



# Lake Superior Zoo School

## Enrollment Information Form School Year Session 2021-22

### Preschool Service Contract

\_\_\_\_\_ (child's name) will attend Lake Superior Zoo School for the 2021-2022 School Year Session. The contracted days of enrollment are  Mon-Fri;  Mon/Wed/Fri;  Tues/Thurs 7:30 AM-5:30 PM. For staffing purposes, please indicate the days and times you plan for your child to attend and notify staff of changes at least one week in advance.

Mon \_\_: \_\_ - \_\_: \_\_;  Tues \_\_: \_\_ - \_\_: \_\_;  Wed \_\_: \_\_ - \_\_: \_\_;

Thurs \_\_: \_\_ - \_\_: \_\_;  Fri \_\_: \_\_ - \_\_: \_\_

By signing below, I am indicating that I agree to the contracted days and times of enrollment. I understand that I am responsible for payment of contracted fees for the entire School Year Session and that tuition payments are due on the 1<sup>st</sup> of the month or the first business day thereafter September 2021-May 2022.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian Printed Name

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian Printed Name

### Family Handbook Agreement

By signing below, I am indicating that I have read, understand, and agree to abide by all of the policies and procedures described in the Lake Superior Zoo School Family Handbook including hours and days of operation, school breaks, late pick up fees, withdrawal from LSZS, health policies and sick child policies, required paperwork, and all other policies.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian Printed Name

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian Printed Name

### Child and Family Information

What is(are) your child's current home address(es)? (Street address, City, State, Zip/Post Code)

---



---

What languages are spoken at home?

---

What cultures are most important to your family's identity?

---

Can English be used for all preschool communications? Yes No

If no, what language would you prefer? \_\_\_\_\_

How do you prefer to receive communication from preschool? Email Phone Mail In person

What are your child's special interests?

---



---

Do you or your family members have any areas of expertise, hobbies, or passions that you would like to share with the children and staff (i.e. by coming in to do a presentation or an activity)?

---



---

LSZS will make every effort to meet the needs of all children enrolled in our program. If you believe your child may have special needs which will require additional planning or preparation on LSZS's part, please indicate below. If available, please provide a copy of your child's IEP/ICCP (special education or medical plan).

---



---

Has your child had any previous preschool, childcare, or day care experience? Yes No

If yes, please tell us more about their experience:

---



---

Please tell us about your family's traditions and customs.

---



---

Please describe your child's napping habits and/or your expectations for napping/rest time:

---



---

What other information you would like to share with us about your child and/or your family at this time?

---



---

**Parent/Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

## Dietary and Medical Needs

- My child has no known allergies, medical needs, or dietary restrictions.
- My child has medical needs that require an Individual Child Care Program Plan (i.e. asthma, seizures).\* Special medical need: \_\_\_\_\_
- My child has special dietary needs that DO NOT include an allergy.  
Non-allergy dietary need/intolerance: \_\_\_\_\_
- My child has allergies that are     MILD\*     SEVERE\*  
Allergy: \_\_\_\_\_

**\*An Individual Child Care Program Plan MUST be on-file BEFORE your child may start preschool for any mild or severe allergy. Please contact LSZS for an allergy action plan or medical care plan or find one on our website. Parents and LSZS staff will work together to make a plan for your child's care based on the plan provided by you and your child's health care provider.**

Parent/Guardian Initials: \_\_\_\_\_

## Reporting Medical and Dental Care

I understand that I must report any accident, injury, or illness that requires my child to visit his/her medical provider or dentist to LSZS staff within 24 hours (exclusive of weekends and holidays). For example, an injured limb requiring a cast or a cut requiring stitches would be reported. LSZS staff is required to report this information to the MN Department Human Services, Division of Licensing.

Parent/Guardian Initials: \_\_\_\_\_

## Animal and Classroom Animal Ambassador Permission

I understand that Lake Superior Zoo is the home to approximately 145 species of animals and that my child will have opportunities to interact with these animals on zoo grounds and in the preschool classroom. I understand that Lake Superior Zoo School may also choose to have a classroom Animal Ambassador. I give permission for my child to interact with these animals in a supervised environment. I understand that my child may be exposed to wild animals while playing outdoors.

Parent/Guardian Initials: \_\_\_\_\_

## Observation Permission

I understand that LSZS welcomes college and graduate students into the preschool program to observe students as a whole class, teach practice lessons, or to complete student teaching experience. Written permission will be obtained from parents/guardians before children participate in a specific research study.

Parent/Guardian Initials: \_\_\_\_\_

### Information Release

I give permission for my child's name and family contact information (parent name(s), email(s), and phone number(s)) to be listed in a LSZS family directory:  Yes  No

Parent/Guardian Initials: \_\_\_\_\_

### Walking Field Trip Permission: Lake Superior Zoo

I understand that my child will participate in daily walking field trips on the grounds of Lake Superior Zoo while enrolled in the Lake Superior Zoo School for the purposes of nature study and play.

Parent/Guardian Initials: \_\_\_\_\_

### Walking Field Trip Permission: Fairmount Park

I understand that my child will frequently participate in walking field trips within Fairmount Park while enrolled in the Lake Superior Zoo School for the purposes of nature study and play.

Parent/Guardian Initials: \_\_\_\_\_

### Agreement

I have read and understand the information included in this Enrollment Information Form. I have indicated my consent and authorization where applicable.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Printed Name: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Printed Name: \_\_\_\_\_

Please contact Preschool Director Leah Budnik at lbudnik@lszoo.org or 218-730-4500 ext. 219 with any questions or concerns.