

Fax# 952-300-3517

HEALTH CARE SUMMARY

MUST BE COMPLETED BY HEALTH CARE SOURCE

Date of Enrollment: _____

NAME OF CHILD _____

Birth Date _____

ADDRESS _____

Telephone _____

PARENT(S) OR GUARDIAN _____

Date of last physical examination _____ How long have you been seeing this child? _____

How frequently do you see this child when he/she is not ill? _____

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

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 the important health problems

<u>Important Health Problems</u>	<u>Followed By You</u>	<u>Followed By Other Med Source (Name)</u>	<u>Requires Special Attention at Center</u>
_____	_____	_____	_____
_____	_____	_____	_____

Other information helpful to the child care program _____

Phone _____

Signature of Health Source _____ Address _____

Date _____

Immunization Form

Enter the dates for each vaccine your child has received to date. Specify the month, day, and year of each dose such as 01/01/2010.

Name _____

Birthdate _____

Immunizations required for child care, early childhood programs, and school.

Birth to 6 months

12 -24 months

At Kindergarten

At 7th grade

At 12th grade

Vaccine

Hepatitis B	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Diphtheria, Tetanus, Pertussis (DTaP, DT, Td)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Haemophilus influenzae type b (Hib)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Pneumococcal (PCV)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Polio	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Measles, Mumps, Rubella (MMR)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Chickenpox (varicella)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Hepatitis A	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Tetanus, Diphtheria, Pertussis (Tdap)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Meningococcal (MCV4)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Minnesota law requires children enrolled in child care, early childhood education, or school to be immunized against certain diseases, unless the child is medically or non-medically exempt.

Instructions for parent or guardian:

- Fill out the dates in chronological order even if your child received a vaccine outside of the age/grade category that the box is in. Depending on the age of your child, they may not have received all vaccines; some boxes will be blank.
 - If you have a copy of your child's immunization history, you can attach a copy of it instead of completing the front of this form.
 - Your doctor or clinic can provide a copy of your child's immunization history. If you are missing or need information about your child's immunization history, talk to your doctor or call the Minnesota Immunization Information Connection (MIIC) at 651-201-3980 or 800-657-3970.
- Sign or get the signatures needed for the back of this form.
 - Document medical and/or non-medical exemptions in section 1.
 - Verify history of chickenpox (varicella) disease in section 2.
 - Provide consent to share immunization information (optional) in section 3.

GOOD SHEPHERD PRESCHOOL EMERGENCY CONTACT / AUTHORIZED RELEASE FORM

Child's name _____ Date of Birth _____ Home Phone _____

*Please circle your preference of whom we should contact first with initial phone calls.

Mother's name _____ Work Phone _____ Cell Phone _____

Address _____ City _____ Zip _____

Father's name _____ Work Phone _____ Cell Phone _____

Address _____ City _____ Zip _____

Emergency Contacts - The following persons may be contacted in the event of an emergency if the parent/guardian is unreachable. A minimum of two contacts must be provided.

Name _____ Phone _____ Cell Phone _____

Address _____ City _____ Zip _____

Name _____ Phone _____ Cell Phone _____

Address _____ City _____ Zip _____

Name _____ Phone _____ Cell Phone _____

Address _____ City _____ Zip _____

Name _____ Phone _____ Cell Phone _____

Address _____ City _____ Zip _____

Authorized Release - The following persons are authorized to pick up the above child from preschool. Any changes to authorization for pick up will be given in advance notice to the child being picked up from Good Shepherd. Good Shepherd requires photo ID prior to releasing the child.

Name _____ Phone _____ Cell Phone _____

Address _____ City _____ Zip _____

Name _____ Phone _____ Cell Phone _____

Address _____ City _____ Zip _____

Name _____ Phone _____ Cell Phone _____

Address _____ City _____ Zip _____

Name _____ Phone _____ Cell Phone _____

Address _____ City _____ Zip _____

GOOD SHEPHERD PRESCHOOL EMERGENCY CONTACT / AUTHORIZED RELEASE FORM

In the case of a serious accident or medical condition, when I cannot be reached, I hereby authorize Good Shepherd Preschool to implement emergency procedures for the health and safety of my child. I understand that 911 will be called if deemed medically necessary. In the event that additional medical care is needed, I authorize medical personnel to transport my child to the following hospital:

My child's primary physician is _____ and the clinic phone number is _____.

My child's dentist is _____ and the clinic phone number is _____.

Important information to be provided to the medical personnel includes _____

Health Insurance Provider _____ Policy Number _____

Parent Signature _____ Date _____



Health Information Form

Child's name _____

Date of last physical examination _____

Any current medications? Please list. _____

Does this child have any severe allergies? Please explain. _____

Is a modified diet necessary? If so, please explain. _____

Important information regarding the child's vision, hearing or speech? _____

Is any condition present that might result in an emergency? _____

Please list any significant health problems or concerns or helpful information. _____

Skills Evaluation

This is merely a tool to help us plan for your child's needs. Be assured that your child is "ready" for preschool, even if he/she doesn't know any of these skills yet.

Name _____ Birth Date _____ Assessment Date _____

Recognizes numbers circled

3	8	6	2	1
4	5	9	7	10
11	14	12	15	18
13	16	17	20	19

Can count by self from 1 to _____

Recognizes colors circled

Red	Blue	Yellow
Green	Purple	Orange
Black	Pink	Brown
Grey	White	

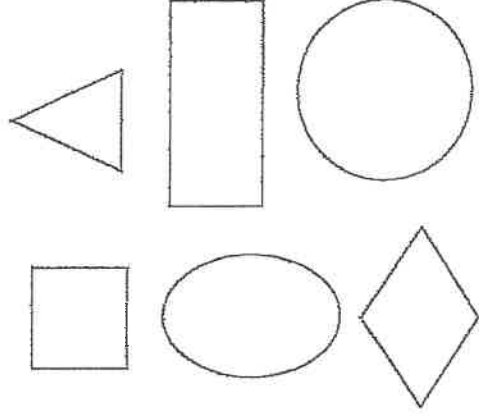
Please check those that apply:

- _____ Knows full name
(first, middle, last)
- _____ Recognizes first name in print
- _____ Can say or sing alphabet?
- _____ Can hold writing tool with effective grip

Recognizes letters circled

Aa	Bb	Ee	Gg	Jj	Ff
Dd	Cc	Hh	Ll	Mm	Pp
Ii	Kk	Oo	Ss	Nn	Qq
Rr	Tt	Ww	Zz	Uu	
Xx	Vv	Yy			

Recognizes shapes circled



Which hand does your child typically use for writing?
Right _____ Left _____ Both _____

If your child can already print some letters, show us below!

To help us know you and your child better, please complete the information below.

Important people in my child's life: _____

Pets and their names: _____

What special interests does your child have? (Favorite toys, activities, places to go, etc.)

Religious Affiliation and Church Home, if any: _____

Was your child baptized? ____ yes, ____ no

What community or church classes has your child attended, if any? _____

Please provide a brief description of your child's characteristic personality: _____

Please describe any difficult or unusual behavior challenges:

Please describe child's type of home discipline: _____

Was your child born prematurely? _____

Does your child have any developmental delays of which you are aware? _____

Please list any concerns you have about your child's development: _____

Have you completed the FREE preschool screening through your local school district (which must be conducted before entering a public school Kindergarten?) ____ yes ____ no

How do you hope Good Shepherd's Preschool will benefit your child?

Anything else you'd like to share that will help us prepare for your child's needs and/or get to know you better?



ClassDojo

Preschool Families,

This year Good Shepherd Lutheran Preschool will be using the ClassDojo App and online platform to share daily pictures, activities, and other observations about your child with you. Pictures will still be shared to private Facebook pages, but this platform is more inclined to sharing your child's daily information from their school day and promotes more discussion with you and your child at home about their day. We will also be using this platform as a tool for you to message your child's teacher besides email. This will allow you to send a quick update about drop-off/pick-up as well as any other info you want the teachers to know for the day. We will also share classroom and school announcements through this platform such as snow days. Please initial and sign below. If you have any questions or concerns, please feel free to reach out to our Preschool Director Ms. Koss.

_____ I give permission for Good Shepherd Preschool to enter my child's information onto a Class Dojo account. I give permission for Class Dojo to collect, use, and disclose the information about my child as set forth in the ClassDojo Privacy Policy.

_____ I give permission for my child's image to be shared on the class story page on the ClassDojo platform.

_____ I give permission for my child's image in a group picture to be shared on the Class Dojo platform with regards to the Class Story for the day and on daily sheets of classmates who are included in the picture.

Parent Signature: _____ Date: _____

Good Shepherd Preschool

2025 Supply List 2026

The following personal items need to be labeled with your child's name:



- Backpack/Book Bag- at least large enough to hold a folder
- Reusable Water Bottle
- Sturdy Pocket Folder - this will go back and forth from home to school each day!
- Winter Outdoor Clothing: including snow pants, boots, mittens, hat - bring in a separate sturdy bag! (Winter clothes will be taken home over the weekend, but may stay throughout the week.)
- Rain boots or extra outside-only shoes! (If you're able to have another pair at home, this may remain at school for the whole season!)
- Change of clothing in a ziplock bag to be kept at school (Include socks, pants, shirt, and underwear)
- 4"x6" Family Photo for Display at School - may be emailed/texted to us or printed at home
Koss: 507-316-1905 hkoss@goodshep.com Nimmer: 262-661-9330 knimmer@goodshep.com

The following items will be shared and do NOT need to be labeled:

- All Students, please purchase these items: Two Kleenex Tissue Boxes, One Container of Clorox Wipes
- Students with LAST names beginning with A-B, please purchase this item: One Gallon Jug of Elmer's Washable School Glue - White
- Students with LAST names beginning with C-D, please purchase this item: Elmer's Washable Glue Sticks - Purple disappearing
- Students with LAST names beginning with F-K, please purchase this item: One box of Crayola Washable CLASSIC Markers - Broad Line
- Students with LAST names beginning with L-O, please purchase this item: One box of Crayola Washable Markers - Fine Line
- Students with LAST names beginning with P-Z, please purchase this item: Two boxes of 24 Washable Crayola Crayons

ONLY Afternoon Students need the following items:

- Small lightweight blanket and/or stuffed animal for rest time
- A sturdy bag for weekly storage at school for these items.



2025-26 PRESCHOOL CALENDAR

151 County Rd 42 E, Burnsville, MN 55306

952-432-5527

gsburnsville.com

<ul style="list-style-type: none"> 5 Registration Paper Drop Off (6:00-8:00pm) 5-7 Faculty Inservice Information Fair/ Back-to-School Bingo Night (6:00-8:00 pm) 12 Visit/Orientation Option 9:30-10:30 am 21 Visit/Orientation Option 6-7 pm 25 Preschool Begins 29 Labor Day Weekend 	August 2025 <table border="1"> <thead> <tr><th>S</th><th>M</th><th>T</th><th>W</th><th>TH</th><th>F</th><th>S</th></tr> </thead> <tbody> <tr><td></td><td></td><td></td><td></td><td></td><td>1</td><td>2</td></tr> <tr><td>3</td><td>4</td><td>5</td><td>6</td><td>7</td><td>8</td><td>9</td></tr> <tr><td>10</td><td>11</td><td>12</td><td>13</td><td>14</td><td>15</td><td>16</td></tr> <tr><td>17</td><td>18</td><td>19</td><td>20</td><td>21</td><td>22</td><td>23</td></tr> <tr><td>24</td><td>25</td><td>26</td><td>27</td><td>28</td><td>29</td><td>30</td></tr> <tr><td>31</td><td></td><td></td><td></td><td></td><td></td><td></td></tr> </tbody> </table>	S	M	T	W	TH	F	S						1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31							January 2026 <table border="1"> <thead> <tr><th>S</th><th>M</th><th>T</th><th>W</th><th>TH</th><th>F</th><th>S</th></tr> </thead> <tbody> <tr><td></td><td></td><td></td><td></td><td>1</td><td>2</td><td>3</td></tr> <tr><td>4</td><td>5</td><td>6</td><td>7</td><td>8</td><td>9</td><td>10</td></tr> <tr><td>11</td><td>12</td><td>13</td><td>14</td><td>15</td><td>16</td><td>17</td></tr> <tr><td>18</td><td>19</td><td>20</td><td>21</td><td>22</td><td>23</td><td>24</td></tr> <tr><td>25</td><td>26</td><td>27</td><td>28</td><td>29</td><td>30</td><td>31</td></tr> </tbody> </table>	S	M	T	W	TH	F	S					1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	<ul style="list-style-type: none"> 1-2 Christmas Vacation 19 No School-MLJK Day 17 Saturday Jam (9:00-10:00) 24 Open House (10am-12:00pm)
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<ul style="list-style-type: none"> 1 Labor Day Weekend 12 Picture Day 21 Preschool Fall Picnic 26 Walk-a-Thon (School Fundraiser) 	September 2025 <table border="1"> <thead> <tr><th>S</th><th>M</th><th>T</th><th>W</th><th>TH</th><th>F</th><th>S</th></tr> </thead> <tbody> <tr><td></td><td>1</td><td>2</td><td>3</td><td>4</td><td>5</td><td>6</td></tr> <tr><td>7</td><td>8</td><td>9</td><td>10</td><td>11</td><td>12</td><td>13</td></tr> <tr><td>14</td><td>15</td><td>16</td><td>17</td><td>18</td><td>19</td><td>20</td></tr> <tr><td>21</td><td>22</td><td>23</td><td>24</td><td>25</td><td>26</td><td>27</td></tr> <tr><td>28</td><td>29</td><td>30</td><td></td><td></td><td></td><td></td></tr> </tbody> </table>	S	M	T	W	TH	F	S		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30					February 2026 <table border="1"> <thead> <tr><th>S</th><th>M</th><th>T</th><th>W</th><th>TH</th><th>F</th><th>S</th></tr> </thead> <tbody> <tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td>1</td><td>2</td><td>3</td><td>4</td><td>5</td><td>6</td><td>7</td></tr> <tr><td>8</td><td>9</td><td>10</td><td>11</td><td>12</td><td>13</td><td>14</td></tr> <tr><td>15</td><td>16</td><td>17</td><td>18</td><td>19</td><td>20</td><td>21</td></tr> <tr><td>22</td><td>23</td><td>24</td><td>25</td><td>26</td><td>27</td><td>28</td></tr> </tbody> </table>	S	M	T	W	TH	F	S								1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	<ul style="list-style-type: none"> 13-16 Winter Break 21 Saturday Jam (9:00-10:00) 							
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<ul style="list-style-type: none"> 14 Picture Retake Day 15 Grandparents' Day 15 End of Q1 (40 Days) 16-17 MN District Teachers' Conference 22 Report Cards Posted 23 No Preschool Parent/Teacher Conferences 24 No School Parent/Teacher Conferences 	October 2025 <table border="1"> <thead> <tr><th>S</th><th>M</th><th>T</th><th>W</th><th>TH</th><th>F</th><th>S</th></tr> </thead> <tbody> <tr><td></td><td></td><td></td><td>1</td><td>2</td><td>3</td><td>4</td></tr> <tr><td>5</td><td>6</td><td>7</td><td>8</td><td>9</td><td>10</td><td>11</td></tr> <tr><td>12</td><td>13</td><td>14</td><td>15</td><td>16</td><td>17</td><td>18</td></tr> <tr><td>19</td><td>20</td><td>21</td><td>22</td><td>23</td><td>24</td><td>25</td></tr> <tr><td>26</td><td>27</td><td>28</td><td>29</td><td>30</td><td>31</td><td></td></tr> </tbody> </table>	S	M	T	W	TH	F	S				1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31		March 2026 <table border="1"> <thead> <tr><th>S</th><th>M</th><th>T</th><th>W</th><th>TH</th><th>F</th><th>S</th></tr> </thead> <tbody> <tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td>1</td><td>2</td><td>3</td><td>4</td><td>5</td><td>6</td><td>7</td></tr> <tr><td>8</td><td>9</td><td>10</td><td>11</td><td>12</td><td>13</td><td>14</td></tr> <tr><td>15</td><td>16</td><td>17</td><td>18</td><td>19</td><td>20</td><td>21</td></tr> <tr><td>22</td><td>23</td><td>24</td><td>25</td><td>26</td><td>27</td><td>28</td></tr> <tr><td>29</td><td>30</td><td>31</td><td></td><td></td><td></td><td></td></tr> </tbody> </table>	S	M	T	W	TH	F	S								1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31					<ul style="list-style-type: none"> 9-13 Spring Break 21 Saturday Jam (9:00-10:00) 27 World's Fair (Grades 1-8) 27 Pastries with Parents
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