



School Year\_\_\_\_\_

Dear Returning Red Bridge Family,

Enrollment is upon us and we are excited to continue teaching your children! They have been a true blessing to us this year.

This enrollment packet contains detailed information about Red Bridge as well as forms for you to fill out and return before the school year starts. I have recently updated our Parent Handbook and a number of our forms, due to state requirements. I appreciate your thorough reading of the handbook, since there are some important changes and additions. Every line of the forms need to be filled out completely, since all of the information is required (and inspected) by the state.

Please turn in your completed packets to Ms. Elizabeth to reserve your place in our classes next fall. Please let us know if you need additional forms or would like to refer a new family. We are always happy to provide tours and information.

Thank you in advance! Happy reading!

Sincerely,

*Elizabeth Weisberg*

651-433-3222

651-323-4440 (cell)

Elizabeth@clcmarine.org

**Paperwork Checklist**

- ⇒ *Registration Form, Registration Fee*
- ⇒ *Family Information Sheet*
- ⇒ *Health Care Summary (within a year of start date and signed by a Health Care Professional)*
- ⇒ *Immunization Form*
- ⇒ *Tuition Agreement Form*
- ⇒ *Emergency Care Information*
- ⇒ *Authorizations Form*
- ⇒ *Handbook, Emergency Plan, and Covid-19 Form*
- ⇒ ***Congratulate yourself for wading through all of the fine print!***



Date received registration \_\_\_\_\_

Check # \_\_\_\_\_

Amount \_\_\_\_\_

## REGISTRATION FORM

### School Year \_\_\_\_\_

150 5th Street, Marine on St. Croix, MN 55047, 651.433.3222, redbridgepreschool.com

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

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

E-Mail \_\_\_\_\_ E-Mail \_\_\_\_\_

Address \_\_\_\_\_ Address \_\_\_\_\_

City \_\_\_\_\_ Zip \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Phone (H) \_\_\_\_\_ Phone (H) \_\_\_\_\_

(C) \_\_\_\_\_ (C) \_\_\_\_\_

(W) \_\_\_\_\_ (W) \_\_\_\_\_

Home Church \_\_\_\_\_ City \_\_\_\_\_

\_\_\_\_\_ **4 & 5 year olds** (age 4+ as of Sept. 1) **MWF Kindergarten Readiness: 9:00-11:45 AM****ADD ON** (with director approval): **TUESDAY THURSDAY BOTH** **(PLEASE CIRCLE)**\_\_\_\_\_ **3 & 4 year olds** (age 3+ as of Sept. 1) **T/Th: 9:00-11:45 AM****ADD ON** (with director approval): **MONDAY WEDNESDAY FRIDAY ALL** **(PLEASE CIRCLE)**\_\_\_\_\_ **Tremendous Twos** (age 2+ as of Sept. 1) **Wednesdays: 9:00-11:30 AM**

#### Monthly Tuition:

T/Th	\$155/month
MWF	\$200/month
3 day/week option	\$200/month
4 day/week option	\$260/month
5 day/week option	\$315/month
Tremendous Twos	\$110/month

**Registration fee:** Please attach a \$55.00 non-refundable registration fee. \$40 for each additional child.  
Checks payable to: Red Bridge Preschool

Please mark: Current Family \_\_\_\_\_ Alumni \_\_\_\_\_ New Family \_\_\_\_\_

Please take a minute to let us know how you heard about us:

Friend/Family \_\_\_\_\_ Newspaper \_\_\_\_\_ Phone Book \_\_\_\_\_ Internet \_\_\_\_\_ Church \_\_\_\_\_ Other (please state) \_\_\_\_\_



## **FAMILY INFORMATION SHEET**

**SCHOOL YEAR:** \_\_\_\_\_

**Child's Full Name** \_\_\_\_\_

**Nickname** \_\_\_\_\_

**1. Please list everyone in your household:**

**Mother's Name:** \_\_\_\_\_ **Occupation** \_\_\_\_\_ **Employer** \_\_\_\_\_ **Location** \_\_\_\_\_

**Father's Name:** \_\_\_\_\_ **Occupation** \_\_\_\_\_ **Employer** \_\_\_\_\_ **Location** \_\_\_\_\_

**Other Adults:** \_\_\_\_\_

**CHILDREN:** Name \_\_\_\_\_ Age \_\_\_\_ School \_\_\_\_\_ Name \_\_\_\_\_ Age \_\_\_\_ School \_\_\_\_\_

Name \_\_\_\_\_ Age \_\_\_\_ School \_\_\_\_\_ Name \_\_\_\_\_ Age \_\_\_\_ School \_\_\_\_\_

**2. Please list the goals you have for your child this year at Red Bridge.**

**3. What are your child's interests? (books, toys, games, family activities, etc...)**

**4. Does your child have any medical or dietary needs?**

**5. Does your child have any academic, social, emotional, cultural or religious needs we should be aware of?**

**6. Please describe your child's eating, sleeping, toileting, communication habits and effective methods for comforting your child.**

- Eating
- Sleeping
- Toileting
- Communication Habits
- Comforting Your Child

**7. Is there any other information you feel would be helpful to us or concerns/questions we can address?**

**NONDISCRIMINATORY POLICY: Red Bridge Preschool admits students of any race, religion, color, national and ethnic origin.**

**Optional Racial Composition Information:** \_\_\_\_Caucasian; \_\_\_\_African American; \_\_\_\_Asian; \_\_\_\_Native American; \_\_\_\_Hispanic; \_\_\_\_Other: \_\_\_\_\_

# 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** \_\_\_\_\_

Enter the dates for each vaccine your child has received to date. Specify the month, day, and year of each dose such as 01/01/2010.

# Immunization Form

Name \_\_\_\_\_ Birthdate \_\_\_\_\_

## Immunizations required for child care, early childhood programs, and school.

Vaccine	Birth to 6 months	12 -24 months	At Kindergarten	At 7th grade	At 12th grade
Hepatitis B	<input type="text"/>	<input type="text"/>			
Diphtheria, Tetanus, Pertussis (DTaP, DT, Td)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<i>Haemophilus influenzae</i> type b (Hib)	<input type="text"/>	<input type="text"/>	<input type="text"/>		
Pneumococcal (PCV)	<input type="text"/>	<input type="text"/>	<input type="text"/>		
Polio	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Measles, Mumps, Rubella (MMR)		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Chickenpox (varicella)		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Hepatitis A		<input type="text"/>	<input type="text"/>		
Tetanus, Diphtheria, Pertussis (Tdap)				<input type="text"/>	
Meningococcal (MCV4)				<input type="text"/>	<input type="text"/>

Minnesota law requires children enrolled in child care, early childhood education, or school to be immunized against certain diseases, unless the child is medically or non-medically exempt.

### Instructions for parent or guardian:

- Fill out the dates in chronological order even if your child received a vaccine outside of the age/grade category that the box is in. Depending on the age of your child, they may not have received all vaccines; some boxes will be blank.
  - If you have a copy of your child's immunization history, you can attach a copy of it instead of completing the front of this form.
  - Your doctor or clinic can provide a copy of your child's immunization history. If you are missing or need information about your child's immunization history, talk to your doctor or call the Minnesota Immunization Information Connection (MIIC) at 651-201-3980 or 800-657-3970.
- Sign or get the signatures needed for the back of this form.
  - Document medical and/or non-medical exemptions in section 1.
  - Verify history of chickenpox (varicella) disease in section 2.
  - Provide consent to share immunization information (optional) in section 3.

**Instructions:** Complete section 1 to document a medical or non-medical exemption, section 2 to verify history of varicella disease, and section 3 to consent to share immunization information.

Name \_\_\_\_\_

**1. Document a medical and/or non-medical exemption (A and/or B).**

Place an X in the box to indicate a medical or non-medical exemption. If there are exemptions to more than one vaccine, mark each vaccine with an X.

Vaccine	Medical Exemption	Non-Medical Exemption
Diphtheria, Tetanus, and Pertussis		
Polio		
Measles, Mumps, Rubella		
<i>Haemophilus influenzae</i> type b		
Chickenpox (varicella)		
Pneumococcal		
Hepatitis A		
Hepatitis B		
Meningococcal		

**A. Medical exemption:** By my signature below, I confirm that this child should not receive the vaccines marked with an X in the table for medical reasons (contraindications) or because there is laboratory confirmation that they are already immune.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(of health care practitioner\*)

**2. History of chickenpox (varicella) disease.** This child had chickenpox in the month and year \_\_\_\_\_

My signature below means that I confirm that this child does not need chickenpox vaccine because:

- ☐ I am a health care practitioner and this child was previously diagnosed with chickenpox or the parent provided a description that indicates this child had chickenpox in the past.
- ☐ I am the parent or guardian and this child had chickenpox on or before September 1, 2010.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(of health care practitioner\*, representative of a public clinic, or parent/guardian). Parent can sign if chickenpox occurred before September 2010.

\*Health care practitioner is defined as a licensed physician, nurse practitioner, or physician assistant.

**B. Non-medical exemption:** A child is not required to have an immunization that is against their parent or guardian’s beliefs. However, choosing not to vaccinate may put the health or life of your child or others they come in contact with at risk. Unvaccinated children who are exposed to a vaccine-preventable disease may be required to stay home from child care, school, and other activities in order to protect them and others.

By my signature, I confirm that this child will not receive the vaccines marked with an X in the table because of my beliefs. I am aware that my child may be required to stay home from child care, school, and other activities if exposed.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(of parent or guardian in presence of notary)

**Non-medical exemptions must also be signed and stamped by a notary:**

This document was acknowledged before me  
on \_\_\_\_\_ (date)  
by \_\_\_\_\_  
(name of parent or guardian)

Notary Signature: \_\_\_\_\_

Notary Stamp  
  
STATE OF MINNESOTA, COUNTY OF \_\_\_\_\_

**3. Consent to share immunization information:** This school is asking for permission to share your child’s immunization record with Minnesota’s immunization information system. Giving your permission will:

- Provide easier access for you and your school to check immunization records, such as at school entry each year.
- Support your school in helping to protect students by knowing who may be vulnerable to disease based on their immunization record. This can be important during a disease outbreak.

Under Minnesota law, all the information you provide is private and can only be released to those authorized to receive it. Signing this section of the form is optional. If you choose not to sign, it will not affect the health or educational services your child receives.

I agree to allow my child’s school to share my child’s immunization documentation with Minnesota’s immunization information system:

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(of parent/guardian)

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



# Red Bridge Preschool

## TUITION AND PICK-UP AGREEMENT

School Year \_\_\_\_\_

### Tuition Payment and Schedule Policies

- \$110 per month for 1-day a week /Tremendous Twos attendance
- \$155 per month for 2-day a week attendance
- \$200 per month for 3-day a week attendance
- \$260 per month for 4-day week attendance
- \$315 per month for 5-day week attendance

A registration fee of \$55 must be paid prior to attendance. Monthly tuition payment is due on the first day of the month and is paid regardless of the child's attendance. Late fees will be assessed at \$25.00 per month, if not received by the 10th of the month they are due. If payment is not made within 60 days of the due date, I understand that my child will not be allowed to continue at Red Bridge Preschool. Parents are required to give 30 days written notice to withdraw a child from Red Bridge. If less than one month's notice is given, payment will be kept for the following month.

**I agree to follow these Red Bridge tuition policies:**

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

\_\_\_\_\_  
Date

.....

### Late Pick-Up

- If a student is still waiting ten minutes after class has ended, staff members will attempt to call parents.
- If the parents cannot be reached, the staff will begin to contact those individuals listed in the child emergency file.
- Parents and staff will meet to discuss any problems and possible solutions regarding schedules.
- Parents will not be charged for the additional supervision time caused by the first late pick-up. However, there will be a \$10 charge for all late pick-ups thereafter (the \$10 is payable to the staff member who cared for the child)
- Subsequent violations will be handled in a like manner.

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

\_\_\_\_\_  
Date



# Red Bridge Preschool

## EMERGENCY CARE GUIDE FOR SCHOOL YEAR \_\_\_\_\_

*This form is used in case of emergency and is in the classroom red folder and outdoor backpack at all times.*

Child's Full Name: \_\_\_\_\_

Primary Address: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Primary Phone: \_\_\_\_\_

Does your child have any **allergies**? **YES/NO** Please note the *type* of reaction and if the allergy requires medical intervention (ie. EpiPen, Benadryl), including an attached plan of action, signed by a medical professional.

Does your child have a **medical condition** that requires continuous medical care (ie. asthma)? **YES/NO**

If so, please specify and attach plan of action, signed by a medical professional.

**Parent/Guardian:** \_\_\_\_\_ **Home Phone:** \_\_\_\_\_

**Cell Phone:** \_\_\_\_\_ **Work Phone:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**Parent/Guardian:** \_\_\_\_\_ **Home Phone:** \_\_\_\_\_

**Cell Phone:** \_\_\_\_\_ **Work Phone:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**Doctor:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Dentist:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Local person to reach in an emergency, other than parents and that may pick up my child - MUST LIST TWO**

**1. Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Phone:** \_\_\_\_\_ **Relationship to child** \_\_\_\_\_

**2. Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Phone:** \_\_\_\_\_ **Relationship to child** \_\_\_\_\_

**My child may be picked up by:** \_\_\_\_\_ **Phone number** \_\_\_\_\_

**He/she may not be picked up by:** \_\_\_\_\_

*I hereby authorize the facility of the Red Bridge Preschool to act in an emergency situation when I can't be reached or when I am delayed in arriving. My child will be transported to Lakeview Hospital if an ambulance is needed, unless otherwise noted.*

\_\_\_\_\_  
**Parent/Guardian**

\_\_\_\_\_  
**Date**





# RED BRIDGE PRESCHOOL AUTHORIZATIONS

## ADMINISTERING BATHROOM ASSISTANCE

In consideration of the changing/diapering of my child, I fully recognize that such an undertaking involves an element of risk. I assume all risks and contact incidental to such caretaking and do hereby release, absolve, indemnify, and agree to hold harmless the Red Bridge Preschool/ Christ Lutheran Church, its agents, employees, and officers, and chaperones, leaders, organizers, and sponsors, and persons assisting my child. Neither Red Bridge Preschool/ Christ Lutheran Church nor any of said persons shall be held responsible for any injury or illness incurred as a direct or indirect result of this activity. There is no medical insurance provided by Red Bridge Preschool/ Christ Lutheran Church. **I have read this release and understand all of its terms and accept its voluntarily and with full knowledge of its significance.**

**Please sign ONE area below:**

If my child, \_\_\_\_\_, should need assistance in the bathroom during the school day at Red Bridge Preschool, I would like to be notified in order to come to the Preschool and administer bathroom assistance in person.

**I DO NOT WISH for my child to be assisted by any staff member at Red Bridge Preschool.**

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

If my child, \_\_\_\_\_, should need assistance in the bathroom during the school day at Red Bridge Preschool, **I request a RED BRIDGE STAFF MEMBER TO PROVIDE RELATED CARE. I will provide necessary labeled diapers/wipes for my child's use at school.**

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

## PHOTOS AND PUBLICITY

Photographs of the students in our preschool will be taken from time to time for use in our classrooms, church building, newsletters, promotional materials, website, Facebook page and other media such as the Country Messenger. **Children's NAMES will not be used on the internet or in any publication.** I give permission for the publication of any such photographs.

**PLEASE CIRCLE:** ( YES ) YOU HAVE MY PERMISSION TO TAKE PHOTOS OF MY CHILD for use in our school, church, promotional materials, media, redbridgepreschool.com and our Red Bridge Facebook page.

( NO ) YOU DO NOT HAVE PERMISSION TO TAKE PHOTOS OF MY CHILD

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

*\*Separate written permission will be obtained before any occasion of experimental research.*

## WALKS, FIELD TRIPS

Children and teachers often walk to the Marine Elementary school playground, the red bridge and other areas of interest in our neighborhood (not to exceed a 6 block radius) for large muscle and educational purposes. I give my permission for my child to participate in such walks and experiences.

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

*\*Field trips will require separate, written permission.*

## DIAPER/HANDWIPES

I hereby authorize the faculty of the Red Bridge Preschool to use wet wipes at their discretion to assist my child in the bathroom, or as initial clean-up after snacks or art projects.

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

## STUDENT DIRECTORY

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

- ☐ Yes, please include our contact information in this year's student directory. Included will be student's name, parents' names, address, primary phone number and home email. *Neither this nor any other personal information related to students or parents is shared with individuals or parties outside of Red Bridge Preschool.*

If you wish to EXCLUDE certain information from the directory (address, email, etc.), please list below:

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

- ☐ No, I'd rather not be included in the student directory.

# **Red Bridge Preschool**

## ***Parental/Guardian Consent Form 2023-2024***

I have thoroughly read, understood, and agree to the information, policies and guidelines included in the Parent Handbook, Covid-19 Preparedness Plan, and Childcare Emergency Plan. My signature below assures that I will abide by these guidelines.

Name \_\_\_\_\_ Date \_\_\_\_\_  
*Print Name of Parent/Guardian*

Name \_\_\_\_\_  
*Signature of Parent/Guardian*

Name of Child \_\_\_\_\_

Start Date \_\_\_\_\_

*All Parent Handbook policies and procedures are provided to parents/guardians of all children at the time of enrollment and additional copies are made available upon request.*

Upon signature—file in child's file