannot contact a parent or the child's physician we will do any or all of the following:
  - a. Call Champlin Medical Center  
Call Champlin Dental
  - b. Call an ambulance
  - c. Have the child taken to Allina Medical Center in the company of a staff member
5. Any expenses incurred under #4 above will be borne by the child's family.
6. The school will not be responsible for anything that may happen as a result of false information given at the time of enrollment or on subsequent forms.

Signature of Parent/Legal Guardian \_\_\_\_\_ Date \_\_\_\_\_

**Names and phone numbers of persons AUTHORIZED to pick up my child:**

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