



**Our Redeemer Lutheran Preschool  
2145 John F. Kennedy Rd.  
Dubuque, IA 52002**

Dear Parents,

Our Redeemer Preschool is so pleased to have your child enrolled in our program! We know a wonderful learning experience is in store!

Enclosed is the intake packet containing the needed forms. Please fill out all forms and return those that are indicated to the preschool by \_\_\_\_\_ . **No student will be admitted on the first day of class if these forms have not been submitted.**

You will receive a letter in the summer stating when your orientation night (3's)/home visit (4's) will be (usually held late in August) as well as the start date for school, Tuesday, August 25, 2026. If you have any questions, feel free to call the preschool at 588-1247 ext. 110 or email the preschool [orlpreschool@gmail.com](mailto:orlpreschool@gmail.com). We look forward to a wonderful school year with you and your child!

Amy Kruse  
Director, Our Redeemer Preschool





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**Intake Forms for \_\_\_\_\_  
(Student's name)**

**For the 2026-2027 school year**

**Enrolled in:** 3-year-old Monday/Wednesday class \_\_\_\_\_  
(Please check one) 3-year-old Tuesday/Thursday class \_\_\_\_\_  
4-year-old Mon-Thur. AM class \_\_\_\_\_  
4-year-old Mon-Thur. PM class \_\_\_\_\_

**Checklist of forms needed by \_\_\_\_\_:**

- \_\_\_\_\_ **Child Enrollment Information**
- \_\_\_\_\_ **Intake Information**
- \_\_\_\_\_ **Travel and Activity Authorization and Picture Release Form**
- \_\_\_\_\_ **Volunteer/Field Trip Form**
- \_\_\_\_\_ **Volunteers are Considered Mandatory Reporters**
- \_\_\_\_\_ **\*\*Copy of birth certificate\*\* Required for all students**

\_\_\_\_\_ **4/5-year-old Preschool Student Registration (Required for 4/5-year-olds) This will all be done online. A link will be emailed to you and placed on our website. Please see attached note for instructions.**

\_\_\_\_\_ **Current immunization record** (obtained from your child's Physician). If your child is a returning student, and has not had any updated shots since last year, the current immunization card on file is sufficient.

\_\_\_\_\_ **Child Health Form Filled out by doctor** (must have physician's signature and date) **Please note: Physicals are only good for one year from the date on the physical form!!**

\_\_\_\_\_ **Student Vision Card** is recommended but not required for you to complete or return

**You can have longer to return Immunization record and Physical Form but both are required by June 1, 2026.**

## Child Enrollment Information

<b>Child Information</b>			
<b>Child's Name:</b>		<b>Date of Birth:</b>	
<b>Address:</b>	<b>City:</b>	<b>State:</b>	<b>ZIP:</b>
<b>Allergies, special instructions, comforting items:</b>			

<b>Parent/Guardian Information (1)</b>			
<b>Name:</b>		<b>Relationship to child:</b>	
<b>Address:</b> (if different than child)	<b>City:</b>	<b>State:</b>	<b>ZIP:</b>
<b>Home #:</b>	<b>Cell #:</b>	<b>Work #:</b>	
<b>Email (personal):</b>		<b>Email (work):</b>	
<b>Place of work:</b>		<b>Address:</b>	

<b>Parent/Guardian Information (2)</b>			
<b>Name:</b>		<b>Relationship to child:</b>	
<b>Address:</b> (if different than child)	<b>City:</b>	<b>State:</b>	<b>ZIP:</b>
<b>Home #:</b>	<b>Cell #:</b>	<b>Work #:</b>	
<b>Email (personal):</b>		<b>Email (work):</b>	
<b>Place of work:</b>		<b>Address:</b>	

<b>Emergency Contact (1)</b>			
<b>Name:</b>		<b>Relationship to child:</b>	
<b>Address:</b>	<b>City:</b>	<b>State:</b>	
<b>Home #:</b>	<b>Cell #:</b>	<b>Work #:</b>	
<b>Email (personal):</b>		<b>Email (work):</b>	

<b>Emergency Contact (2)</b>			
<b>Name:</b>		<b>Relationship to child:</b>	
<b>Address:</b>	<b>City:</b>	<b>State:</b>	
<b>Home #:</b>	<b>Cell #:</b>	<b>Work #:</b>	
<b>Email (personal):</b>		<b>Email (work):</b>	

<b>Emergency Contact (3) – Out-of-Area/Out-of-State</b>			
<b>Name:</b>		<b>Relationship to child:</b>	
<b>Address:</b>	<b>City:</b>	<b>State:</b>	
<b>Home #:</b>	<b>Cell #:</b>	<b>Work #:</b>	
<b>Email (personal):</b>		<b>Email (work):</b>	

<b>Required Medical Information</b>		
<b>Child's Doctor's Name:</b>	<b>Phone #:</b>	
<b>Address:</b>	<b>City:</b>	<b>State:</b>
<b>Preferred Hospital to Contact:</b>	<b>Phone #:</b>	
<b>Address:</b>	<b>City:</b>	<b>State:</b>
<b>Child's Dentist's Name:</b>	<b>Phone #:</b>	
<b>Address:</b>	<b>City:</b>	<b>State:</b>

**Emergency Consent**

In the event of an emergency, the child care provider is authorized to obtain EMERGENCY MEDICAL or DENTAL CARE even if the child care center is unable to immediately make contact with the parent/guardian.  YES  NO

During an emergency, the child care provider is authorized to contact the following person when parent or guardian cannot be reached. *This must be someone other than a parent.*

Alternate emergency contact person's name: \_\_\_\_\_

Phone number: \_\_\_\_\_ Relationship to child: \_\_\_\_\_

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

Does your child have any special needs that we need to be aware of? \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

<b>Persons allowed to pick up my child if I am unable to:</b> (Also list emergency contacts below if you want to allow them to pick up your child)		
<b>Name:</b>	<b>Phone #:</b>	<b>Relationship to child:</b>
<b>Name:</b>	<b>Phone #:</b>	<b>Relationship to child:</b>
<b>Name:</b>	<b>Phone #:</b>	<b>Relationship to child:</b>
<b>Name:</b>	<b>Phone #:</b>	<b>Relationship to child:</b>
<b>Name:</b>	<b>Phone #:</b>	<b>Relationship to child:</b>
<b>Name:</b>	<b>Phone #:</b>	<b>Relationship to child:</b>
<b>Any one NOT allowed to pick up my child (with copy of court order, if applicable):</b>		

Parent's Signature: \_\_\_\_\_

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

Parent's Signature: \_\_\_\_\_

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

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**Intake Information**

**Family Information**

Present church membership \_\_\_\_\_  
If you do not currently have a home church, may Our Redeemer Church contact you? \_\_\_\_\_

Marital Status of Parents: Married \_\_\_\_\_ Divorced \_\_\_\_\_ Separated \_\_\_\_\_  
Single \_\_\_\_\_ Deceased \_\_\_\_\_

Other children in the home (name and age):  
1) \_\_\_\_\_ 2) \_\_\_\_\_  
3) \_\_\_\_\_ 4) \_\_\_\_\_

**Race and Ethnicity information**

Is the student of Hispanic, Latino or Spanish ethnicity? \_\_\_\_\_ Yes \_\_\_\_\_ No

What is the student's race? (Check all that apply)

Racial Categories:

- \_\_\_\_ American Indian or Alaska Native
- \_\_\_\_ Asian
- \_\_\_\_ Black or African American
- \_\_\_\_ Native Hawaiian/Other Pacific Islander
- \_\_\_\_ White

**Physical Regime**

Does your child have any unusual eating problems or food dislikes? (explain) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What is your child's usual bedtime? \_\_\_\_\_ Usual waking time? \_\_\_\_\_

Urination

Bowel Movement

How is need stated? \_\_\_\_\_

How dependable is child? \_\_\_\_\_

**REMINDER: ALL 3-YEAR-OLD CHILDREN MUST BE POTTY TRAINED AT LEAST 2 WEEKS BEFORE THE FIRST DAY OF SCHOOL!!**

**Play and Sociality**

How does child get along with parents? \_\_\_\_\_  
How does child get along with siblings? \_\_\_\_\_  
How does child get along with children? \_\_\_\_\_  
Are playmates girls? \_\_\_\_\_ boys \_\_\_\_\_ younger \_\_\_\_\_ older \_\_\_\_\_  
none \_\_\_\_\_  
What is usual size of neighborhood playgroup? \_\_\_\_\_  
Previous group experience: Sunday school \_\_\_\_\_ Play group \_\_\_\_\_  
Other Preschool \_\_\_\_\_

**Personality and Emotional Development**

Do you regard your child as affectionate? \_\_\_\_\_ To whom? \_\_\_\_\_  
\_\_\_\_\_  
Does your child accept new people easily? \_\_\_\_\_  
What are the child's fears? \_\_\_\_\_  
Is the child usually happy? \_\_\_\_\_  
Any nervous habits? \_\_\_\_\_

**Discipline**

When you find it necessary to discipline your child, which parent usually does this and how? \_\_\_\_\_  
\_\_\_\_\_

**Other Information**

Give any further information that you believe will be helpful to us in understanding your child. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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Signature and Date

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**Travel and Activity Authorization**

I give permission for my child \_\_\_\_\_ to leave Our Redeemer Lutheran Preschool for trips in a car or walking trips to special places, to the park, field trips, etc. I understand that I will be notified before each activity.

Restrictions on such trips:

1. Each child under six years of age will be secured in a safety seat for any field trip.

Additional restrictions, if any, set by parents:

- 2.
- 3.
- 4.

\_\_\_\_\_  
Date

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

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**Picture Release**

Please sign below if you give us permission to take pictures of your child. Leave blank if you do not give us permission to take pictures of your child.

I give my consent to let my child be photographed for use by Our Redeemer Lutheran Preschool for use in class projects or portfolios. We do not put pictures in the newspaper or in ads.

\_\_\_\_\_  
Date

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

I give my consent to let my child be photographed for use by Our Redeemer Lutheran Preschool on the Preschool's Facebook page and Website. No names will be used and only pictures of class events will be posted. Most pictures will go on our Facebook page, not on our website.

\_\_\_\_\_  
Date

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

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**Volunteer/Field Trip Form**

The department of Health and Human Services, (HHS), requires all volunteers to sign a non-conviction statement. All field trip attendees, anyone who would help at a school event, or be a guest reader in the preschool must sign this form.

Under section 109.6, Volunteers and substitutes.

- a. A volunteer shall be at least 16 years of age.
- b. All volunteers and substitutes shall sign a statement indicating whether or not they have one of the following:
  - (1) A conviction of any law in any state or any record of founded child abuse or dependent adult abuse in any state.
  - (2) A communicable disease or other health concern that could pose a threat to the health, safety, or well-being of the children.
- c. Sign a statement indicating the volunteer or substitute has been informed of the volunteer's or substitute's responsibilities as a mandatory reporter (on next page).
- d. Undergo the record check process if the volunteer or substitute is included in meeting the required child-to-staff ratio; the volunteer or substitute has direct responsibility for a child or children; or the volunteer or substitute has access to a child or children with no other staff present.

Again, our licensing representative REQUIRES all persons who volunteer to sign this statement. For your information: All staff personnel are required to sign this statement and have a criminal background check.

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Please sign and turn this into your child's teacher:

I have not had a conviction of any law in any state or any record of founded child abuse or dependent adult abuse in any state.

I do not have a communicable disease or other health concern that could pose a threat to the health, safety, or well-being of the children.

I have been informed of my responsibilities as a mandatory reporter.

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Volunteer (s) Signature (s)

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Date

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**Volunteers/Substitutes are Considered Mandatory Reporters**

When you volunteer to attend a field trip, help at a school event, or be a guest reader in the preschool classroom, you need to be aware that you are considered a mandatory reporter. The attached list describes some physical and behavioral characteristics to watch for. A mandatory reporter is responsible for reporting any suspected child abuse to the proper authorities. This would include the department of Health and Human Services 1-800-362-2178. Your child's teacher has posted the name and address of our DHS representative on the bulletin board located just outside the classroom.

All staff personnel are mandatory reporters and attend a class every three years to update their knowledge.

By signing below, you are stating that you have received a copy of what mandatory reporters should look for and are aware of whom to contact in the event of a suspected abusive situation.

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Signature(s) and Date

## Be Informed

### Physical and Behavioral Indicators of Child Abuse

The following list of physical indicators of child abuse needs to be evaluated in the context of the child's environment. The presence of these symptoms alone is not necessarily diagnostic of abuse. These lists are examples and are not all-inclusive.

#### Physical Indicators

- \*Bruises and welts on the face, lips, mouth, torso, back, buttocks, or thighs in various stages of healing.
- \*Bruises and welts in unusual patterns reflecting the shape of the article used (i.e., electric cord, belt buckle, or in clusters indicating repeated contact).
- \*Bruises on an infant, especially facial bruises.
- \*Cigarette burns, especially on the soles, palms, backs, or buttocks.
- \*Immersion burns (sock-like, glove-like, doughnut-shaped on buttocks or genitalia).
- \*Burns—patterned like an electric element, iron, or utensil.
- \*Rope burns on arms, legs, neck, or torso.
- \*Frequent urinary or yeast infection.
  
- \*Bite marks. \*Substance abuse—alcohol or drugs.
  
- \*Loss of hair.
  
- \*Fractures of the skull, nose, ribs, or facial structure in various stages of healing; multiple or spiral fractures.
- \*Difficulty in walking or sitting.
- \*Subdural hematomas, retinal hemorrhages, internal injuries.
- \*Pain or itching in the genital area.
- \*Venereal disease, especially in pre-teens.
- \*Pregnancy.
- \*Consistent hunger, poor hygiene, or inappropriate dress.
- \*Consistent lack of supervision; abandonment.
- \*Unattended physical or emotional problems or medical needs.
- \*Speech disorders, lags in physical development, ulcers.
- \*Lacerations or abrasions to the mouth, lips, gums, eyes, or external genitalia.
- \*Asthma, severe allergies, or failure to thrive.

- \*Torn, stained, or bloody underclothing.
- \*Unexplained (or multiple history for) bruises, burns, or fractures.
- \*Bruises, bleeding, or infection in the external genitalia, vaginal, or anal areas.
- \*Positive test for presence of illegal drugs in the child's body.

#### Behavior Indicators

- \*Fear of a person or an intense dislike of being left with someone.
- \*Frequently absent or tardy from school or drops out of school or sudden school issues
- \*History of abuse or neglect provided by the child
- \*Suicide attempts
- \*Inappropriate clothing for the weather.
- \*Indirect allusions to problems at home such as, "I want to live with you."
- \*Apprehensive when children cry, overly concerned for siblings.
- \*Behavioral extremes such as aggressiveness or withdrawal.
- \*Begging, stealing or hoarding food.
- \*Complaints of soreness, uncomfortable movement.
- \*Extreme aggression, rage, or hyperactivity.
- \*Constant fatigue, listlessness or falling asleep in class.
- \*Afraid to go home; frightened of parents.
- \*Alcohol or drug abuse.
- \*Delinquent, runaway, or truant behavior.
- \*Delay in securing or failure to secure medical care. \*Poor peer relationships
- \*Developmental or language delays.
- \*Lack of emotional control, withdrawal, chronic depression, hysteria, fantasy, or infantile behavior.
- \*Excessive seductiveness or promiscuity.
- \*Massive weight change.
- \*Extended stays at school (early arrival/late departure.
- \*Destructive, antisocial, or neurotic histories for a given injury.