Pumpkin Patch Preschool

2025/2026 Registration

Thank you for your interest in Pumpkin Patch Preschool! Although the program has new owners, our vision for the program is to remain a Christ-centered option for early education. We will teach your children all about God's love for them. Our vision is to provide a play-based curriculum that focuses on kindergarten readiness, social-emotion learning, and life skills while immersing them in a loving and compassionate environment. We are so excited to begin this journey with you and your family!

Attached are the required registration materials. All students must be 33-months old by their first day of school and potty trained. Full-time students will need to bring a cold lunch each day, as the church does not have an approved commercial kitchen for the school to make meals.

Certain schedule options may fill up quickly, so please ensure you fill out your first and second choices. Enrollment will be accepted on a first come first served basis. You will be notified via email once your child has either been enrolled in the program or placed on the waitlist.

Tuition Fees

Option A	Option B	Option C	Option D
Mon, Wed, Fri	Tues, Thurs	Mon, Tues, Wed, Thurs, Fri	Mon, Tues, Wed, Thurs, Fri
8:30am - 11:30am	8:30am - 11:30am	8:30am - 11:30am	7:00am - 4:00pm
$75/week	$50/week	$125/week	$235/week
•AM snack provided	•AM snack provided	•AM snack provided	•AM & PM snack provided •Families provide daily cold lunch

Please note that you do not need the Health Summary or Immunization form until the start of school. You may send in your registration without them. The Health Summary needs to be filled out by a physician. However, you may either complete and sign the provided Immunization form or print an immunization summary from your child's medical records.

We encourage you to return your registration paperwork, along with the $50 non-refundable registration fee as soon as possible via mail or in person drop off. Checks should be made out to Pumpkin Patch Preschool LLC.

Mail: PO Box 658 Monticello, MN 55362
In Person: drop box at Pumpkin Patch, in the basement of the Community United Methodist Church (9225 Jason Ave NE, Monticello, MN 55362)
Hours: 9:00am - 12:00pm Monday - Friday

All enrolled children will receive a letter in August with school start up information. The mailing will also contain a schedule for a pre-admission conference.

Questions? Email: pumpkinpatchcontact@gmail.com

Pumpkin Patch Preschool †

Registration

Child

First Name:_____ Middle Name: _____

Last Name: _____ Preferred Name: _____

Date of Birth: ____/____/_____

Address: _____

City:_____ State:_____. Zip:_____

Parent/Guardian #1

First Name:_____ Last Name: _____

Address if different from the child: _____

City:_____ State:_____. Zip:_____

Phone:_____. Email:_____

Occupation:_____

Parent/Guardian #2

First Name:_____ Last Name: _____

Address if different from the child: _____

City:_____ State:_____. Zip:_____

Phone:_____. Email:_____

Occupation:_____

Family

Marital Status of Parents: Married. Not Married

**If applicable, Pumnpkin Patch requires a copy of any active custody agreements.*

Sibbling #l Name:_____. Date of Birth: ____/____/_____

Sibbling #2 Name:_____. Date of Birth: ____/____/_____

Sibbling #3 Name:_____. Date of Birth: ____/____/_____

Please list anyone else that lives in the home:

Name:_____ Relationship to Child:_____

Social Development

Has your child had any experience in a group childcare setting? Yes No

Where?_____

Has the child completed Early Childhood Screening? Yes No

What do you expect your child to gain from preschool?

Are there any allergies, fears, illnesses, accidents, family situations, or special needs that Pumpkin Patch should be aware of?

_____
_____
_____

Schedule

Option A	Option B	Option C	Option D
Mon, Wed, Fri	Tues, Thurs	Mon, Tues, Wed, Thurs, Fri	Mon, Tues, Wed, Thurs, Fri
8:30am - 11:30am	8:30am - 11:30am	8:30am - 11:30am	7:00am - 4:00pm
$75/week	$50/week	$125/week	$235/week
•AM snack provided	•AM snack provided	•AM snack provided	•AM & PM snack provided •Families provide daily cold lunch

1st Choice: Option A Option B Option C Option D

2nd Choice: Option A Option B Option C Option D

If you do not see an option that would work for your family, please indicate what you would prefer below. We cannot guarantee an accommodation but are open to discussing options.

Parental Permission

Approved Pick Up / Drop Off

Aside from the parents/guardians listed above, the following individuals are approved to pick up and/or drop off the child:

Name:_____ Relationship to Child:_____ Phone:_____

Name:_____ Relationship to Child:_____ Phone:_____

Medical Authorization

By signing below, I/we give permission for Pumpkin Patch to provide emergency medical attention authorized by a medical doctor. In the event of a medical emergency, I/we understand that the child will be transported to the nearest hospital. All expenses (including transportation) are my/our responsibility, not Pumpkin Patch's.

Travel

By signing below, I/we give permission for the child to walk to and participate in activities conducted offsite. Children will always be under the supervision of staff members to ensure a safe trip.

Photos/Videos

By signing below I/we give permission for the child's picture and/or video for the excusive purpose of promoting the program, posting on the website and social media, and for staff observations. I/we understand that pictures used for public relations will generally not be identified by name. My/our permission will be obtained prior to any research or experimental study and any participation in such will be voluntary.

Signatures

Parent/Guardian #1

Printed Name:_____ Signature:_____

Date: ____/____/_____

Parent/Guardian #2

Printed Name:_____ Signature:_____

Date: ____/____/_____

Questions can be emailed to pumpkinpatchcontact@gmail.com.

Please return all completed registration forms and the $50 non-refundable registration fee (made out to Pumpkin Patch Preschool LLC) by mail or in person.

Mail: PO Box 658 Monticello, MN 55362
In Person: Drop Box at Pumpkin Patch

Office Use Only

Date Received:

Registration Fee Status: Paid Unpaid

HEALTH CARE SUMMARY

MUST BE COMPLETED BY HEALTH CARE SOURCE

Date of Enrollment: _____

NAME OF CHILD _____ Birth Date _____

ADDRESS _____ Telephone _____

PARENT(S) OR GUARDIAN _____

Date of last physical examination _____ How long have you been seeing this child? _____

How frequently do you see this child when he/she is not ill? _____

Does this child have any allergies (including allergies to medications)? _____

Is a modified diet necessary? _____

Is any condition present that might result in an emergency? _____

_____

What is the status of the child's. . . Vision _____

Hearing _____

Speech _____

Please list below the important health problems

Important Health Problems	Followed By You	Followed By Other Med Source (Name)	Requires Special Attention at Center

Other information helpful to the child care program _____

_____

_____

Phone _____

Signature of Health Source _____ Address _____

Date _____ _____

MS-2083

Child Care Immunization Form

*Must be on file **before** a child attends child care*

Name _____ Birthdate _____

Date of Enrollment _____

Minnesota law requires children enrolled in child care to be immunized against certain diseases or file a legal medical or conscientious exemption.

Parent/Guardian:

You may attach a copy of the child's immunization history to this form OR enter the MONTH, DAY, and YEAR for all vaccines your child received. Enter MED to indicate vaccines that are medically contraindicated including a history of disease, or laboratory evidence of immunity and CO for vaccines that are contrary to parent or guardian's conscientiously held beliefs.

Sign or obtain appropriate signatures on reverse. Complete section 1A or 1B to certify immunization status and section 2A to document medical exemptions (including a history of varicella disease) and 2B to document a conscientious exemption.

For updated copies of your child's vaccination history, talk to your doctor or call the Minnesota Immunization Information Connection (MIIC) at 651-201-5503 or 800-657-3970.

Type of Vaccine DO NOT USE (✓) or (×)	**1st Dose Mo/Day/Yr**	**2nd Dose Mo/Day/Yr**	**3rd Dose Mo/Day/Yr**	**4th Dose Mo/Day/Yr**	**5th Dose Mo/Day/Yr**
Required (The shaded boxes indicate doses that are not routinely given; however, if your child has received them, please write the date in the shaded box.)					
Diphtheria, Tetanus, and Pertussis (DTaP, DTP) • 3 doses during 1st year *(at 2-month intervals)* • 4th dose at 12-18 months • 5th dose at 4-6 years *Indicate vaccine type: DTaP or DTP*					5th dose not required if 4th dose was given on or after the 4th birthday
Polio (IPV, OPV) • 2 doses in the first year • 3rd dose by 18 months • 4th dose at 4-6 years					4th dose not required if 3rd dose was given on or after the 4th birthday
Measles, Mumps, and Rubella (MMR) • Required for children 15 months and older • 1st dose on or after 1st birthday • 2nd dose at 4-6 years					
***Haemophilus influenzae* type b (Hib)** • 2-3 doses in the first year • 1 dose required after 12 months or older • For unvaccinated children 15-59 months, 1 dose is required • Not required for children 5 years or older					
Varicella (chickenpox) • Required for children 15 months and older • 1st dose on or after 1st birthday • 2nd dose at 4-6 years					
Pneumococcal Conjugate Vaccine (PCV) • Required for children age 2 - 24 months • 3 doses in the first year • 4th dose after 12 months • At least 1 dose is recommended for children 24-59 months in child care					
Hepatitis B (hep B) • 2-3 doses in the first year • 3rd dose (final dose) by 18 months					
Hepatitis A (hep A) • 2 doses separated by 6 months for children 12 months and older					
Recommended					
Rotavirus (2-3 doses between 2 and 6 months)					
Influenza (annually for children 6 months or older)					

Name _____

Instructions, please complete:
Box 1 to certify the child's immunization status
Box 2 to file an exemption (medical or concientious)

1. Certify Immunization Status. Complete A or B to indicate child's immunization status.

A. Children who are 15 months or older:

For children who are 15 months or older and who have received all the immunizations required by law for child care:

I certify that the above-named child is at least 15 months of age and has completed the immunizations which are required by law for child care.

_____
Signature of Parent / Guardian OR Physician / Nurse Practitioner / Physician Assistant / Public Clinic

_____ Date

B. Children who are younger than 15 months:

For children who are younger than 15 months OR have not received all required immunizations:

I certify that the above-named child has received the immunizations indicated. In order to remain enrolled this child must receive all required vaccines within 18 months from initial enrollment date. The dates on which the remaining doses are to be given are:

_____
Signature of Physician / Nurse Practitioner / Physician Assistant / Public Clinic

_____ Date

2. Exemptions to Immunization Law. Complete A and/or B to indicate type of exemption.

A. Medical exemption:

No child is required to receive an immunization if they have a medical contraindication, history of disease, or laboratory evidence of immunity. For a child to receive a medical exemption, a physician, nurse practitioner, or physician assistant must sign this statement:

I certify the immunization(s) listed below are contraindicated for medical reasons, laboratory evidence of immunity, or that adequate immunity exists due to a history of disease that was laboratory confirmed (for varicella disease see * below). List exempted immunization(s):

_____
Signature of physician / nurse practitioner / physician assistant

_____ Date

*History of varicella disease only. In the case of varicella disease, it was medically diagnosed or adequately described to me by the parent to indicate past varicella infection in _____ (year)

_____
Signature of physician / nurse practitioner / physician assistant (If disease occured before September 2010, a parent can sign.)

B. Conscientious exemption:

No child is required to have an immunization that is contrary to the conscientiously held beliefs of his/her parent or guardian. However, not following vaccine recommendations may endanger the health or life of the child or others they come in contact with. In a disease outbreak, children who are not vaccinated may be excluded in order to protect them and others. To receive an exemption to vaccination, a parent or legal guardian must complete and sign the following statement and have it notarized:

I certify by notarization that it is contrary to my conscientiously held beliefs for my child to receive the following vaccine(s):

_____
Signature of parent or legal guardian

_____ Date

Subscribed and sworn to before me this:
_____ day of _____ 20____

_____
Signature of notary (A copy of the notarized statement will be forwarded to the commissioner of health.)

MEET THE New Owners

MS. KELSY

Hello! I'm Kelsy LeMire and I'm thrilled to be the new Director of Education here at Pumpkin Patch. I'm am a current parent of a Pumpkin Patch preschooler, and I am a former alumni. I was a local teacher for 10 years as well as a daycare provider. I have my MN teaching license and Masters Degree in Education. God has been guiding and preparing me for this new journey as a preschool teacher and I can't wait to see what He has instore!

About Me

Hometown: Monticello, MN

Family: My husband, Blake, our children, Kashton (8), Porter (5), Gracelyn (3), and our dog, Tucker

Hobbies: Camping with family and friends, reading, trying new restaurants, playing board games

Favorite Kid's Book: Pete the Cat

Favorite Food: Italian

Favorite Bible Story: Creation Story

Favorite Subject to Teach: Reading

MS. CHEREE

Hi everyone! My name is Cheree Geisler and I am the new Director of Operations. I have a Bachelors Degree in Marketing Communications and a minor in Psychology. I have worked with children in varying capacities throughout my life and am currently running a daycare out of my home. I believe God has placed children in my life to give me purpose, and a way to serve others. I am so excited to serve Him through this new role!

About Me

Hometown: Brooklyn Park, MN

Family: Husband, Mike, Cats: Stache & Hamilton

Hobbies: Reading, walking, cabin on the lake, organization, spending time with family and friends

Favorite Kid's Book: There Was an Old Lady

Favorite Food: Mexican

Favorite Bible Story: David & Goliath

Favorite Subject to Teach: Science