Are Your Kids Ready?

Minnesota K-12 Immunization Law

Students are required to receive certain vaccines for school or submit an exemption. This requirement applies for all public, private, online, and home schools in Minnesota. Look for your child's grade in the chart below and see how many total doses of each vaccine are needed for their grade.

Required Immunizations	Kindergarten to Sixth Grade	Seventh Grade to Eleventh Grade	Twelfth Grade
Hepatitis B (Hep B)	3 Doses	3 Doses	3 Doses
Polio (IPV)	4 Doses	4 Doses	4 Doses
Measles, mumps, rubella (MMR)	2 Doses	2 Doses	2 Doses
Varicella (Chickenpox)	2 Doses	2 Doses	2 Doses
Diphtheria, tetanus, and pertussis (DTaP)	5 Doses	5 Doses	5 Doses
Tetanus, diphtheria, and pertussis (Tdap)		1 Dose	1 Dose
Meningococcal ACWY (MenACWY)		1 Dose	2 Doses

Note: The number of doses may be different if your child is behind schedule. If your child has fallen behind on their vaccinations it is not too late to catch-up, talk to their health care provider.

Recommended but not required for school

Influenza (flu), COVID-19, Human Papillomavirus (HPV), Meningococcal B (MenB) and other vaccines are recommended for children to ensure they are fully protected. Talk to your health care provider about when your child should receive these immunizatons. For more information visit CDC: Vaccine Schedules For You and Your Family (www.cdc.gov/vaccines/imz-schedules/index.html).

Tips for parents and guardians

- Make sure your child has received all of the required immunizations before their first day of school or submit an exemption.
- Submit a copy of your child's immunization record to their school. You can get a copy of their record from the clinic or find their record on Find My Immunization Record (www.health.state.mn.us/people/immunize/miic/records.html).
- Please complete the reverse side if your child requires an exemption for medical reasons or if you are opting for a non-medical exemption due to personal beliefs.

Vaccines for Infants, Children, and Adolescents (www.health.state.mn.us/people/immunize/basics/kids.html)

Contact Immunization Program at 651-201-5503 or 1-800-657-3970 for alternate format.
ID# 52799 (08/2024)

DEPARTMENT OF HEALTH

CHILD'S NAME (FIRST, LAST):_____ CHILD'S DATE OF BIRTH:_____

Medical and non-medical exemptions

Instructions for documenting medical or non-medical exemptions and history of chickenpox (varicella)

Follow steps 1 and 2 below to document a medical exemption, non-medical exemption, or history of chickenpox.

1. Place an X in the box to indicate a medical or non-medical exemption. If you are exempting your child from more than one vaccine, mark each vaccine you are exempting them from with an X.
2. Obtain signatures for exemptions or history of chickenpox disease.

Required Immunizations	Medical	Non-Medical
Hepatitis B (Hep B)		
Polio (IPV)		
Measles, mumps, rubella (MMR)		
Varicella (Chickenpox)		
Diphtheria, tetanus, and pertussis (DTaP)		
Tetanus, diphtheria, and pertussis (Tdap)		
Meningococcal ACWY (MenACWY)		

Medical exemption: A health care provider must review and sign a medical exemption. A health care provider includes a licensed physician, nurse practitioner, or physician assistant.

By my signature below, I confirm that this child should not receive the vaccines marked with an X in the table for medical reasons (contraindications) or because there is laboratory confirmation that they are already immune.

Signature: _____
(of health care practitioner)

Date: _____

Non-medical exemption: A parent/guardian must sign for a non-medical exemption and the form must be signed and stamped by a notary. A child is not required to have an immunization that is against their parent or guardian's beliefs. Choosing not to vaccinate may put the health of your child or others they are around at risk. Unvaccinated children who are exposed to a vaccine preventable disease may be required to stay home from school and other activities for up to 21 days to protect themselves and others.

By my signature I confirm that this child will not receive the vaccines marked with an X in the table because of my beliefs and I understand that they may be required to remain out of school and other activities for up to 21 days if exposed to a vaccine preventable disease.

Signature:_____ Date:_____
(of parent/guardian)

Non-medical exemptions must also be signed and stamped by a notary:

Notary Stamp

This document was acknowledged before me on

_____ (date),

by _____
(name of parent or guardian)

Notary Signature:

_____

State of _____,
County of _____

History of chickenpox (varicella) disease: If a child has previously had chickenpox, they are not required to receive the varicella vaccine. A health care provider must sign this form if the disease happened after Sept. 1, 2010. If the child had chickenpox before Sept. 1, 2010, a parent or guardian may sign this form.

My signature below means that I confirm this child does not need the varicella vaccine because they had chickenpox in the month and year _____

Signature:_____ Date:_____
(of health care practitioner, representative of a public clinic, or parent/ guardian)

Immunization Form

Name_____ Birthdate_____

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.

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

Vaccine	Birth to 6 months			12 -24 months		At Kindergarten	At 7th grade	At 12th grade
Hepatitis B								
Diphtheria, Tetanus, Pertussis (DTaP, DT, Td)								
Haemophilus influenzae type b (Hib)								
Pneumococcal (PCV)								
Polio								
Measles, Mumps, Rubella (MMR)								
Chickenpox (varicella)								
Hepatitis A								
Tetanus, Diphtheria, Pertussis (Tdap)								
Meningococcal (MCV4)								

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:

1. 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.
2. 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.

DEPARTMENT OF HEALTH
Immunization Program (2019)
www.health.state.mn.us/immunize

Instructions: Complete section 1 to document a medical or non-medical exemption, section 2 to verify history of varicella disease, and section 3 to consent to share immunization information.

Name _____

1. Document a medical and/or non-medical exemption (A and/or B).
Place an X in the box to indicate a medical or non-medical exemption. If there are exemptions to more than one vaccine, mark each vaccine with an X.

Vaccine	Medical Exemption	Non-Medical Exemption
Diphtheria, Tetanus, and Pertussis		
Polio		
Measles, Mumps, Rubella		
Haemophilus influenzae type b		
Chickenpox (varicella)		
Pneumococcal		
Hepatitis A		
Hepatitis B		
Meningococcal		

A. Medical exemption: By my signature below, I confirm that this child should not receive the vaccines marked with an X in the table for medical reasons (contraindications) or because there is laboratory confirmation that they are already immune.

Signature: _____ Date: _____
(of health care practitioner*)

B. Non-medical exemption: A child is not required to have an immunization that is against their parent or guardian's beliefs. However, choosing not to vaccinate may put the health or life of your child or others they come in contact with at risk. Unvaccinated children who are exposed to a vaccine-preventable disease may be required to stay home from child care, school, and other activities in order to protect them and others.

By my signature, I confirm that this child will not receive the vaccines marked with an X in the table because of my beliefs. I am aware that my child may be required to stay home from child care, school, and other activities if exposed.

Signature: _____ Date: _____
(of parent or guardian in presence of notary)

Non-medical exemptions must also be signed and stamped by a notary:

This document was acknowledged before me

on _____ (date)

by _____
(name of parent or guardian)

Notary Signature: _____

Notary Stamp

STATE OF MINNESOTA, COUNTY OF _____

2. History of chickenpox (varicella) disease. This child had chickenpox in the month and year _____

My signature below means that I confirm that this child does not need chickenpox vaccine because:

☐ I am a health care practitioner and this child was previously diagnosed with chickenpox or the parent provided a description that indicates this child had chickenpox in the past.

☐ I am the parent or guardian and this child had chickenpox on or before September 1, 2010.

Signature: _____ Date: _____
(of health care practitioner*, representative of a public clinic, or parent/guardian). Parent can sign if chickenpox occurred before September 2010.

*Health care practitioner is defined as a licensed physician, nurse practitioner, or physician assistant.

3. Consent to share immunization information: This school is asking for permission to share your child's immunization record with Minnesota's immunization information system. Giving your permission will:

- Provide easier access for you and your school to check immunization records, such as at school entry each year.
- Support your school in helping to protect students by knowing who may be vulnerable to disease based on their immunization record. This can be important during a disease outbreak.

Under Minnesota law, all the information you provide is private and can only be released to those authorized to receive it. Signing this section of the form is optional. If you choose not to sign, it will not affect the health or educational services your child receives.

I agree to allow my child's school to share my child's immunization documentation with Minnesota's immunization information system:

Signature: _____ Date: _____
(of parent/guardian)

Fax No.: 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

Important Health Problems	Followed By You	Followed By Other Med Source (Name)	Requires Special Attention at Center

Other information helpful to the child care program _____

_____

_____

Phone _____

Signature of Health Source _____ Address _____

Date _____

_____

MS-2083

Good Shepherd Preschool

2026 Supply List 2027

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!)
- ❑ Gym Shoes (tennis shoes that will stay at school to use in the new gym)
- ❑ 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: 12 Pack of Elmer's Washable Glue Sticks-Purple Disappearing, Box of Crayola Washable Classic Markers-Broad Line

- ☐ Students with **LAST names beginning with A-B**, please purchase this item: One pack of Black Expo Markers-Fine Line

- ☐ Students with **LAST names beginning with C-D**, please purchase this item: Two boxes of 24 Washable Crayola Crayons

- ☐ Students with **LAST names beginning with F-K** , please purchase this item: One Crayola Watercolor Paint Set

- ☐ 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: One Package of White Printer Paper

ONLY Afternoon Students need the following items:

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

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_____.

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 colors circled

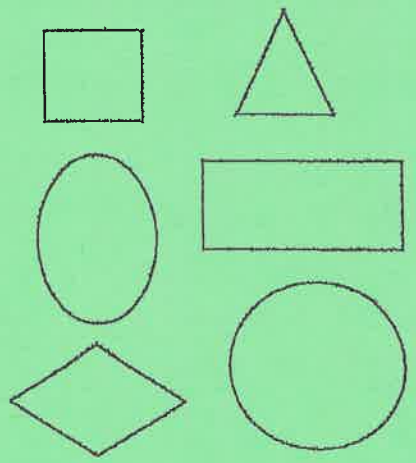
Red Blue Yellow

Green Purple Orange

Black Pink Brown

Grey White

Recognizes shapes circled



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

Which hand does your child typically use for writing?
Right_____ Left_____ Both _____

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

Rev. 5/2020

_____

Child's Name

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. 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:_____

AUTHORIZATION FORM

School/Organization Name: Good Shepherd Lutheran School

FOR OFFICE USE ONLY	STUDENT #:	DATE:

Effective date of authorization: _____ Name of student: _____

Type of Authorization Form:

- ❑ New Authorization
- ❑ Change payment amount
- ❑ Change payment date
- ❑ Change banking information
- ❑ Discontinue electronic payment

Last Name	First Name	
Address		
City	State	Zip
Email		

TUITION PAYMENT PLAN (please check one):

❑ 12 Month Plan (Sept. through Aug.) ❑ 9 Month Plan (Sept. through May) ❑ Starting: _____, Ending: _____

Date of first payment:

_____/_____/_____

Payment frequency:

❑ Monthly on 5th

Date of last payment (optional):

_____/_____/_____

Amount of first payment: $ _____

Amount of ongoing payment: $ _____

Amount of last payment (optional): $ _____

CHECKING/SAVINGS

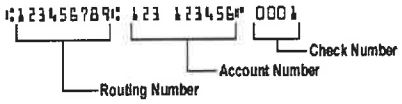
Please debit payment from my (check one):

- ❑ Savings Account (contact your financial institution for Routing #)
- ❑ Checking Account (staple a voided check below)

Routing Number: _____

Valid Routing # must start with 0, 1, 2, or 3

Account Number: _____



I authorize the above organization to process debit entries to my account. I understand that this authority will remain in effect until I provide reasonable notification to terminate the authorization.

Authorized Signature: _____ Date: _____

If using a checking account, please attach a voided check at the bottom of this page.

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_____ Employer_____Work Phone_____

Cell Phone_____ Address_____

City_____ Zip_____

Father's name _____ Employer_____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 _____

2026-27 PRESCHOOL CALENDAR

151 County Rd 42 E, Burnsville, MN 55306 | 952-432-5527 | gsburnsville.com

August 2026

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					

- 3-5 Faculty Inservice
- 6 Registration/Information Fair (6-8pm)
- 11 School Orientation Night/Back to School BINGO Night (6-8pm)
- 24 Visit/Orientation Option 9:30-10:30 am
- 27 Visit/Orientation Option 6-7 pm
- 31 First Day of Preschool
- 4 Labor Day Weekend

September 2026

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			

- 4-7 Labor Day Weekend
- 11 School Picture Day
- 20 Preschool Fall Picnic
- 25 Walk-a-Thon School Fundraiser

October 2026

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

- Grandparents' Day
- 15-16 MN District Teachers' Conference
- 29 No Preschool / Parent/Teacher Conferences
- K-8 1/2 Day
- 30 No Preschool Parent/Teacher Conferences

November 2026

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					

- 6 Entertainment Night (Grades 5-8)
- 24 Preschool Thanksgiving Feast
- 25-27 Thanksgiving Vacation

December 2026

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		

NO SCHOOL

- 13 Grades 4-8 Christmas Concert (10:00am)
- 13 Grades K-3 Christmas Program (3:00pm)
- 16 PreK Christmas Program (10:30am)
- 18 School Christmas Parties
- 19-31 Christmas Vacation

January 2027

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						

- 1-2 Christmas Vacation
- 16 Saturday Jam 9-10 a.m.
- 18 No School MLKJ Day
- 23 Open House (10am-12:00pm)

February 2027

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						

- 12-15 Winter Break / MLC BB Tournament
- 20 Saturday Jam 9-10 a.m.

March 2027

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			

- 8-12 Spring Break
- 20 Saturday Jam 9-10 a.m.
- 25-29 Easter Vacation

April 2027

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	

- 17 Saturday Jam 9-10 a.m.
- 22 Entertainment Night (K-2)
- 23 Entertainment Night (3-4)
- 25 Confirmation Sunday
- 30 NO SCHOOL - Teacher Inservice Day

May 2027

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					

FIRST AND LAST

- 27 PreK Closing Program/Picnic
- 27 LES Closing/Graduation Service
- 28 Final Day for K-8 (1/2-day)
- 28 Panther Olympics - End of Quarter 4 (47 Days)