

Rothsay Preschool Registration

Child Information

Child's Full Name: _____ M/F: _____

Nickname: _____ Birthdate: _____

Parent/Guardian: _____ Relation: _____

Address: _____ City/Zip: _____

Home Number: _____ Cell: _____

Work Number: _____ Employer: _____

Email: _____

(Please circle the best method of contact during the day)

Parent/Guardian: _____ Relation: _____

Address (if different from above): _____ City/Zip: _____

Home Number: _____ Cell: _____

Work Number: _____ Employer: _____

Email: _____

(Please circle the best method of contact during the day)

Emergency Numbers:

Please provide name and phone numbers of people who can be contacted in the case parents cannot be reached. These people should live in the Rothsay area.

Name: _____ Relation: _____ Phone: _____

Name: _____ Relation: _____ Phone: _____

Name: _____ Relation: _____ Phone: _____

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Section Preferences:

Our program policy is that we will honor the requests of our Rothsay School District residents first, our non-resident Rothsay families presently attending will be considered next, and students coming from outside the school district will be considered next. We will try hard to honor as many first choice requests as possible!

"1" for first choice, "2" for second choice

3-year-olds: (3 by Sept 1st)

Monday/Wednesday AM _____

Tuesday/Thursday AM _____

4-year-olds: (4 by Sept 1st)

Monday/Wednesday/Every Other Friday

HALF DAY _____ FULL DAY _____

Tuesday/Thursday/Every Other Friday

HALF DAY _____ FULL DAY _____

*Morning classes/half days run from 8:25-11:10

*Full days run from 8:25-3:10

Transportation:

-Must arrange bus transportation - 218-867-2256

To Preschool: _____

From Preschool: _____

_____ My child will be riding the bus:

_____ To School

_____ Home at 3:10

*Please specify which bus if known (we will need to know before the first day of school)

_____ My child will be attending Tiger Cub Club:

*Please specify days and times: _____

My child will be eating: (Please be sure there is money in your child's account)

_____ School Breakfast

_____ School Lunch

*Free/Reduced forms will be available at Open House

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Allergies (medication, anesthetics, food, etc) _____

Physical Conditions we should be aware of: _____

Any other information you'd like us to know: _____

Special Permissions: (Please initial)

_____ I give permission to the school to give my child Tylenol or Ibuprofen for headaches, temperatures, or minor pain. The recommended dosage for the age of the child will be given.

_____ I give my permission for my child to be included in pictures that may be used for the classroom or media usage.

_____ I authorize emergency medical care for my child during attendance of Rothsay Preschool if, in the judgement of the staff, treatment is required for any injury or illness. I also authorize the administering of anesthetics and recourse to other procedures deemed necessary by the attending physician. I understand that I am financially responsible for any expenses for medical care or transportation incurred on my child's behalf.

The physician(s) of my choice are:

Doctor: _____

Dentist: _____

Clinic/Hospital: _____

Telephone: _____

Parent/Guardian Signature: _____ Date: _____

School Readiness Coordinator: Lindsey Green (Mrs. Green)

Contact information: Phone (218-867-2934) Email (lgreen@rothsay.k12.mn.us)

*Please "LIKE" our Facebook Page "Rothsay Tigers Preschool" for updates!