



20917 Walden Avenue
Hutchinson, MN 55350
Phone 320-587-4858
E-mail ilschool@hutchtel.net



Student Registration (2023 - 2024)

Student Name: (first, middle, last) _____ Grade level: _____

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): _____

Email: _____

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

Emergencies or last-minute changes please contact your child's teacher directly:

Mrs. Eckstrand: 507-276-9320

Mrs. Utsch: 262-352-2192

Mr. Gephart: 269-932-5117

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/We give our child permission 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 (circle one) give permission for my child to be photographed in our program, 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

My child is allowed to have milk: White Chocolate Either

I do not want my child to have milk.

_____ (Parent initials)

Field Trip Attendance

Yes / No (circle one) my child has my permission 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

Child Name: _____ DOB: ____/____/____

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 contacts: Yes / No Hearing problems: Yes / No

Last tetanus shot: ____/____/____

Allergies: _____

Medications: _____

Any medical conditions that would affect participation in physical education or sports?

Mother's Name: _____ Phone: _____

Father's 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)

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. I will keep this set in the basket at school. 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 (Mrs. Eckstrand), please call the school 320-587-4858 or email ilprekteacher@gmail.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)