Little Knights Preschool
2024/2025 School Year

612 East 3rd PO Box 1040, McCook, NE 69001 308-345-4546

Mrs. Jill Koenig, Teacher

Hello! We at Little Knights Preschool are accepting registrations for the 2024/2025 school year for preschoolers who will be 3, 4 or 5 by July 31, 2024. **Preschooler must be potty-trained.** To make sure your child has a spot reserved at Little Knights Preschool, you need to fill out the enclosed registration forms and return them and the deposit for the September tuition as soon as possible. Due to issues in past years, **if we do not have your registration and deposit by June 15th, your child will not be enrolled. After June 15th, please call the school to re-enroll your child.** HURRY, AS SPACE IS LIMITED!!

Classes are as follows:

Pre-K (children who are 4 or 5 that plan to attend Kindergarten in the fall of 2025)

AM 3 Day Class: Monday, Wednesday, Friday 9:00-11:15.

- A deposit of $115 is required and will be counted as your September tuition.
- Tuition is $115.00 and due the first school day of the month.

PM 4 Day Class: Monday, Tuesday, Thursday, Friday 1:00-3:15

- A deposit of $140 is required and will be counted as your September tuition.
- Tuition is $140.00 and due the first school day of the month.

Toddler (children who are 3 or 4 that do NOT plan to attend Kindergarten in the fall of 2025)

Tuesday and Thursday 9:00-11:15

- A deposit of $85 is required and will be counted as your September tuition.
- Tuition is $85 and due the first school day of the month.

Bus service is available. The fee is $2.75 one way and $5.50 round trip. This is the fee for bus services inside the city limits. (Bus fees are subject to change.) If you need services outside the city limits, please contact Miss Jill, as these are not guaranteed.

We will send out summer packets with your class confirmation, supply list, and the date of our Open House in the fall.

For any questions, call the Director, Jill Koenig at the school (308-345-4546) or email jill-koenig@cdolinc.net.

Little Knights Preschool

612 East 3rd Street, McCook NE, 69001 Phone (308) 345-4546

CHILD'S RECORD FOR PRESCHOOL

A current record for each child accepted for preschool must be maintained and include at least the following information:

Child's name **Birthdate**

(First) (Middle) (Last)

Name your child will use in school if different from above (i.e. Joey for Joseph) ____________________

Are you a member of St. Patrick Parish________________ **Is your child Baptized?** ____________

Ethnic Background/Race (optional) ______________________________**Religion:** ____________________

Please **circle** the class you are registering your child to attend.

Morning 3 Day Pre-K (M/W/F am) **Afternoon 4 Day Pre-K** (M/T/Th/F pm) **Toddler** (Tues/Thurs am)

Parent or Guardian's home address and phone number and employment phone number, if applicable:

Father or Guardian

Name: ______________________ Employer ______________________

Address: ______________________ Address ______________________

City ____________ Phone ____________ City ____________ Phone ____________

Cell ____________ Cell ____________

Email: ______________________

Mother or Guardian

Name: ______________________ Employer ______________________

Address: ______________________ Address ______________________

City ____________ Phone ____________ City ____________ Phone ____________

Cell ____________ Cell ____________

Email: ______________________

Persons to whom child may be released by preschool staff:

Name: ______________________ Name ______________________

Address: ______________________ Address ______________________

Phone ____________ Cell ____________ Phone ____________ Cell ____________

Persons who will take responsibility for the child in an emergency when parent cannot be reached:

Name: ______________________ Address ______________________

Phone Cell

Consent to contact physician in an emergency:

In the event I cannot be reached to make arrangements, I hereby give my consent to

______________________to contact ______________________

(Name) (Name of Physician)

____

(Telephone)

and if necessary, take my child to the following physician (s), clinic, or hospital______________________

____

____

(Signature of Parent) (Date)

Little Knights Preschool

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Transportation Permission Form and Schedule

________ **NO,** my child will **not** need transportation to or from Preschool
________ **NO,** but my child might occasionally need to ride the bus
________ **Yes,** my child will need transportation to or from Preschool.

I hereby give Little Knights Preschool, Mrs. Jill Koenig, or a Qualified Substitute Driver, permission to transport my child ________________________________
(Name)

I understand that preschool staff will insure that my child is secured in a safety restraint at all times the vehicle is in motion.

____
(Signature of parent or guardian) (Date)

Bus schedule – Please indicate when your child will be riding the bus. Just put what the regular times will be. Quite often, there may be exceptions for you, just notify the preschool by calling 345-4546 and the school will transfer the call or take a message.

Childs Name____
Name of Daycare____
Address of Pickup____

Name of Daycare____
Address of drop off____

(Please Check)	Monday	Tuesday	Wednesday	Thursday	Friday
Pickup up	( )	( )	( )	( )	( )
Dropped off	( )	( )	( )	( )	( )

Cost of service: The bus fee is $2.75 one way and $5.50 round trip. This is the fee for bus services inside the city limits. (Bus fees are subject to change.) If you need services outside the city limits, please contact Miss Jill, as these are not guaranteed.

The majority of parents bring their children the first day of school. Will your child need to be picked up the first day?

Yes ( ) No ( )

Due to the bus route changing almost daily, we cannot guarantee that it will be picking up the same time every day. Please tell your daycare providers we are sorry, but if the bus is full, times can vary 15 to 30 minutes. Having the children ready and sending them out saves a lot of time.

Vaccine Reference

Vaccine	Brand Name	Manufacturer
EIPV/IPV – inactivated injectable Polio vaccine	IPOL	Sanofi Pasteur
MMR – Measles, Mumps, Rubella	M – M – Ru	Merck
MMRV – Measles, Mumps, Rubella, Varicella	ProQuad	Merck
DTaP – Diphtheria, Tetanus, Acellular Pertussis	Tripedia Daptacel Infanrix	Sanofi Paseur Sanofi Pasteru GlaxoSmithKline
DTap/IPV/Hib	Pentacel	Sanofi Pasteru
DTaP/HBV/IPV (combined)	Pediarix	GlaxoSmithKline
DTaP/IPV/Hib	Pentacel	Sanofi Pasteur
DTaP?IPV	Kinrix	GlaxoSmithKline
DT – Pediatric Diphtheria, Tetanus		Sanofi Pasteur
Td – Adult Tetanus, Diphtheria	Decavac	Sanofi Pasteur
Tdap – Adolescent/Adult Tetanus, Dipththeria, Pertussis	Boostrix Adacel	GlaxoSmithKline Sanofi Pasteur
DTAP/Hib – Combined (Tripedia combined with ActHib)	Trihibit	Sanofi Pasteur
Hib – Haemophilus B Influenzae PRP – Omp/Hib PRP – T/Hib	 PedVax Hib ActHib	 Merck Sanofi Pasteur
HBV – Hepatitis B	Recombivax Engerix	Merck GlaxoSmithKline
HBV/Hib Combined	Comvax	Merck
Hepatitis (Hep) A	Havrix Vaqta	GlaxoSmithKline Merck
Meninococcal – Polysaccharide (MPSV4) - Conjugate (MCV4)	Menomune Menactra	Sanofi Pasteur Sanofi Pasteur
Pneumococcal – Polysaccharide (MPSV4) - Conjugate (PCV7)	Pneumovax Prevnar	Merck Wyeth Lederle
Rotavirus (RV)	RotaTeq Rotarix	Merck GlaxoSmithKline
Human Papillomavirus (HPV)	Gardasil	Merck
Varicella/Chickenpox (Var)	Varivax	Merck
Influenza (TIV) (LAIV)	Fluzone Fluvirin Fluarix FluMist	Sanolfi Pasteur Novartis GlaxoSmithKline MedImmune

Medical information

Child's Medical Information:
Any health problems preschool staff should know: (i.e. asthma, heart problems, allergies. etc.), mental, physical and emotional information about your child. If your child is to wear glasses/contacts in school, so indicate. You may use another sheer if necessary. If there is nothing to report, so indicate, sign the form and return it to school. Thank you

Medication, if any ____________________

____

Physical limitations ____________________

Food allergies ____________________

Any activities child should not engage in: ____________ Fieldtrips ____________
Outdoor activities (specify) ____________________

Other ____________________

Check if applicable
________Nothing to report at this time
____
To be filed in the child's cumulative folder

Signed
____
Parent / Guardian

First name	DTaP1	IPV1	HIB1	MMR1	HEP B1	VZV1
Last name	DTaP2	IPV2	HIB2	MMR2	HEP B2	VZV2
	DTaP3	IPV3	HIB3		HEP B3	
Date of birth	DTaP4	IPV4	HIB4	Refusal ( ) Copy of refusal must be included with this report. Varicella ( )Copy of Varicella Disease Verification form must be Included with this report		
	DTaP5					

I certify that the above information is correct to the best of my knowledge.

____
Signature of Parent Date

Please see other side.

Documentation of Varicella (Chickenpox) Disease

(To be filled out by the parent, guardian, or medical provider of the child/student)

This document is being submitted on behalf of:

(Name of child/student) (Birthdate of child/student)

I ______________________________________ verify that the above listed child/student had
(Parent/Guardian/Medical Provider)

the varicella disease in ______________________(year).

(Signature of parent/guardian/medical provider) (Date)

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Documentation of Varicella (Chickenpox) IMMUNIZATION

This document is being submitted on behalf of:

(Name of child/student) (Birthdate of child/student)

I ______________________________________ verify that the above listed child/student had
(Parent/Guardian/Medical Provider)

the varicella immunization on ______________________(date).

(Signature of parent/guardian/medical provider) (Date)

AFFIDAVIT
Refusal of Immunization of Student for Religious Reasons

State of Nebraska
ss.
County of ____________________

This Affidavit is being submitted on behalf of

____
(Name of Student) (Birthdate of Student)

If the student is of the age of majority:

I, __________________________ , of lawful age and being first duly sworn,
(Name of Affiant/Student)
depose and state as follows:

Immunization conflicts with the tenets and practice of a recognized religious denomination of which I am an adherent or member or immunization conflicts with my personal and sincerely followed religious beliefs.

If the student is a minor:

I,_____________________________ , as legally authorized representative of
(Name of Affiant)

_____________________________ , of lawful age and being first duly sworn,
(Name of Student)
depose, and state as follows:

Immunization conflicts with the religious tenets and practice of a recognized religious denomination of which the student is an adherent or member or immunization conflicts with the student's personal and sincerely followed religious beliefs.

____
(Signature of Affiant)

SUBSCRIBED AND SWORN to before me this _________ day of ____________________

____
Notary Public

REFUSAL OF IMMUNIZATION
For Medical Reasons

As the physician of:

Child's Last Name ________ First Name ________ Age ________

Birth Date ________ School ________ Grade ________

A. **I have elected to not immunize this student against the following disease(s): (check box*)**

- Diphtheria .... ☐
- Tetanus .... ☐
- Pertussis .... ☐
- Polio .... ☐
- Measles (Rubeola) .... ☐
- Mumps .... ☐
- Rubella (German Measles) .... ☐
- Hepatitis B .... ☐
- Varicella .... ☐

In my opinion, this immunization would be injurious to the health and well-being of

- The student .... ☐
- A member of the student's household or family .... ☐

Comments ________________________________

____

____
Signature of Physician Date

Please see other side.

St. Patrick School
401 East F Street
McCook, NE 69001
308-345-4546

Individual Race and Ethnicity Information

Student Name:____

Part A. **Is this student Hispanic/Latino?** (Choose only one.)

______ **No, not Hispanic/Latino**

______ **Yes, Hispanic/Latino** (A person of Cuban, Mexican, Puerto Rican South or Central American, or other Spanish culture of origin, regardless of race.)

The above part of the questionnaire is about ethnicity, not race. No matter what you selected above, **please continue to answer the following** by marking one Or more boxes to indicate what you consider your student's race to be.

Part B. **What is this student's race?** (Choose one or more.)

______ **American Indian or Alaska Native** (A person having origins in any of the original peoples of North and South America (including Central America), and who maintains tribal affiliation or community attachment.)

______ **Asian** (A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.)

______ **Black or African American** (A person having origins in any of the groups of Africa.)

______ **Native Hawaiian or Other Pacific Islander** (A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.)

______ **White** (A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.)

Please see other side.

Please respond
In English

English
Home Language
Survey

Nebraska Department of Education
Home Language Survey

Date____________School_____________________________________Grade___________

Students Name____
First Name Middle Initial Last Name

Parent or Guardian's Name____
First Name Middle Initial Last Name

Address____
Stree City State Zip

Phone Number_________________________ ___________________________
Home Work

1. Is the student's first-learned language anything other than English? Yes _______ No ________

If yes, please respond to the following questions:

2. What is the student's country of origin? ________________________________

3. Which language did your son/daughter learn when he/she began to talk? ________________________________

4. What language does your son/daughter most frequently use at home? ________________________________

5. What language do you most frequently speak to your son/daughter? Father ________________________________

   Mother________________________________

6. What is the language most frequently spoken at home? ________________________________

7. Please describe the language understood by your child. (Check only one)
   A. Understands only the home language and no English.
   B. Understands mostly the home language and some English.
   C. Understands the home language and English equally.
   D. Understands mostly English and some of the home language.
   E. Understands only English.

8. If available, in what language would you prefer to receive communication from the school? ________________________________

____
Parent or Guardian's Signature Date