

Name of Student \_\_\_\_\_

# Maranatha's Kindergarten Readiness Enrollment Form 2022-2023

September 6, 2022-May 26, 2023

Monday – Friday, 8:30-11:30AM



**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 [preschool@realchurch.org](mailto:preschool@realchurch.org)

## Kindergarten Readiness Goals (Keep this page)

### 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 Agreement

School Year 2022/2023

Student's Full 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: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Parent/Guardian 1 Name: \_\_\_\_\_ Email: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Place of Work: \_\_\_\_\_ Occupation: \_\_\_\_\_

Address (if different from student's): \_\_\_\_\_

Parent/Guardian 2 Name: \_\_\_\_\_ Email: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Place of Work: \_\_\_\_\_ Occupation: \_\_\_\_\_

Address (if different from student's): \_\_\_\_\_

Optional (*this helps me get to know your child better*): Siblings' Names/Ages: \_\_\_\_\_

\_\_\_\_\_

Other Adults Living in the Home/Relationship to Child: \_\_\_\_\_

\_\_\_\_\_

Pets' Names/Type of Animal: \_\_\_\_\_

Please list any other caregivers authorized to pick 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: \_\_\_\_\_

### PROMOTIONAL MATERIALS AND PHOTOS

To promote our KR program, Maranatha has my permission to take pictures 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 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: \_\_\_\_\_

### COMMUNICATION

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

Check all that apply.

Paper

E-mail

Facebook

Phone call

**QUESTIONS ABOUT YOUR CHILD:**

1. Describe your child's personality and interests. \_\_\_\_\_

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

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3. Does your child have any physical challenges and/or limitations? Do you have any concerns regarding your child's development? \_\_\_\_\_

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

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

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## Tuition Costs and Payment Schedules:

We offer a variety of payment plans to assist you in the affordability of Christian preschool education. **A non-refundable \$230 deposit must accompany each student's enrollment form.** All accounts that are paid in full by September 10 receive a \$100 discount.

\*\*Please indicate preferred payment plan.\*\*

**Tuition:** \$2300 per year *including* the \$230 deposit

**Payment Options (in ADDITION to the \$230 enrollment deposit):**

	<b>check one:</b>
Nine equal installments due September 10 through May 10	\$230/month _____
Quarterly installments due Sep. 10, Nov. 10, Feb. 10, and April 10	\$517.50/Quarter _____
Bi-annual installment due Sep. 10 and Feb. 10	\$1035/Bi-annual _____
Payment in full due September 10 (\$100 discount)	\$1970/Sep.10 _____

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

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## Financial Agreement

I agree to the payment indicated above, and understand that fees may be assessed as outlined below.

Payments are due on the tenth of the month. Invoices that are not paid by the tenth 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.

I understand that in the event that I am over fifteen minutes late picking up my child from class, I will be subject to a **late pick-up fee of \$1.00 per minute**.

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 by ambulance to the hospital facility of their choosing 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 local emergency services before the parent, child's physician and/or other adult acting on the parent's behalf.

Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

## Waiver of Liability

I am the parent or legally authorized representative of the child named below. By signing this form, I am consenting to my child's enrollment and participation in Maranatha Assembly of God's (Maranatha's) Kindergarten Readiness program which is licensed under the Maranatha Preschool license issued by the state of MN Department of Human Services.

I understand that I may send personal belongings with my child while attending Maranatha's Kindergarten Readiness, but I do so at my own risk and understand that Maranatha is not responsible in any way for any lost, stolen, or damaged property.

I understand that, while Maranatha's Kindergarten Readiness program will be appropriately staffed and the children will be supervised at all times, accidents sometimes happen. I hereby assume all risk of injury or harm to my child that may result from his/her attendance at or participation in this program.

**I hereby agree to release, indemnify, defend, and hold harmless Maranatha, its affiliated entities, this Kindergarten Readiness program, and their employees, teachers, aides, and volunteers from and against any and all liability, claims, demands, damages, costs, expenses, actions and causes of action for property damage, personal injury, or death arising out of my child's attendance at or participation in the Program.**

**THIS IS A LEGAL RELEASE OF LIABILITY AND CONSENT FORM. I HAVE READ THIS FORM CAREFULLY AND HAVE HAD ALL QUESTIONS ANSWERED BEFORE SIGNING. BY SIGNING THIS FORM, I HEREBY REPRESENT THAT I HAVE THE AUTHORITY TO PROVIDE CONSENT ON BEHALF OF MY CHILD.**

Name of Child: \_\_\_\_\_ Birthdate: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

### Authorization for Non-Prescription Medication Products Only

All over-the-counter products need parental/guardian permission for administration. Some of the products used at school that are applied externally do not need to be documented every time they are used. Below is a list requiring parental/guardian permission for the use of these external products.

Child's Name: \_\_\_\_\_ Date of Birth: \_\_/\_\_/\_\_

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

N/A	Diaper Wipes
N/A	Diaper Creams, Ointments
N/A	Baby Oil ( Baby Powder is not allowed)
N/A	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: *(authorized to pick up child and/or act on parent/guardian's behalf in emergency)*

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 PRESCHOOL AND MARANATHA ASSEMBLY OF GOD** 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. 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? \_\_\_\_\_

Is 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\*\***