



**MACALESTER PLYMOUTH**  
PRESCHOOL

Thank you for choosing Macalester Plymouth Preschool!

We are excited to welcome you and your child to our community and look forward to embarking on our learning adventure together!

In order to secure your child's spot at our school, please complete the following forms and return to Macalester Plymouth Preschool at your earliest convenience:

**Enrollment Form**

**Media Release Form**

**Emergency Contact Form**

**Combined Permission Form**

**Health Care Summary**

*must be completed by your health care provider*

**Child Care Immunization Form**

*for the health of our students and staff, we require all students to be vaccinated unless provided with a notarized medical exemption; **we do not enroll those with conscientious objections***

**Registration Deposit**

*\$150 non-refundable deposit; checks can be written to Macalester Plymouth Preschool*



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Child's Name \_\_\_\_\_ Age \_\_\_\_\_  
 Address \_\_\_\_\_ Zip \_\_\_\_\_  
 Birth date \_\_\_/\_\_\_/\_\_\_\_\_ Male  Female  Nickname \_\_\_\_\_

Parent/Guardian Name \_\_\_\_\_  
 Occupation \_\_\_\_\_ Location \_\_\_\_\_ Work Phone \_\_\_\_\_  
 Cell Phone \_\_\_\_\_ Email \_\_\_\_\_

Other Parent/Guardian Name \_\_\_\_\_  
 Occupation \_\_\_\_\_ Location \_\_\_\_\_ Work Phone \_\_\_\_\_  
 Cell Phone \_\_\_\_\_ Email \_\_\_\_\_

Parents' Marital Status \_\_\_\_\_

Other children in the family:

Name	Birth Date	School Attending	Grade
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Is your child on any medication we need to be aware of? No \_\_\_ Yes \_\_\_

If yes, please list medications:

Does your child have any allergies we need to be aware of? No \_\_\_ Yes \_\_\_

If yes, please describe:

Who brings your child to school? \_\_\_\_\_

Is there anyone NOT allowed to pick up your child? \_\_\_\_\_

Do you have any immediate concerns you would like the teacher to know about your child?

Please explain:

Please list a local person to call in case of emergency, other than parents:

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

Address \_\_\_\_\_ Relationship to child \_\_\_\_\_

***About Your Child:***

1. Rate your child on a scale from 1-5, 5 being the strongest, in each of the categories below:

Shy \_\_\_\_\_ Friendly \_\_\_\_\_ Cautious \_\_\_\_\_ Outgoing \_\_\_\_\_

2. Does your child have any unusual fears? No \_\_\_\_\_ Yes \_\_\_\_\_

If yes, please describe:

3. What play activities does your child like?

4. Is your child right-handed? \_\_\_\_\_ Or left-handed? \_\_\_\_\_

5. Is your child toilet trained? \_\_\_\_\_ Bladder \_\_\_\_\_ Bowel \_\_\_\_\_

6. What does your child say when he/she needs to use the bathroom?

7. Has your child been in other group activities? No \_\_\_\_\_ Yes \_\_\_\_\_

If yes, please describe.

8. What do you hope your child will gain from preschool?

9. Is there anything you wish the preschool staff to know about your child?

10. I give Macalester Plymouth Preschool permission to use my child's name, address and phone number to be published in a class list. No \_\_\_\_\_ Yes \_\_\_\_\_

I visited Macalester Plymouth Preschool on \_\_\_\_\_ (date) with / without \_\_\_\_\_ (name of child you are enrolling). A registration fee is enclosed in the amount of \$150.

I am registering my child for (please choose one):

- 2-Day (Tuesday, Thursday) 9:00 to 11:30 am
- 3-Day (Monday, Wednesday, Friday) 9:00 to 11:30 am
- 3-Day (Tuesday, Wednesday, Thursday) 12:30 to 3:00 pm

Signature \_\_\_\_\_ Date \_\_\_\_\_



**MACALESTER PLYMOUTH**  
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Dear Parents,

Throughout the year we take many pictures of our preschoolers at Macalester Plymouth Preschool. We use these photos in a variety of ways, including printed media and internet and social media platforms. Please complete this form and return it to us as soon as possible to give us permission to use your child’s picture. We will be happy to honor your wishes.

Name of Child(ren) \_\_\_\_\_  
\_\_\_\_\_

Name of Parent(s) \_\_\_\_\_  
\_\_\_\_\_

**PLEASE SELECT ONE:**

- 1. I/We give permission for Macalester Plymouth Preschool to use photos of my child on website, Facebook or in print publications (brochures or informational pieces about our school). No child names will be used.
  
- 2. I/We give permission for Macalester Plymouth Preschool to use photos of my child in any internet or print media publication EXCEPT FOR THE FOLLOWING (check all that apply):
  - Facebook. No names will be used.
  - Macalester Plymouth Preschool website. No names will be used.
  - Macalester Plymouth Preschool print publications (brochures, etc). No Names will be used.
  
- 3. I/We DO NOT wish for Macalester Plymouth Preschool to use photos of my child on website, Facebook or in print publications such as brochures or school information pieces.

Parent Signature(s) \_\_\_\_\_ Date \_\_\_\_\_  
\_\_\_\_\_



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Dear Parents,

In accordance with the STATE OF MINNESOTA, DEPARTMENT OF HUMAN SERVICES licensing standards, the following information must be on file for each child attending preschool. So that we can achieve compliance, please complete the following form and return it to us..

Child's full name: \_\_\_\_\_

Names and phone numbers of anyone authorized to take your child from the preschool center (i.e. carpool, parents, grandparents):

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

Names, addresses and phone numbers of the child's **regular** dental and medical care providers:

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

Names, addresses and phone numbers of the child's **emergency** dental and medical care:

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

Names, addresses and phone numbers of **two people** to be contacted if the parents can not be reached in an emergency or when there is an injury requiring medical attention:

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



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Dear Parents,

Throughout the year it has been necessary to use a number of permission forms. To simplify this procedure for us and you, we have combined the forms on to one page. Please complete the following and return it to your child's teacher. Thank you.

Child's full name \_\_\_\_\_

I give permission for my child to participate in school-sponsored field trips. I understand that I will be notified in advance of the date and destination so that I may withhold my child from any particular trip.

YES

NO

I hereby grant permission for my child to use all of the play equipment and participate in all the activities at the preschool center.

YES

NO

I hereby grant permission for my child to leave the preschool center premises under proper supervision for neighborhood walks.

YES

NO

I hereby grant permission for the Director or Acting Director to take whatever steps that may be necessary to obtain emergency medical care for my child if needed. These steps may include, but are not limited to, the following:

1. Attempt to contact a parent or guardian.
2. Attempt to contact the child's physician.
3. Attempt to contact the parent through any of the persons listed by the parent on the emergency medical form.
4. In the event that #1-3 are unsuccessful, the Director or Active Director may take any of the following actions:
  - a.) call another physician
  - b.) call the paramedics
  - c.) have the child taken to an emergency room

YES

NO

Parent Signature \_\_\_\_\_ 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

<u>Important Health Problems</u>	<u>Followed By You</u>	<u>Followed By Other Med Source (Name)</u>	<u>Requires Special Attention at Center</u>
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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"/>	<input type="text"/>	<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"/>	<input type="text"/>	<input type="text"/>
Pneumococcal (PCV)	<input type="text"/>	<input type="text"/>	<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"/>	<input type="text"/>
Chickenpox (varicella)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Hepatitis A	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Tetanus, Diphtheria, Pertussis (Tdap)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Meningococcal (MCV4)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<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.

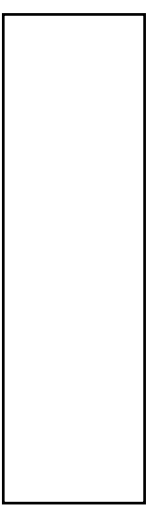
Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(of parent or guardian in presence of notary)

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



STATE OF MINNESOTA, COUNTY OF \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**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)