



LITTLE GIANTS PRESCHOOL

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

Dear Parents,

Welcome to Little Giants Preschool Program. Little Giants Preschool is a non-profit program offered through Early Childhood Family Education of Le Sueur-Henderson Public Schools.

We serve the communities of Le Sueur, Henderson, and surrounding areas. The program is designed to stimulate the emotional, intellectual, physical, and social needs of the child 3-5 years of age. It is the desire of the staff to provide quality education at a minimal fee.

Little Giants Preschool classes are located in room 106 and 107 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.

Tuition for the 2018-2019 School Year

Option #1

Le Sueur, Park Elem.
Preschool 4-5 yr. olds
M, W, F All Day
\$210 per month
Lunch is included

Option #3

Le Sueur, Park Elem.
Preschool 4-5 yr. olds
M, W, TH Afternoons
\$115 per month

Option #5

Le Sueur, Park Elem.
Preschool 3 yr. olds
T & TH Mornings
\$80 per month

Option #2

Le Sueur, Park Elem.
Preschool 4-5 yr. olds
M, T, W, TH Afternoons
\$145 per month

Option #4

Henderson site
Preschool 4-5 yr. olds
T, Th, F Mornings
\$115 per month

Option #6

Henderson site
Preschool 3 yr. olds
M & W Mornings
\$80 per month

Tuition is due on the 5th of each month and can be made by check, cash or auto-withdrawal by using a voided check or credit card. See page 9. 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.

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 August 29 to assure your child's placement in preschool.

CLASS CHOICE (check) _____ **Option #1** M/W/F **All Day** – Le Sueur _____ **Option #4** T/Th/F (a.m.) – Henderson
_____ **Option #2** M,T, W, Th (p.m.) – Le Sueur _____ **Option #5** T/Th. (a.m.) – Le Sueur
_____ **Option #3** M/W/Th (p.m.) – Le Sueur _____ **Option #6** M/W (a.m.) – Henderson

Child's Name (First) _____ (Middle) _____ (Last) _____ **Sex:** F M Birth date _____

Parent/Guardian _____ Home/Cell Phone _____

Address _____
Street City State Zip Code

Send Educational Benefits Application

FAMILY STATUS

Father

Mother

Name _____

Name _____

Address _____

Address _____

Home Phone _____

Home Phone _____

Cell Phone _____

Cell Phone _____

Employer _____

Employer _____

Work Hours _____

Work Hours _____

Work Phone _____

Work Phone _____

E-Mail _____

E-Mail _____

These people are authorized to accompany my child home from the Little Giants Preschool program.

(Include yourself)

NAME

ADDRESS

PHONE

1. _____

2. _____

3. _____

4. _____

-FOR OFFICE USE-

Registration Form & Fee _____

First Month Tuition _____

Health Summary _____

Liability Form _____

Immunization Form _____

Emergency Form _____

Transportation Form _____

Tuition sliding fee scale _____

Responsibility of payment _____

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 ____/____/____

Parent or Guardian Name (s) _____

Home Address _____ Phone _____

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. _____

Le Sueur/Henderson
Little Giants Preschool

Responsibility of Payment

I am responsible for LeSueur-Henderson Little Giants Preschool tuition for _____ (name of child) for the 2018-2019 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 Date

Father Date

Other Responsible Party Date

This form must be completed before child can begin preschool!

Le Sueur/Henderson ECFE/ Little Giants Preschool Program
Le Sueur/Henderson Public Schools
115 N 5th St
Le Sueur, MN 56058
507-665-4631

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

Park Elementary Monday - Wednesday AM

- 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 the correct option.)
 Other _____
-

Park Elementary PM Preschool

- 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 the correct option.)
 Other _____
-

Park Elementary M-W-F Full Day

- 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 the correct option.)
 Other _____
-

Henderson Preschool Options

- 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 _____
-

Emergency Information

Child's Name _____

Emergency contact if parents cannot be reached

1. _____ **Phone** _____

2. _____ **Phone** _____

Family Doctor _____ **Phone** _____

Address _____

Hospital Preference _____

Family Dentist _____ **Phone** _____

Address _____

I grant permission for the Early Childhood Family Education staff to act on my child's behalf in an emergency when I cannot be reached or will be significantly delayed.

Parent Signature _____ Date _____

Le Sueur-Henderson Public Schools
Independent School District 2397

Photo & Information Denial Form

Le Sueur-Henderson Public Schools is proud of our students' accomplishments and we regularly showcase them via various publications. Please fill out this form if do not wish for your child's information or photo to be used. Please note, this denial form DOES NOT refer to photos of your child used in school/building displays.

I do not wish to have the following information released without my expressed written consent (please check):

____ Student's Name

____ School of Attendance

____ Photograph or Electronic Image

This includes photographs for newspapers, newsletters, social media (Facebook, Twitter, etc.), ISD 2397 websites, Cable Access TV, The Bridge, etc.

____ Participation in officially recognized activities/sports

____ Weight & Height of athletes

____ Honors & Awards received

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

Relationship to Student: _____

Student(s) Names: _____

Address: _____

School Currently Attending: _____

PLEASE RETURN TO YOUR BUILDING OFFICE ONLY IF YOU DO NOT WISH FOR THE ABOVE INFORMATION TO BE RELEASED.

Automatic Payment Authorization

Little Giants Preschool

OPTION 1 CREDIT CARD

Your Little Giant's payments can be made either by automatic withdrawal through your checking account with a voided check or charged to your VISA/MasterCard or Discover credit card. 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 card or checking account for my monthly bill.

Please charge my Visa MasterCard Discover

Credit Card Number _____ - _____ - _____ - _____

Expiration date _____

Signature of cardholder _____ Date _____

E-mail address _____

Option 2

Attach a VOIDED check