

Parental Consent Forms



St. Paul Lutheran Early Childhood
Center 730 County Rd. PPP
Sheboygan Falls, WI

53085 (920)467-6733

preschool@stpaulfalls.com

Dear Parents,

There are various times during the year when we will need to know that you understand a policy or have a preference that we need to know. To make this easier, we have collected everything here and are asking you to take a few minutes to read through it, indicate your wishes and return it by the beginning of school. Thank you for your cooperation and if you have any questions, contact the director at 467-4733 or preschool@stpaulfalls.com

Child's name _____
(please print)

Address _____

Parent or guardian _____

H. Receiving Information

At a minimum, you will be receiving information about your child's class once a week (newsletters, lesson plans, special day information, permission slips, etc.)

I would prefer to receive this information on

paper

electronically - _____
(e-mail address)

We need a second set of paperwork

as paper

electronically - _____
(e-mail address)

I. Photos and Videos

St. Paul Lutheran Early Childhood Center

may

may not

use pictures or videos taken of my child for any of the following:
posted within the facility or during worship, for educational or promotional purposes, on our website or in printed material distributed to the public.

E. Receiving Bills

I would like to receive my billing statement as

- a paper copy
- an amount due sent electronically through HiMama

F. Personal Information

St. Paul Lutheran Early Childhood Center

- may
- may not

print my address and phone number in a directory **only** given to families in my child's class.

G. Personal Loss

We, at St. Paul Lutheran Early Childhood Center, ask that children only bring personal items to school for Show-n-Tell and to Child Care for rest time.

I will not hold St. Paul Lutheran Early Childhood Center responsible for any loss or damage to personal items brought to class by my child.

Date _____ X _____
(parent or legal guardian)

A. Medical Authorization and Release Form

Medical Authorization for _____
(child's name)

The undersigned, who are the parents or guardians having legal custody of the above named minor, hereby authorize St. Paul Lutheran Early Childhood Center, into whose care the above-named child has been entrusted, to consent to any X-ray, examination, anesthetic, medical or surgical diagnosis or treatment and hospital care at **St. Nicholas Hospital in Sheboygan** to be rendered to said minor under the general or special supervision and upon the advice of a physician and surgeon licensed under the provisions of the Medical Practice Act, or to consent to an X-ray, exam, anesthetic, dental or surgical diagnosis or treatment, hospital care to be rendered to said minor by a dentist licensed under the provisions of the Dental Practice Act.

The undersigned further authorize St. Paul Lutheran Early Childhood Center to have the above-named minor released into the custody of its representative, should hospital no longer be required.

This form is to be used only in an extreme emergency, when the parents or guardians cannot be contacted or are unavailable.

Date _____ X _____
(parent or legal guardian)

Please use _____ instead of St. Nicholas.

St. Paul Lutheran Early Childhood Center

730 County Rd.
PPP Sheboygan
Falls, WI. 53085

B. Financial Responsibilities and Scheduling:

Preschool & 4K

- You will receive a tuition envelope with each month's newsletter.
- Tuition payments are due the first day of school each month.
- After a 5 day grace period, you will receive notification of a late payment.

Child Care

- Payment is due the first day of attendance each week or month depending on how you choose to pay.
- **A late fee of \$5.00 per day will be added after 7 days.**
- The regular rate is \$4.25 per hour or any part of an hour.
- Drop-in rate is \$5.25 per hour.
- Tuition is based on enrollment, not attendance.
- You will be billed each week or month, based on the schedule we have on Friday of the week before.
- You **do not** receive a refund for illness or a missed day.
- Reduction in hours made during a week **will not** reduce your payment due.
- You **do not** pay for vacation days if you give us the schedule by Friday of the week before.
- You **do** receive credit for any acts of God that close the center (i.e. – snow day, loss of power, etc.)

C. Financial Agreement Form

I have read the information on scheduling and my financial responsibilities on the previous page. **I understand that if I fall behind in the weekly/monthly payments, I will be asked to keep my child at home until arrangements are made to pay the owed tuition.**

I want to make payments:

- weekly
- bi-weekly
- monthly (this is pre-pay for the month, not at the end)

Date _____ X _____
(parent or legal guardian)

D. Rules and Regulations:

- I have read and hereby agree to comply with the rules and regulations of St. Paul Lutheran Early Childhood Center regarding fees, attendance, health, parking and other items specified in the Parent Handbook, issued by the school each year.
- I am aware of the scheduled school holidays.
- I hereby agree to notify the school two weeks in advance of withdrawal, should such an event occur, or pay the difference.
- I have read the statement to the effect that no refund of Preschool/4K tuition can be given after May 1 of each year.

Date _____ X _____
(parent or legal guardian)