

Name of Student _____

Maranatha's Kindergarten Readiness Enrollment form 2020-2021

September 8, 2020-May 28, 2021

Monday – Friday, 12:15-3:15



For Office use only

- Date received _____
- Deposit _____
- Confirmation _____

Please return this completed form to MAG School

Attn: Jaedyn Brandt

24799 Forest Blvd

Forest Lake, MN 55025

651-797-7399

For more information, email jaedyn@realchurch.org

Kindergarten Readiness Goals

Language Arts

- ❑ Write first and last name using capital and lowercase letters
- ❑ Recognize rhyming words, beginning and ending sounds, and punctuation marks
- ❑ Identify capital and lowercase letters and their sounds
- ❑ Students who are ready will go on to:
 - Blend sounds together to make words
 - Read up to 200 one vowel words and some sight words

Math

- ❑ Recognize and write numbers from 1-20
- ❑ Count forward to 50 and backward from 10
- ❑ Skip count by 2's to 10, 5's to 20, and 10's to 100
- ❑ Name basic colors and shapes, the days of the week, months of the year, and seasons
- ❑ Identify and extend 2 and 3 part patterns
- ❑ Tell time to the hour
- ❑ Understand simple fractions ($\frac{1}{2}$, $\frac{1}{4}$)
- ❑ Identify coins (penny, nickel, dime, quarter)

Handwriting

- ❑ Use the 8 strokes of the EZ Write curriculum to form letters and numbers accurately

Science and Social Studies

- ❑ Explore a new Science or Social Studies theme each week through books, projects, and fun learning activities

Bible

- ❑ Understand that prayer is how we talk to God, can be done by anyone anywhere anytime, and is an important part of our day
- ❑ Read and retell as a class over 40 Bible stories, including the overall story of sin and salvation
- ❑ Memorize about one verse each month as a class

Motor and Social Skills

- ❑ Develop large and small muscle control through daily outdoor or indoor large muscle play and classroom play
- ❑ Develop problem solving and social skills through daily play time as they interact with peers

Differentiated instruction - *It is very common for students to be working on different goals. Students move to the next steps as they are ready. (For example: Students who know all letters and sounds move on to reading.)*

- ❑ Participate in whole group and small group instruction each day.
- ❑ Learn through many different learning styles during classroom instruction including music, movement, writing, listening, speaking, and use of visuals

Enrollment Form and Financial Contract

School Year 2020/2021

Student Name: _____

At school I would like to be called (Example; Andy instead of Andrew): _____

Date of Birth: _____ Age: _____ Gender: M / F

Address: _____

City/State/Zip: _____

Parents: _____

Home Phone: _____

Dad's Address (if different than student's): _____

Dad's Cell Phone: _____ Text? _____ Email: _____

Dad's Work #: _____ Occupation: _____

Mom's Address (if different than student's): _____

Mom's Cell Phone: _____ Text? _____ Email: _____

Mom's Work #: _____ Occupation: _____

Please list any other caregivers that may be dropping off or picking up your child and their relationship to your child. _____

EMERGENCY INFORMATION

Please list two persons who could be contacted if you (the parent/guardian) cannot be reached in an emergency requiring medical attention.

Name: _____ Phone #: _____

Authorized to take child? Yes No _____

Name: _____ Phone #: _____

Authorized to take child? Yes No _____

Name of anyone NOT authorized to take your child from Maranatha School (Please provide a current photo) _____

EMERGENCY INFORMATION

Please list the source of your child's regular medical and dental care.

Medical Source: _____ Phone #: _____
Address: _____

Dental Source: _____ Phone #: _____
Address: _____

Questions about your child:

1. Describe your child's personality and interests. _____

2. Describe the goals you have for your child spiritually, academically, and socially.

3. Does your child have any physical challenges and/or limitations?

4. Does your child have any food, drug, environmental or other allergies? _____

5. Is there anything else you would like me to know about your child?

Communication

What is your preferred method of communication between school and home?

Check all that apply.

___ Paper

___ Text

___ E-mail

___ Facebook

___ Phone call

Tuition Costs and Payment Schedules:

We accept a variety of payment plans to assist you in the affordability of Christian preschool education. **A non-refundable \$200 deposit must accompany each student's enrollment form.** All accounts paid in full by September 10 receive a \$100 discount.

Please indicate preferred payment plan.

Tuition: \$2000 per year including the \$200 deposit

Payment Options (in addition to the \$200 enrollment deposit): check one

Nine equal installments due September 10 through May 10	\$200/month	_____
Quarterly installments due Sep. 10, Nov. 10, Feb. 10, and April 10	\$450/Quarter	_____
Bi-annual installment due Sep. 10 and Feb. 10	\$900/Bi-annual	_____
Payment in full due September 10 (\$100 discount)	\$1700/Sep.10	_____

Checks should be made out to **MAG School** and placed in the drop box outside the KR classroom.

I agree to the payment indicated above. Payments are due on the tenth of the month. Invoices that are not paid by the 15th of the month will be subject to a **\$25 late fee**. If my account falls more than thirty days in arrears, it can result in the withdrawal of my student(s). No health records, transcripts, report cards, or any other records will be released until the account is paid in full. A **\$25 check charge** will be assessed for any returned checks.

Parent/Guardian: _____ Date: _____

Emergency Authorization

I give permission to Maranatha's staff to make whatever emergency (first-aid, disaster evacuation, etc.) measures are judged necessary for the care and protection of my child while under the supervision of the school.

In case of medical emergency, I understand that my child will be transported to Fairview Lakes Medical Center in Wyoming by the local ambulance unit for treatment if deemed necessary. Any expenses incurred will be the responsibility of the parents.

It is understood that in some medical situations, the staff will need to contact the local emergency resource before the parent, child's physician and/or other adult acting on the parent's behalf.

Parent/Guardian: _____ Date: _____

Promotional Materials

To promote our KR program, Maranatha has my permission to take pictures, slides, or videos of my child in school and use it for promotional publication, on the website or Facebook. No names will be attached to any child's picture.

Yes_____ No_____

Maranatha has my permission to take pictures, slides, or videos of my child in school to place on the Maranatha's Kindergarten Readiness private Facebook page viewable only to other parents/guardians in the class. No names will be attached to any child's picture.

Yes_____ No_____

Parent/Guardian: _____ Date: _____

Non-Prescription Medication Products Authorization Only

All over-the-counter products need parental permission for administration. Some of the external products do not need to be documented every time they are used. Below is a list requiring parental permission for the use of external products.

Child's Name: _____ Date of Birth: __/__/__

The following external products may be applied to my child in accordance with the manufactures instructions on the original container. Please mark which products are allowed to use. Unused products supplied by the parents will be returned to parents.

NA	Diaper Wipes
NA	Diaper Creams, Ointments
NA	Baby Oil (Baby Powder is not allowed)
NA	Toothpaste
	Soap (If child requires a specific brand of soap, please list):
	Chemical Hand Sanitizers
	*Lip Balm
	*Skin Lotions / Creams / Vaseline
	*Insect Repellants: Brand Name if any:
	*Sunscreen, Brand Name if any:
	Other PLEASE SPECIFY:

* These items will only be applied to the child at school with the parent/guardian's specific request, or the child may self-administer these items if they are sent to school and placed in the child's cubby.

Parent/Guardian signature: _____ Date: __/__/__

Parent/Guardian signature: _____ Date: __/__/__

Emergency Contact Information

Child's Name: _____ Date of Birth: __/__/__

Home Address: _____

Parent/Guardian: _____ Phone #: _____

Parent/Guardian: _____ Phone #: _____

Emergency Contacts:

1. Name: _____ Relationship: _____

Address: _____ Phone #: _____

2. Name: _____ Relationship: _____

Address: _____ Phone #: _____

Students Usual Source of Medical Care:

Medical Physician's Name: _____ Phone #: _____

Address: _____

Dentist's Name: _____ Phone #: _____

Address: _____

Hospital Name: _____ Phone #: _____

Address: _____

Student's Health Insurance: _____

Subscribers Name (on insurance card): _____ ID#: _____

*Specific instructions of special conditions, disabilities etc.: _____

Allergies: _____

As a parent / legal guardian, I give consent to **MARANATHA SCHOOL AND CHILDCARE** to administer to my child emergency first aid by the program staff. I understand that if necessary, 911 will be called and, my child may be transported to receive emergency care at Fairview Lakes Medical Center in Wyoming, MN. I understand I am responsible for all emergency transportation and any charges not covered by insurance. I give consent for the emergency contact persons listed above to act on my behalf until I am available. I agree to update this information when a change occurs.

Parent/Guardian signature: _____ Date: __/__/__

Parent/Guardian signature: _____ Date: __/__/__

Health Care Summary

MUST BE COMPLETED BY HEALTH CARE SOURCE

Date of Enrollment: ___/___/___

Name of Child: _____ Date of Birth: ___/___/___

Address: _____ Telephone: _____

Parent(s)/ Guardian(s): _____

Date of last Physical Examination: ___/___/___ How long have you been seeing this child? _____

How frequently do you see this child when they are not ill? _____

Does this child have any allergies (including allergies to medication)? _____

Is a modified diet necessary? _____

If there 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 Medical Source (Name)	Requires Special Attention at Center

Other information helpful to the child care or school program: _____

Signature of Health Source: _____

Date: ___/___/___

Phone: () -

Address: _____

****Please attach a current Immunization Record
or Notarized Exemption for your child****