



## St. Edward Catholic School

Fr. Todd Peterson, Pastor \* Jaci Garvey, Principal

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### 2021-2022 St. Edward Kindergarten/Preschool Registration

Student Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_ Phone # \_\_\_\_\_

Address: \_\_\_\_\_

Mom's Name: \_\_\_\_\_ Address: \_\_\_\_\_

Phone #'s: Home \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_

Dad's Name: \_\_\_\_\_ Address: \_\_\_\_\_

Phone #'s: Home \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_

The best way to communicate with parents: (ex. Parent letters, permission slips, etc.)

Email \_\_\_\_\_ or Paper copy sent with: \_\_\_\_\_

My child gets to school by: \_\_\_\_\_ Bus# \_\_\_\_\_

My child goes home by: \_\_\_\_\_ Bus# \_\_\_\_\_

#### IN CASE OF AN EMERGENCY PLEASE CALL:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

#### CONDITIONS REQUIRING SPECIAL EMERGENCY CARE:

Asthma/Upper Respiratory: \_\_\_\_\_ Diabetic: \_\_\_\_\_

Allergies: (list) \_\_\_\_\_

Medications (list) \_\_\_\_\_

Food: (list) \_\_\_\_\_

Other: \_\_\_\_\_

#### GIVE EXACT INSTRUCTIONS FOR CARE IN THE EVENT OF EMERGENCIES NOTED ABOVE:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Snow Home Information:**

Name/address/phone number of person your child will be staying with:

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**Approval of Procedures for Necessary Medical Attention**

This authorization gives the power of approval for necessary medical attention as recommended by a licensed physician or surgeon, including x-ray examination, anesthetic, medical or surgical diagnosis, treatment and hospital care. Neither the Principal, Staff nor the school district will assume any financial responsibility for this action. In necessary situations where we cannot be contacted, we hereby authorize the principal to follow the procedures listed: 1) To make reasonable attempts to contact persons identified. 2) When said persons cannot be contacted, the school staff is to act in our behalf. 3) To contact the following ambulance service, medical doctor or hospital as required.

Physician: \_\_\_\_\_ Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Hospital: \_\_\_\_\_ Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Dentist: \_\_\_\_\_ Address: \_\_\_\_\_ Phone: \_\_\_\_\_

**Please list ALL other authorized individuals that are allowed to pick up your child from St. Edward Preschool. Include any additional names and numbers on a separate sheet of paper.**

Name \_\_\_\_\_ Phone # \_\_\_\_\_

Name \_\_\_\_\_ Phone # \_\_\_\_\_

Name \_\_\_\_\_ Phone # \_\_\_\_\_

Name \_\_\_\_\_ Phone # \_\_\_\_\_

**From time to time throughout the school year, the St. Edward School staff may photograph and videotape students during activities. According to copyright law, we need your permission to videotape or photograph your child. These tapes and pictures are usually saved and they may be used occasionally in print, on our website or on Facebook. Names will not be attached to photos placed on the internet.**

\_\_\_\_\_ Yes, staff of St. Edward School have permission to videotape /take pictures of my child during the school year.

\_\_\_\_\_ No, I prefer not to have my child videotaped or photographed at the St. Edward School.

**From time to time throughout the school year, St. Edward Children’s House students will interact with St. Edward School (1<sup>st</sup>- 8<sup>th</sup> grade) students while attending Mass at St. Edward Church, playing on the playground, participating in circle prayer time in the gym, or as participants of our Guardian Angel program. According to state law, we need your permission in order for these interactions to occur.**

\_\_\_\_\_ Yes, I give my child permission to have supervised interactions with St. Edward School students while on the St. Edward Campus.

\_\_\_\_\_ No, I do not give my child permission to have supervised interaction with St. Edward School students while on the St. Edward Campus.

**Parent’s Signature:**

\_\_\_\_\_ **Date:** \_\_\_\_\_