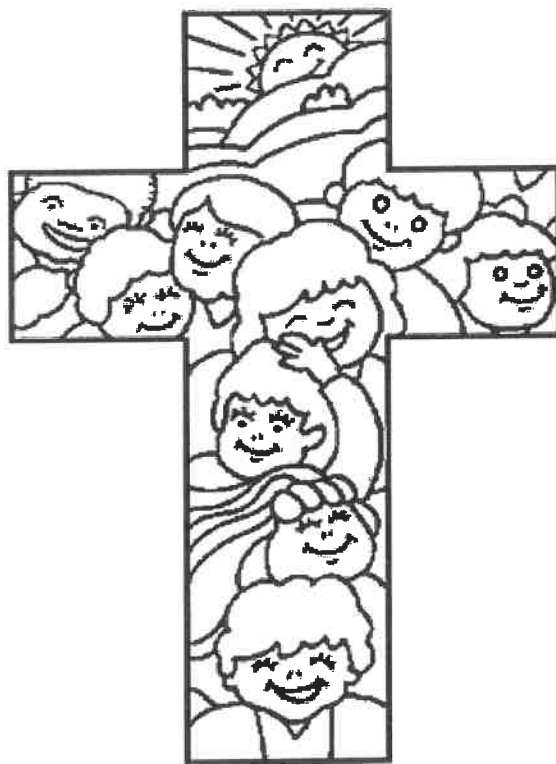


# TRINITY PRESCHOOL



2025-2026  
ENROLLMENT PACKET

Dear Family,

Thank you for your interest in NYM Trinity Preschool! **To your preschool child's preschool enrollment, please submit the enclosed paperwork with your \$50 non-refundable processing fee:**

- Submit at the Church Office
- Send to Trinity Preschool, P.O. Box J, New York Mills, MN 56567

Priority status will be granted to enrollment packets received by **July 25, 2025** for the Fall and by **April 24, 2025** for Summer Preschool. We will have a **Play Date July 16, 2025 from 6-7 pm** for the incoming fall preschoolers.

Please also plan to attend this upcoming event. The Orientation/ Play Date is for children and parents/guardians.

1. **Preschoolers and Parents Orientation/Play date on Monday, February 2, 2026, 6:30-7:00 is the Orientation 7:00-7:30 PM is the Play date.**

We will answer your questions and discuss the preschool policies.

- Daily schedules
- Play, learning, and guidance
- Snacks and lunches
- Wellness requirements
- Emergency preparedness
- Recordkeeping
- Classroom visits
- Parent/Teacher Communication
- Volunteering
- Supply list
- Tuition savings initiative
- Tuition payment plans
- Grievance and reporting processes
- And more!

Bring your preschooler and check out our play and learning space. Together with other families, you can explore and play in our classroom, indoor playground, and nap room.

We hope to see you at these events. In the meantime, I am happy to answer any questions. If the event dates don't work for you, please contact me to arrange for an individual appointment.

Sincerely,

Bev Witt - Preschool Director  
bev.witt@nymtrinity.org  
Office: 218-385-2450  
Mobile: 218-579-0845 (call or text any time)

\*\*\*\*\* FOR SCHOOL USE ONLY \*\*\*\*\*

- Interest Form
- Application
- Fee (\$50)
- Child Info
- Emergency Medical Delegation
- Immunization Record
- Back-Up & Pick Up Permit
- Hand Product Use Permit
- Adult and Child Care Food Program
- RaiseRight Account Est.
- Health Summary from Med Care

## DAILY ACTIVITIES

Please review our daily activities. Plans are subject to change based on class interests and child needs.

- 7:45 Large Motor Play
- 8:30 Bathroom
- 8:45 Snack Break
- 9:00 Circle Time
- 9:15 Small Group Time for Art, Crafts, Sensory Play & Table Time
- 9:30 Classroom Free Play
- 10:15 Bathroom & Drink Break
- 10:30 Sanctuary/Chapel Time (1X a week) or Indoor/ Outdoor Large Motor Play
- 11:00 Bathroom
- 11:15 Lunch Break
- 11:45 Large Motor Play
- 12:15 Bathroom & Drinks
- 12:30 Story Time
- 12:45 Rest Time (30 min; more if child chooses)
- 1:15 Quiet Games
- 1:30 Arts, Crafts, Sensory Play & Table Time
- 1:45 Classroom Free Play
- 2:00 Large Group Activity
- 2:30 Bathroom
- 2:45 Snack Break
- 3:00 Get ready for Outside/Indoor play
- 3:15 Outdoor/Indoor Large Motor Play
- 3:30 Dismissal Begins
- 4:15 Dismissal Ends

# 1. ENROLLMENT FORM

## A. CHILD INFORMATION

NAME: \_\_\_\_\_

FIRST

LAST

DATE OF BIRTH: \_\_\_\_\_

MONTH

DAY

YEAR

MAILING ADDRESS: \_\_\_\_\_

PO BOX or STREET

CITY

STATE

ZIP CODE

PHYSICAL ADDRESS: \_\_\_\_\_

STREET

CITY

STATE

ZIP CODE

B. **REQUESTED SCHEDULE:** Check (✓) schedule requested. For 3 days, check 2 preferences and Fri. to meet family needs.

1. Full Day from 7:45 am-4:15 pm

- Mon, Tues, Wed, Thurs, & Fri (5 days)
- Mon & Wed (2 days)
- Tues & Thurs (2 days)
- Fri.

2. Mornings from 7:45 am -12:15 pm

- Mon, Tues, Wed, Thurs, and Fri
- Mon and Wed
- Tues and Thurs
- Fri

3. **Preschool:** (Choose one)

- September 2025 - May 2026
- September 2025 - August 2026
- June 2026 - August 2026

4. **Extended care needs:** Please describe. \_\_\_\_\_

**FAMILY INFORMATION**

**PARENT GUARDIAN/NAME:** \_\_\_\_\_  
FIRST LAST

MAILING ADDRESS: • If the same as a child,  box. If not, please provide address information below.

\_\_\_\_\_  
PO BOX or STREET CITY STATE ZIP CODE

PHYSICAL ADDRESS: • If the same as a child,  box. If not, please provide address information below.

\_\_\_\_\_  
PO BOX or STREET CITY STATE ZIP CODE

EMAIL: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_ MOBILE PHONE: \_\_\_\_\_

PERMISSION TO TEXT? • Yes • No

IF EMPLOYED, EMPLOYER: \_\_\_\_\_

NAME PHONE

\_\_\_\_\_  
STREET CITY STATE ZIP CODE

**PARENT GUARDIAN/NAME:** \_\_\_\_\_  
FIRST LAST

MAILING ADDRESS: • If the same as a child,  box. If not, please provide address information below.

\_\_\_\_\_  
PO BOX or STREET CITY STATE ZIP CODE

PHYSICAL ADDRESS: • If the same as a child,  box. If not, please provide address information below.

\_\_\_\_\_  
PO BOX or STREET CITY STATE ZIP CODE

EMAIL: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_ MOBILE PHONE: \_\_\_\_\_

PERMISSION TO TEXT? • Yes • No

IF EMPLOYED, EMPLOYER: \_\_\_\_\_

NAME PHONE

\_\_\_\_\_  
STREET CITY STATE ZIP CODE

**SIBLING NAMES AND AGES**

NAME \_\_\_\_\_ AGE \_\_ NAME \_\_\_\_\_ AGE \_\_

NAME \_\_\_\_\_ AGE \_\_ NAME \_\_\_\_\_ AGE \_\_

**C. CHILD INFORMATION**

1. RECOMMENDED FOR PRESCHOOL BY \_\_\_\_\_

2. PRIOR GROUP EXPERIENCE \_\_\_\_\_

3. YOUR GOALS: What do you hope your child will accomplish at preschool this year? \_\_\_\_\_

\_\_\_\_\_

4. INTERESTS/CONCERNS: Please help us get to know your child.

• How would you describe your child's personality? \_\_\_\_\_

• Favorite indoor pass-time? \_\_\_\_\_

• Favorite outdoor pass-time? \_\_\_\_\_

• Any pets? \_\_\_\_\_

• Favorite song? \_\_\_\_\_

\_\_\_\_\_

• Favorite story? \_\_\_\_\_

\_\_\_\_\_

• Favorite T.V. program? \_\_\_\_\_

• Favorite foods? \_\_\_\_\_

• Fears? \_\_\_\_\_

\_\_\_\_\_

• Likes? \_\_\_\_\_

• Dislikes? \_\_\_\_\_

• Nervous habits? \_\_\_\_\_

- Toilet problems? \_\_\_\_\_
- Other information? \_\_\_\_\_

DISCIPLINE EXPERIENCE: What types of discipline is your child familiar with? Please check all that apply.

- Prevention: Focusing attention to surroundings or shifting attention to new activities
- Support: Encouragement to learn self-control strategies, e.g., use words, take turns, play elsewhere, etc.
- Correction: Acceptance of adult intervention, e.g., follow direction on safety, kindness, rules, etc.
- Other (please describe): \_\_\_\_\_

FAMILY STATUS: IS there anything we should know about the situation? E.g., separation, divorce, single parenting, custody arrangements, fostering, adoption, other adults in home or involved, etc.

\_\_\_\_\_

CHURCH AFFILIATION \_\_\_\_\_

**D. CHILD MEDICAL / DENTAL / HEALTH SCREENING INFORMATION**

**HEALTHCARE** \_\_\_\_\_

NAME PHONE

**CARE PROVIDER** \_\_\_\_\_

NAME PHONE

**DENTAL CLINIC** \_\_\_\_\_

NAME PHONE

**DENTIST** \_\_\_\_\_

NAME PHONE

- HAS VISION BEEN TESTED? • NO • YES \_\_\_\_\_ (date)
- HAS HEARING BEEN TESTED? • NO • YES \_\_\_\_\_ (date)
- WHICH HAND IS DOMINANT? • RIGHT • LEFT

**PARENT SIGNATURE** \_\_\_\_\_ **DATE** \_\_\_\_\_

## 2. EMERGENCY MEDICAL CONSENT

- A. **PERMISSION FOR MEDICAL CARE IN PARENT ABSENCE:** While every effort will be made to notify parent/guardian immediately in case of an emergency, if my child (listed below) may require medical and/or surgery care while I am out of town or unable to be reached, with presentation of this signed form I hereby give my consent to medical and/or surgical treatment to the following:

\_\_\_\_\_  
(Hospital Name)

AND the following health care provider, AND his/her designees

\_\_\_\_\_  
(Dr. or Provider Name)

- B. **PAYMENT OBLIGATION:** I agree to pay all the costs and fees contingent on any emergency medical care and/or treatment for my child as secured or authorized under this consent.

Parent/Legal Guardian Name: \_\_\_\_\_

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

Phones: Home \_\_\_\_\_ Mobile \_\_\_\_\_ Work \_\_\_\_\_

Doctor Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

Hospital preference \_\_\_\_\_

- C. **EFFECTIVE DATES:**

This consent will be in effect beginning \_\_\_\_\_ and ending \_\_\_\_\_  
month/day/year month/day/year

- D. **CHILD INFORMATION:**

CHILD'S NAME \_\_\_\_\_ BIRTHDATE \_\_\_\_\_  
first middle last month/day/year

PRESENT MEDICATION(S) \_\_\_\_\_ KNOWN ALLERGIES \_\_\_\_\_

SHORT MEDICAL HISTORY OR PROBLEMS \_\_\_\_\_

DATE OF LAST TETANUS \_\_\_\_\_ RELIGIOUS PREFERENCE \_\_\_\_\_

HEALTH INSURANCE COMPANY \_\_\_\_\_

### ALL PARENT/GUARDIAN SIGNATURES

\_\_\_\_\_  
Father/Parent/Legal Guardian Signature Date Social Security Number

\_\_\_\_\_  
Mother/Parent/Legal Guardian Signature Date Social Security Number

### 3. BACK-UP EMERGENCY AND PICK UP PERMISSION

CHILD \_\_\_\_\_  
First Last

BIRTHDATE \_\_\_\_\_  
month/day/year

**I. PERMISSION TO SERVE AS AN EMERGENCY MEDICAL CONTACT IF PARENT IS UNAVAILABLE**

I hereby give permission for my child to leave the preschool with the individuals listed below. It is the responsibility of the parents to notify the preschool, in writing, of any changes.

FIRST LAST NAME	PHYSICAL ADDRESS STREET, CITY, STATE	PHONE #	RELATIONSHIP

**II. PERMISSION TO LEAVE PRESCHOOL WITH NAMED INDIVIDUALS**

I hereby give permission for my child to leave the preschool with the individuals listed below. It is the responsibility of the parents to notify the preschool, in writing, of any changes. Include the names of both parents.

FIRST LAST NAME	PHYSICAL ADDRESS STREET, CITY, STATE	PHONE #	RELATIONSHIP

**III. LEGAL DOCUMENTATION FOR CUSTODY ARRANGEMENTS:**

Is your child involved in a custody arrangement?    • NO                      • YES

If there is a separation or divorce or other situation with a child custody arrangement, please provide legal documentation that clearly explains each parent’s access to picking up the child.

**IV. PROHIBITED FROM PICKING UP CHILD:**

Are there individuals who may **NOT** pick up your child?    • NO                      • YES, please name below

\_\_\_\_\_

**PARENT/GUARDIAN SIGNATURE** \_\_\_\_\_ **DATE** \_\_\_\_\_

## 4. PARENT/GUARDIAN PERMISSION FOR THE USE OF HAND PRODUCTS

I hereby give permission for my child to use the marked (x) hand products under the supervision of Trinity Preschool staff throughout the school year:

- Vaseline for dry lips
- Aveeno baby lotion (When children need lotion for dry hands)

Child Name \_\_\_\_\_  
First Last

Parent/Guardian Name \_\_\_\_\_  
First Last

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

## 5. PARENT/GUARDIAN PICTURE PERMISSION

I hereby give permission for Trinity Preschool and church to use my child's picture for program and promotion purposes in print (e.g. flyers, newsletters, posters, newspaper) and in select online venue (church, preschool, class, facebook and instagram, online enrollment advertising).

Child Name \_\_\_\_\_  
First Last

Parent/Guardian Name \_\_\_\_\_  
First Last

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

# TUITION PAYMENT AGREEMENT

A. I am aware of the following:

1. Operating Days and Hours: We operate 170 days between September 2, 2025 – May 22, 2026 and Summer 57 days between June 1, 2026 - August 28, 2026. Our calendar aligns with the NYM Public School for the most part. On Early-Out days & late starts, we keep our regular operating hours. Snow days will be determined on how bad the weather is. If you need additional days there will be a \$35 fee per day.
2. Food Services: Morning snacks and hot lunches are provided. A second snack is served in the afternoon.
3. Tuition Rates: Monthly payments are based on the number and length of days. Tuition pays for most of the cost of staffing, supplies for activities, snacks, lunches, field trips, upkeep and replacement of preschool toys, games, furnishings, and equipment.

B.  Mark box for Preferred Schedule:

• <b>5 DAY: Monday – Friday</b>	<b>12 Monthly Payments</b>
• Regular Day: 7:45 am – 4:15 pm	\$ 600
• Mornings: 7:45 am – 12:15 pm	\$ 340

• <b>4 DAY: Monday – Thursday</b>	<b>12 Monthly Payments</b>
• Regular Day: 7:45 am – 4:15 pm	\$ 480
• Mornings: 7:45 am – 12:15 pm	\$ 272

• <b>3 DAY: Mon/Wed <u>OR</u> Tues/Thurs &amp; Fri</b>	<b>12 Monthly Payments</b>
• Regular Day: 7:45 am – 4:15 pm	\$ 360
• Mornings: 7:45 am – 12:15 pm	\$ 204

• <b>2 DAY: Mon &amp; Wed <u>OR</u> Tues &amp; Thurs</b>	<b>12 Monthly Payment</b>
• Regular Day: 7:45 am – 4:15 pm	\$ 240
• Mornings: 7:45 am – 12:15 pm	\$ 136

• <b>1 DAY: Friday</b>	<b>12Monthly Payment</b>
• Regular Day: 7:45 am – 4:15 pm	\$ 120
• Mornings: 7:45 am – 12:15 pm	\$ 68

4. Extended Care: An additional \$5 fee is charged to families for staffing needs for regularly scheduled early drop-off or late-stay. To discuss needs and fees, please contact the Preschool Director.

- Not applicable. I do not extended care
- Yes, I need extended care

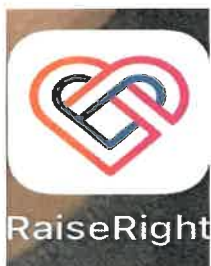
5. Our preschool is funded by timely tuition payments and parent, congregation, and community donations.

### C. Raise Right Tuition Savings Account

1. I plan to use the RaiseRight program and direct donations made by businesses ( ✓ mark selection)

- To help with paying my child's tuition
- As a donation to the preschool program

### How to Create your RaiseRight Tuition Savings Account



1. Download the RaiseRight App
2. Enter your personal info
3. Enter the Trinity Preschool code

**ZQTXL1KPMJRF**

4. Link your bank account

*Note: Nobody sees or has access to your banking account information*

5. Start using RaiseRight for your everyday purchases and business will make donations to your child or the preschool program – whichever you choose.

6. For help, please call, text, email or arrange to meet with:

- Holly Gudmundson at 218-639-1701 or [hollygud@gmail.com](mailto:hollygud@gmail.com)
- Tammy Douglas at 701-680-0569 or [kirkntammy@gmail.com](mailto:kirkntammy@gmail.com)

D. I agree to the following tuition payment arrangements:

1. Tuition is due Sept. 1, Oct. 1, Nov. 1, Dec. 1, Jan. 1, Feb. 1, Mar. 1, April 1, and May 1. Summer June 1, July 1 and August 1.
2. My child's monthly tuition will be paid through the following sources: Mark  all that apply
  - By cash, check, or Venmo
  - Online by credit card or funds transfer from my bank
  - RaiseRight tuition savings plan
  - Flexible Savings Account (FSA)
  - Minnesota Family Investment Program (MFIP)
  - Other approved scholarship (describe):
3. I am responsible for paying late fees that will accrue when a monthly payment is overdue.
4. If there is a need to make a payment arrangement, I will request an appointment with the Director.
5. Unpaid tuition can result in program expulsion.

**PARENT/GUARDIAN SIGNATURE** \_\_\_\_\_ **DATE** \_\_\_\_\_

