



20849 Walden Avenue  
Hutchinson, MN 55350  
Phone 320-587-4858  
E-mail [ilschool@hutchtel.net](mailto:ilschool@hutchtel.net)

## Student Registration (2024-2025)

Student Name (first, middle, last):

Grade Level: PK

Address:

City:

State:

Zip Code:

County:

Date of Birth:

Place of Birth:

Male  Female Baptized:  Yes  No Date:

Church in which you actively participate and/or hold membership:

### Parent Information

Child lives with:  Both Parents  Mother  Father  Other:

Father Name:

Cell:

Work:

Mother Name:

Cell:

Work:

Address (if different from student):

Emails:

### Child's Transportation

After school form of transportation:

Bus  Latchkey  Pick-up  Other:

People allowed to pick child up:

For any changes/updates please email: [ilschool@hutchtel.net](mailto:ilschool@hutchtel.net)

Emergencies or last-minute changes please call the school: 320-587-4858

## Parent Volunteer

On occasion Children of Grace Preschool and Immanuel Lutheran School will call upon parents and other members of the congregations to give of their time or talents through volunteer work. We ask you to assume this service for Christ as part of the mission and public ministry of this school and to perform it faithfully for the growth of God's kingdom among us. As a volunteer our school asks that you:

1. Be concerned about the faith and life of the young people assigned to them and nurture their growth in Christ.
2. Serve the school as an example of Christian conduct as required by the Lord (1 cor. 6:9-10. Col. 3:5, Eph. 5:1-7), work with the principal, teachers and the leadership of the school; and by the grace of God do everything possible to promote Christian training and a spirit of service with our youth and so advance the kingdom of Christ among us.

One of the main concerns of the Board for Christian Education and staff of the school is to maintain a safe environment for the children at all times. Therefore, we are asking volunteers to read the following statement and sign below verifying they are able to work with the children.

***By volunteering to work with the youth of the school, I certify that I have not been personally involved in any incidents of child molestation, child abuse, sexual misconduct, exploitation or harassment in the State of Minnesota or any other state in the past.***

Parent name: (printed) \_\_\_\_\_

Parent signature: \_\_\_\_\_

Parent name: (printed) \_\_\_\_\_

Parent signature: \_\_\_\_\_

## Accident Waiver

If my child has an accident during the school day, I give permission for a teacher or aide to clean them in the event that a parent and/or emergency contact cannot be reached.

\_\_\_\_\_ (Parent initials)

## Insurance Waiver

I/We have adequate insurance to protect our children in case of an accident.

\_\_\_\_\_ (Parent initials)

## Hot Lunch/Beverage Program Waiver

I do  I don't: Give permission for my child to participate in the hot lunch and beverage program offered at Immanuel Lutheran School and Children of Grace Preschool. We agree that Immanuel Lutheran School and Children of Grace Preschool and those preparing and serving the lunch and beverages are not to be held responsible for anything that may happen in connection with these programs.

\_\_\_\_\_ (Parent initials)

## Photo Release

I do  I don't: Give permission for my child to be photographed in our program, functions, and field trips. I understand that the photograph may be taken by school staff, professional photographers, news, media, or other parents.

\_\_\_\_\_ (Parent initials)

## Milk Request

Yes: My child is allowed to have milk.  
 No: My child is NOT allowed to have milk.

\_\_\_\_\_ (Parent initials)

## Field Trip Attendance

I do  I don't: Give permission for my child to participate in school field trips for this school year, and may ride with a volunteer driver if needed.

\_\_\_\_\_ (Parent initials)

## Emergency Pre-Consent Form

Student Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

In case of a child's medical emergency, parent permission for treatment is required. If the school teacher or staff is unable to contact a parent in an emergency, this form authorizes emergency medical treatment for the child. Please fill out one form for each child in your family attending Children of Grace Preschool or Immanuel Lutheran School. Your child's teacher will have this form in the classroom, and will take it on every field trip. Athletic coaches will also take a copy along to all away games.

Child's Clinic: \_\_\_\_\_

Child's Physician: \_\_\_\_\_

Wears glasses:  Yes  No

Wears contact:  Yes  No

Hearing problems:  Yes  No

Last Tetanus shot: \_\_\_\_\_

Allergies: \_\_\_\_\_

Medications: \_\_\_\_\_

Any medical conditions that would affect participation in physical education or sports: \_\_\_\_\_

Mother Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Father Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Emergency Contact:

In the event of an emergency and you cannot be reached, please list the name and phone number of people we may contact.

Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Relationship to student: \_\_\_\_\_

Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Relationship to student: \_\_\_\_\_

I hereby consent to and authorize emergency medical treatment that is judged necessary for my child, in the event that I cannot be reached. (Both parent signatures are required)

\_\_\_\_\_  
(Parent Signature)

\_\_\_\_\_  
(Parent Signature)

## PRESCHOOL BACKGROUND INFORMATION

**Child's Name:** \_\_\_\_\_ **Nick Name:** \_\_\_\_\_

Is your child RIGHT or Left-handed? They may still switch hands but circle their primary preference.

List the names and ages of other children in your household: \_\_\_\_\_

\_\_\_\_\_

List any special interests of your child: \_\_\_\_\_

\_\_\_\_\_

What would you like your child to gain most from attending Children of Grace Preschool?

\_\_\_\_\_

\_\_\_\_\_

List people authorized to pick up your child and their phone number:

\_\_\_\_\_

\_\_\_\_\_

List any people NOT authorized to pick up your child. In the case of custody, we need the legal document please: \_\_\_\_\_

\_\_\_\_\_

List any special Reading & Rest instructions, for example how long to sleep, no sleep...

\_\_\_\_\_

\_\_\_\_\_

Do you have any questions or concerns at this time? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## **CHILDREN OF GRACE PRESCHOOL ACCIDENT POLICY:**

**All students are required to be potty trained (wiping included) before admission to our preschool program.**

Every child is required to bring an extra set of clothes the first day of school. Please put a full set of clothing in a zip lock bag with your child's name. This is in case of an accident- whether playing outside, at the sensory table, or in the rare occurrence bathroom related. The student is responsible for changing into clean clothes and putting the messy ones into a bag. (The teacher will offer support when needed.) If the student is not able, the parents will be notified to come and help. In the event that a parent cannot be reached, then the emergency contact will be called. This policy serves to respect the privacy of each child and the health of the entire class. Thank you so much for your cooperation.

**I have read this policy and fully understand the Children of Grace Preschool Accident Policy.**

\_\_\_\_\_ (Parent signature)

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ (Date)

**Hutchinson Public and Parochial Schools**  
**Student Health Information Form**

*Minnesota Law requires students be up to date with immunizations in order to enroll in school.*

Student Name: \_\_\_\_\_ Birthdate: \_\_\_\_/\_\_\_\_/\_\_\_\_ School Year: \_\_\_\_\_  
Grade: \_\_\_\_\_

Does your child have any medical problems or illnesses?      Yes    No  
If yes, please specify \_\_\_\_\_

Does your child have any mental health or behavioral needs?      Yes    No  
If yes, please specify \_\_\_\_\_

Does your child take any medications?      Yes    No  
If yes, please specify \_\_\_\_\_

Does your child have any allergies?      Yes    No  
If yes, please specify \_\_\_\_\_

Does your child have asthma?      Yes    No

Does your child have a prescribed Epi-pen?      Yes    No

Has your child ever had a seizure?      Yes    No

Does your child have any hearing or vision concerns?      Yes    No  
If yes, please specify \_\_\_\_\_

**If you have answered yes to any of the above questions, please contact the Health Office at your child's school to obtain a plan of care and/or authorization for medications at school.**

Is your child covered by a health insurance plan or medical assistance?    Yes    No

Please list any additional information that may be helpful to meet the health needs of your child:

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

Health information is confidential, protected information. Pertinent health information regarding your child's health may be shared with appropriate school staff at the discretion of the school nurse. If your child has received immunizations since last school year, please let the health office know. If you have any questions, please contact the Licensed School Nurse at 320-234-2731. **If your phone numbers have changed, please contact Central Office at 320-587-2860 to have the information updated. Thank you.**

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

## Conflict Plan

I try to make a classroom environment where social conflicts are at a minimum, but social conflicts still occur. In the classroom I follow the High Scope approach to problem solving. There are six steps to follow if there is a conflict between students.

The teacher:

1. Approaches calmly
2. Acknowledges feelings of children
3. Gather's information – Open ended questions, hear both sides
4. Restates the problem
5. Asks for ideas for solutions and chooses one together
6. Is prepared to give follow-up support

This process helps students begin to understand how to respect the needs of others while meeting their own needs.

At times students may get too worked up emotionally, so I may remove him/her from the situation and have him/her sit at a table for a minute or two to calm down. I may also suggest getting a drink of water and taking a deep breath.

I may also have a child come and stand/sit by me or sit at a table for a minute if I feel they are being rebellious or having a hard time listening to the teacher. We will talk about what the student has done and what he/she can do differently next time they feel that way. Every child is different and may need different ways of handling situations. The goal of this process is to get the students to feel confident as independent problem solvers, help them develop relationships with others, and act in a way that is God pleasing and socially acceptable.

If you need to contact me (Miss Lokensgard), please call the school 320-587-4858 or email [lokensgarda@immanuelhutch.com](mailto:lokensgarda@immanuelhutch.com)

Thank you very much, we are very excited to have you be a part of our school family!

**I have made any corrections or updates on my child's registration and filled out all necessary paperwork.**

\_\_\_\_\_ (Parent signature) \_\_\_\_/\_\_\_\_/\_\_\_\_\_ (Date)