



LITTLE GIANTS PRESCHOOL

Offered through ISD 2397, Le Sueur-Henderson Public Schools
Early Childhood Family Education Program

Little Giants Preschool classes are located in room 106 and 100 at Park Elementary School, 115 North Fifth Street in Le Sueur and at St. Paul's United Church of Christ, 111 S. 6th Street in Henderson. We offer two, three, four and a three full day a week class options with a class size of 16 students.

Little Giant's Tuition for the 2020-2021 School Year

| | | | | | |
|-------------------------|-----------|-----------|-----------------------|---------------------------|------------------------------------|
| <u>Option 1:</u> | M, W, & F | Le Sueur | 8:15 a.m. - 3:15 p.m. | 4-5 year olds | \$258/month |
| <u>Option 2:</u> | M-TH | Le Sueur | 12:15 - 3:15 p.m. | 4-5 year olds | \$145/month |
| <u>Option 3:</u> | T & TH | Le Sueur | 9:00 - 11:30 a.m. | 3-4 year olds | \$80/month |
| <u>Option 4:</u> | M, W, & F | Henderson | 8:15 - 11:15 a.m. | 3-5 year olds (mixed age) | \$115/month (No WRAP available) |

Our New WRAP Program: Preschool + Childcare = One Location & Low Rates

Little Giants is partnering with Kids' Club to offer preschool and daycare in one location and for one flat daily rate! (\$30/day x 5 days = \$150/week).

Option 5: WRAP M-F (Includes Preschool Tuition, Daycare Cost and Lunch)
(Option 1: \$30/day) (Option 2: \$30/day) (Option 3: \$30/day)

****Scholarships for preschool are available upon request****

REGISTRATION FORM

Thank you for your interest in Little Giants Preschool. To begin the full registration process, please complete this form and return it with the \$35.00 non-refundable registration fee and payment for the first month of tuition. Mail to: Little Giants Preschool, Park Elementary School, 115 N. 5th Street, Le Sueur, MN 56058. All other forms must be completed by Sept. 4 to assure your child's placement in preschool.

CLASS CHOICE (check)

_____ **Option #1** M,W/F **All Day** Le Sueur 8:15 a.m. - 3:15 p.m. (\$258 per month)

_____ **Option #2** M/T/ W/Th (p.m.) Le Sueur 12:15 - 3:15 p.m. (\$145 per month)

_____ **Option #3** T/Th (a.m.) Le Sueur 9:00 - 11:30 a.m. (\$80 per month)

_____ **Option #4** M/W/F (a.m.) Henderson 8:15 - 11:15 a.m. (\$115 per month)

_____ **Option #5** **WRAP** Program (for Opt. #1 _____) (Opt. #2 _____) (Opt. #3 _____)
\$30 per day includes preschool, Kids Club and lunch.

Child's Name (First) _____ (Last) _____

Parent/Guardian _____

These people are authorized to accompany my child home from the Little Giants Preschool program. or emergency contact.
(Include yourself)

| | NAME | ADDRESS | PHONE |
|----|-------|---------|-------|
| 1. | _____ | _____ | _____ |
| 2. | _____ | _____ | _____ |
| 3. | _____ | _____ | _____ |
| 4. | _____ | _____ | _____ |

Parent/Guardian Signature _____

TRANSPORTATION

Child's Name _____

We encourage parents to carpool when arranging transportation to and from preschool. Knowing this option is not always available, parents can make arrangements with MN River Valley Transit (1-888-880-4696) or Trail Blazer Transit in Sibley County (1-888-743-3828) to meet your transportation needs. Children in the afternoon preschool sessions are welcome to ride the public school bus home with the older children free of charge.

Please tell us what option(s) you have chosen to meet your transportation needs. We want to keep all children safe and it is important for us to have this information in place before the school year begins. We do ask that the transportation options you choose for your child remain consistent throughout the year.

Little Giants Preschool Transportation Options

Option #1 Park Elementary M, W, F (All Day)

I will bring my child to and from preschool.

My child will ride the transit to and from preschool.

My child will be attending Kids Club, before preschool, after preschool or both. (Please circle option)

Other _____

Option #2 Park Elementary M - TH (PM)

I will bring my child to and from preschool.

My child will ride the transit to and from preschool.

I will bring my child to school, they will ride the afternoon public school bus home.

My child will ride the transit to school and will ride the school bus home.

My child will ride the transit to school and I will pick them up.

My child will be attending Kids Club, before preschool, after preschool or both. (Please circle option)

Other _____

Option #3 Park Elementary T, TH (AM)

My child will ride the bus to school in the morning.

I will bring my child to and from school.

My child will ride the transit to and from school.

My child will ride the school bus to school and the transit home.

My child will be attending Kids Club, morning, afternoon, or both. (Please circle option)

Other _____

Option #4 Henderson Preschool Options M, W, F (AM)

I will bring my child to and from preschool.

My child will ride the transit to and from preschool.

I will bring my child to school, they will ride the transit after preschool.

My child will ride the transit to school and I will pick them up.

Other _____

CHILD'S NAME _____

Date _____

MEDICAL PERMISSION

I, _____, hereby give my consent to the supervising teacher of the
(Parent's Name)

Little Giants Preschool program to call Dr. _____, phone number _____
should an emergency arise.

In the event of an emergency, I hereby give permission for my child to be taken to the Minnesota Valley Health Center for treatment,
and I will be responsible for medical charges.

(Signature)

FIELD TRIP PERMISSION

Field trips will be planned from time to time as part of the activities of the program. This will entail walking to nearby parks, wooded areas, stores,
etc. Trips involving busing will also be planned. My child has permission to participate in the field trips.

(Signature)

INFORMATION EXCHANGE

I, _____, hereby give my consent to the exchange of information
(Parent's Name)

between ISD 2397 Licensed staff and the Little Giants Preschool staff whenever such exchange would better enable either party
to meet my child's needs.

(Signature)

HEALTH CARE SUMMARY

Child's Name _____ Birth Date ____ / ____ / ____

Date of last physical examination _____

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

Does allergy require an epi-pen? _____

Does child require medication while at school? _____

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 any important health problems. Indicate if you or some other medical source is monitoring the child for the problem. Check which problems, if any, require special attention at the school.

| Important Health Problem | Followed by you | Followed by other medical source (name) | Requires special attention at school |
|--------------------------|-----------------|---|--------------------------------------|
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |

Other information that may be helpful to the school in caring for this child. _____

Source of Health Care _____

Address _____ Phone _____

Parent Signature _____ Date _____



Le Sueur-Henderson Public Schools
Independent School District 2397

Photo & Information Consent Form

Le Sueur-Henderson Public Schools is proud of our students' accomplishments and we regularly showcase them via various publications (social media, websites, newspapers, newsletters, etc.). This form will apply through your child's tenure at Le Sueur-Henderson Public Schools unless the building principal is notified in writing to revoke permission.

I (print name) _____ release to Le Sueur-Henderson Public Schools (115 North 5th St., Suite 200, Le Sueur, MN 56058), for good and valuable consideration the right to publish my child's likeness, photograph, words, and/or artistic works; and/or my likeness, photograph and the same to be published in any form or medium.

Student's Name: _____

Signed: _____ Date: _____
(Parent/Guardian/Eligible Student)

Telephone: _____

Address: _____

PLEASE RETURN THIS FORM TO YOUR SCHOOL OFFICE

Automatic Payment Authorization

Little Giants Preschool

Tuition is due on the 5th of each month and can be made by check, cash or auto-withdrawal by using a credit or debit card. If you think you may qualify for reduced tuition, check the appropriate box on the registration form. An Educational Benefits application will be available at orientation. If you have further question, you may call the Early Childhood Family Education office at 665-4631, located at Park Elementary School, 115 N. 5th Street, Le Sueur, MN 56058.

OPTION #1 CREDIT CARD or DEBIT CARD

Your Little Giant's payments can be made by automatic withdrawal charged to your VISA/MasterCard or Discover credit/debit. Autowithdrawal payments are made on the 5th of the month.

Name of Child(ren) _____

First and Last Name(s)

Name of cardholder (please print) _____

Address of cardholder _____

City _____ State _____ Zip _____

Home phone # of cardholder _____

Work phone # of cardholder _____

Cell phone # of cardholder _____

I authorize the Little Giant's payment to be automatically charged to my credit/debit card for my monthly bill.

Please charge my Visa MasterCard Discover

Credit Card Number _____ - _____ - _____ - _____ Expiration date _____

Signature of cardholder _____ Date _____

E-mail address _____

Option #2

Pay with check or cash given to the preschool teacher monthly.

Parent's name if choosing this option. _____

Child/Children's names _____

Parent Signature _____

Responsibility of Payment

I am responsible for LeSueur-Henderson Little Giants Preschool tuition for _____ (name of child) for the 2020-2021 school year. I understand that all fees are due and payable on or before the 5th of each month. If a payment will be late please contact the ECFE/Little Giants Preschool office immediately.

Mother Signature

Date

Father Signature

Date

Other Responsible Party

Date