



415 4th St. SW | Waverly, IA 50677 | 319-352-2314

May 6, 2019

Dear Preschool Families,

Welcome to St. John Lutheran Preschool! My name is Melissa Haugo, and I am pleased to be your child's teacher. Enclosed you will find a collection of forms that **need to be returned by Thursday, August 15, 2019** in order for your child to begin preschool on Tuesday, September 3, 2019. In addition to the enclosed forms, a current immunization record for your child must also be supplied along with September tuition and the yearly snack fee. You may mail or drop off the forms and fees in the church office.

Important Dates:

Thursday, August 15, 2019	All paperwork must be returned.
Thursday, August 15, 2019	September tuition and yearly snack fee due
Wednesday, August 21, 2019	Parent Information Meeting 6:00 P.M.
Monday, August 26, 2019	Preschool Open House for morning class , 5:00-6:00 P.M.
Tuesday, August 27, 2019	Preschool Open House for afternoon class 5:00-6:00 P.M.
Wednesday, August 28, 2019	Home Visits for afternoon class
Tuesday, September 3, 2019	First day of classes!

Tuition and Fees:

AM classes:

T/Th: \$83/month

MWF: \$115/month

M-F: \$192/month

PM class:

M-F: \$66/month (for students 4 years old, not 5, on or before September 15, 2019)

M-F: \$192/month (for students 5 years old on or before September 15, 2019)

Yearly Snack Fee:

\$45 per student (all classes)

If you have any questions or concerns, please feel free to contact me via email or telephone.

Sincerely,

Melissa Haugo,
Teacher/Director

melissa.haugo@gmail.com

319-352-2314

www.sjlpwaverly.com

Required Forms:

Immunization Record	Transportation Authorization	Medical Report
Release Consent	Parental Emergency Medical Consent	Field Trip Release Authorization

St. John Lutheran Preschool

School Supply List

2019-20

We ask each child to bring the listed items below. Some of the supplies will be pooled together so everyone in our room can use them. Thank you for your cooperation!

- 1 package of coffee filters
- 1 package of paper napkins
- 1 ream of white copy paper
- 1 package of paper plates
- 1 roll of paper towels
- 1 box of Band-Aids (AM students only)
- 1 roll of masking tape (PM students only)
- 1 two pocket folder (labeled with child's name)
- 1 spiral notebook (labeled with child's name)
- 1 backpack (labeled with child's name)
- 1 set of extra clothes (shirt, pants, underwear, socks)

School supplies may be dropped off at the Open Houses or any time prior to the first day of preschool.

ST. JOHN LUTHERAN PRESCHOOL
St. John Lutheran Church
415 Fourth Street SW, Waverly, Iowa 50677-3126
(319)-352-2314

EMERGENCY CONTACTS LIST

Child's Name: _____

Mother's Name:	Home #:	Cell #:	Work #:

Father's Name:	Home #:	Cell #:	Work #:

Who should we contact first in case of emergency?

Preferred phone number to call:

ADDITIONAL CONTACTS (provide at least 2)

Name:	Relationship to Child:	Home #:	Cell #:	Work #:

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FIELD TRIP RELEASE AUTHORIZATION

Travel Release

I do _____, do not _____, give consent for my child, _____ to participate in field trips with the above named program. I do reserve the right to be notified before each field trip that involves travel out of town. I release the program of any liability unless negligence is proven.

Restrictions:

Signature of Parent/Guardian

Date

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PARENTAL EMERGENCY MEDICAL CONSENT

This form gives permission for medical and dental care in parental absence and must be presented upon admission for treatment. Every effort will be made to notify the parent or guardian ***immediately*** in case of an emergency.

In the event that my child (listed below) requires medical, dental, or surgical care while I am out of the city or unable to be reached, I hereby give my consent to medical, dental, or surgical treatment to St. John Lutheran Preschool and doctor/dentist or his or her designee to provide this care. I agree to pay all the costs and fees contingent on any emergency medical care or treatment for my child as secured or authorized under this consent.

CHILD'S NAME: _____ BIRTHDATE: _____

NAME OF PARENT(S) OR LEGAL GUARDIAN(S) : _____

ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

HOME PHONE: _____ CELL: _____ WORK PHONE: _____

DOCTOR: _____ PHONE: _____ CLINIC: _____

CLINIC ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

DENTIST: _____ PHONE: _____ CLINIC: _____

CLINIC ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

HOSPITAL OF PREFERENCE _____

EMERGENCY CONTACTS IF PARENTS ARE NOT AVAILABLE (REQUIRED)

NAME: _____	HOME PHONE: _____ CELL PHONE: _____	RELATIONSHIP TO CHILD: _____
NAME: _____	HOME PHONE: _____ CELL PHONE: _____	RELATIONSHIP TO CHILD: _____

Short medical history or problems _____

Child's Present Medication _____ Known Allergies _____

Date of last tetanus shot: _____ Insurance _____

This consent will be in effect beginning _____ and ending _____.

Parent/Guardian Signature _____ Date _____

Please fill out this form completely. Missing information may result in delayed enrollment at St. John Lutheran Preschool.

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MEDICAL REPORT

Present Date: _____

Child's Name _____ Sex _____
Last First Middle

Address _____ Birthdate _____

Mother's Name _____ Father's Name _____

Family Doctor _____ Phone _____

Clinic _____

PAST DISEASES, HOSPITALIZATIONS, IMMUNIZATIONS:

DISEASE DATE CONTRACTED

Chicken pox _____
Whooping cough _____
Measles _____
Asthma _____
Mumps _____
Epilepsy _____
Rheumatic fever _____
Tuberculosis _____
Tuberculin test Date _____
Pos. ____ Neg. ____

Pneumonia _____
Influenza _____
Scarlet fever _____
Hay fever _____
Diabetes _____
Rubella _____
Colds (susceptible?) yes ____ no ____
Allergies yes ____ no ____
If Yes, list: _____

PHYSICAL EXAMINATION

(PLEASE MARK NORMAL OR NEGATIVE)

Appearance _____	Ears _____	Hernia _____
Posture _____	Nose _____	Back _____
Nutrition _____	Throat _____	Extremities _____
Development _____	Lymph Nodes _____	Blood Pressure _____
Neurological _____	Thyroid _____	Urine Analysis _____
Speech Defect _____	Heart _____	Hemoglobin _____
Skin _____	Lungs _____	Height _____
Hair & Scalp _____	Abdomen _____	Other _____

I find this child to be free of any condition, disease, or disability which would indicate that this child should not participate in a group child day care center or preschool program, including indoor and outdoor, large and small muscle activities. Allergies, restrictive condition, medication or other precautions and recommendations are listed below:

Date of most current physical examination: _____

Physician's Signature _____ Date _____

*This form is required by the Department of Human Services to be on file the first day of school. We must comply with state regulations for immunizations.

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RELEASE CONSENT

I, _____, understand that certain personal information is considered private by law and is to be kept confidential in the school files.

Photography

(Please initial next to the appropriate consent.)

_____ Yes, I give St. John Lutheran Preschool permission to let my child be photographed for use by the center in church or newspapers or other media for the purpose of publicity, advertisements, or programs.

_____ No, I do not give permission to have my child photographed.

Family information

(Please initial next to the appropriate consent.)

_____ Yes, I give St. John Lutheran Preschool permission to print and hand out my family name, address, and phone number on a class list for all the parents of the children in my child's class. (This information may be used as a help to me and the other parents in securing rides to preschool, setting up parties outside of school time, or trading turns for snacks for school.)

_____ No, I do not give permission for my name, address, and phone number to be released.

Signature of Parent/Guardian

Date

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TRANSPORTATION AUTHORIZATION

I hereby give permission for my child, _____ to leave the preschool with the following persons named below **(minimum of three)**. ***It is the responsibility of the parents to notify the preschool, in writing, of any changes.***

Name	Daytime Phone Number	Relationship to Child

UNDER NO CIRCUMSTANCES WILL A CHILD BE RELEASED TO ANYONE NOT KNOWN TO THE SCHOOL WITHOUT AUTHORIZATION FROM PARENTS OR GUARDIANS.

If there is a separation or divorce custody problem of which we should be aware, please explain.

Names of persons who may **NOT** pick up the child. _____

Signature of Parent/Guardian

Date