



Burnsville High School Preschool Lab Registration

Background Information:

Child's Name _____ Birth Date _____

Address _____

Sex _____ Place of Birth _____ Home Phone # _____

Parent/Guardian's Name _____

Occupation _____ Work Ph.# _____ Cell # _____

Email Address _____

Parent/Guardian's Name _____

Occupation _____ Work Ph.# _____ Cell # _____

Email Address _____

Custody/Visiting Arrangements _____

Being fully toilet trained is a requirement for Preschool Lab. Is your child toilet trained? _____

Does your child have any food allergies or dietary restrictions? If so, please describe.

Are there any special medical, physical, or emotional needs that the school or staff should be aware of?

Does your child take any regular medication? If so, please describe.

Do you have any concerns about any aspect of your child's development? *Special education students are serviced at the district level. Please visit the ISD 191 website at www.isd191.org for more information. Due to our class being a learning lab for high school students, our program may not be the best fit for children with more significant social-emotional needs.*

Is there any language other than English used in your home? If so, please describe.

Preschool Lab Registration Checklist:

- Registration forms**
- Completed immunization form/print-out**
- Recent photo of your child**
- Recent family photo** (*if possible*)
- Tuition:** \$20 cash or check to BHS (*due before or on the first day of each session*)
- Snacks:** We ask families to bring 3 snacks for the class (e.g.= box of animal crackers, individual bags Goldfish crackers, granola bars, applesauce pouches, etc.). *Please no chips or candy.*
- Supplies:** Please bring in a box of tissues. Other items that are helpful: *hand sanitizer, and sanitizing wipes*

Email to heichten@isd191.org

OR

Mail to

Heidi Eichten- FCS
Burnsville High School
600 E. Highway 13
Burnsville, MN 55337

Child's Name:

Questionnaire

We are excited to work with your child in Preschool Lab! Please answer the following questions to help us get to know your child better. Thanks!

1. Does your child have any siblings? If so, please list names and ages.
2. What are your child's favorite activities/toys/games?
3. What are your child's favorite songs/nursery rhymes/books?
4. What does your child enjoy doing with his/her family?
5. Does your child play well alone? In groups?
6. Does your child accept redirection easily? What method(s) of guidance/discipline are used successfully in your home?
7. Please indicate those that describe your child:

| | | | |
|---------------|------------|-----------|--------|
| Happy | Aggressive | Impulsive | Other: |
| Dependent | Stubborn | Attentive | |
| Even-tempered | Shy | Quiet | |
| Sleepy | Friendly | Fearful | |

8. Has your child learned to:

Say his/her name?

State her/his age and sex?

Dress self independently?

Follow simple directions?

Listen to stories?

Count? How far? _____

Name basic colors?

Throw and catch a ball?

Hop on one foot?

Balance on one foot?

Write name?

Draw a person?

9. Has your child been cared for by someone besides your family?

10. Has your child had playgroup, preschool, or daycare experience? Please describe previous experiences.

11. What do you hope will be included in your child's preschool program?

12. Is there anything else you want the Preschool Lab teacher and high school teachers to know?

Child's Name _____

Emergency Information:

Persons authorized to pick up your child:

Name _____ Relationship _____

Name _____ Relationship _____

Name _____ Relationship _____

Name _____ Relationship _____

Person(s) to be notified in case of emergency:

Name _____ Relationship _____ Phone Number _____

Name _____ Relationship _____ Phone Number _____

Name _____ Relationship _____ Phone Number _____

Name _____ Relationship _____ Phone Number _____

Child's Physician _____ Phone Number _____

Clinic/Hospital _____

Emergency Hospital Preference _____

Date

Parent/Guardian Signature

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Photo Release Form

Occasionally we get requests from local newspapers and/or District 191 public relations to feature our Preschool program in human interest stories and district brochures. It is a good opportunity to showcase the hard work our students do and a chance for your child to be featured. Only first names or no names would be used in conjunction with the feature.

We also take pictures of the children to be used in class projects or for promotion of our course. These will be specifically used only in the classroom, school, and/or emailed to parents/guardians to display our classroom activities. We usually provide a group photo from the beginning and/or end of the session to the high school student teacher.

Parent/Guardian Permission Form for Pictures

I have been informed that my child may be photographed and that the photos may be used by the school district. I give permission for the picture(s) to be used for this purpose.

Name of Child: _____

Signature of Parent/Guardian: _____ Date: _____