



January 29, 2024

Dear Parents and/or Guardians,

It is hard to believe that it is already time to think about the 2024-2025 school year! We are looking forward to another exciting year at Parents' Preschool and are happy to welcome you and your child to our school. For us to best serve your children it is important for us to know as soon as possible who will be joining us next year. Registration for new students opens on February 12, 2024.

Please note that we will do our best to ensure that your child is placed in the class of your choice. You will have the best chance of getting the class of your choice if you register as soon as possible. Additionally, depending on the popularity of certain classes, we may find it necessary to change or add class offerings from time to time.

Please return your completed registration form with a copy of your child's birth certificate and immunization records, along with a **single** check for the non-refundable registration fee made payable to Parents' Preschool. If on or before 6/1/24, the total fee is \$75. (\$35 for registration & \$40 activity/supply fee.) If received after 6/1/24, the total fee is \$90. (\$50 for registration & \$40 activity/supply fee.)

Please be aware, the last day to withdraw your child from the preschool and have your activity/supply fee returned in full is 6/30/24. If your child is withdrawn after 6/30/24, all fees are forfeited. Registration forms and fees can be mailed to:

Parents' Preschool of Ellwood City  
Attention: Registration  
325 Spring Avenue  
Ellwood City, PA 16117

Thank you for choosing Parents' Preschool for your child's preschool education. You can direct any registration questions to the Preschool Board at [parentspreboard@gmail.com](mailto:parentspreboard@gmail.com). We look forward to working with you next school year!

Sincerely,

Kari Shaffer  
2023-2024 Board President



## Parents Preschool of Ellwood City Registration Packet for the 2024-2025 School Year

Today's Date: \_\_\_\_\_

Student Legal Name: \_\_\_\_\_  
Last
First
Middle

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Gender (circle): Male Female

Home Address of Student: \_\_\_\_\_  
Street Address
City
State
Zip code

County: \_\_\_\_\_ Main Phone Number to Call: \_\_\_\_\_

### A. Family Information (check one box)

New Family (Never had a child enrolled at Parents')  New Student, Returning Family  Returning Student

\*\*\* Please note: Children must be potty trained to attend. What does it mean to be potty trained? Children must be wearing underwear with very few accidents. A child having accidents daily or wearing pull ups would not be considered potty trained. If your child is not fully potty trained, they will be required to withdraw from the school.

### PARENT/GUARDIAN INFORMATION:

**Guardian #1 Name:** \_\_\_\_\_ **Relationship** \_\_\_\_\_  Resides with Student

Address if **not** residing with student \_\_\_\_\_

First number to call \_\_\_\_\_ Circle one: Home Cell Work

Second number to call \_\_\_\_\_ Circle one: Home Cell Work

Email address (please print very clearly) \_\_\_\_\_

Guardian #1 is:  Single  Married to Guardian #2  Separated from Guardian #2

Divorced from Guardian #2:  Remarried

(Name of Step Parent: \_\_\_\_\_ Phone \_\_\_\_\_)

Guardian #1 has primary financial responsibility for tuition payments:  Yes  No

Guardian #1 has  full custody  joint custody

**Guardian #2 Name:** \_\_\_\_\_ Relationship \_\_\_\_\_  Resides with Student

Address if **not** residing with student \_\_\_\_\_

First number to call \_\_\_\_\_ Circle one: Home Cell Work

Second number to call \_\_\_\_\_ Circle one: Home Cell Work

Email address (please print very clearly) \_\_\_\_\_

Guardian #2 is:  Single  Married to Guardian #1  Separated from Guardian #1 Divorced  
from Guardian #1  Remarried

(Name of Step Parent: \_\_\_\_\_ Phone \_\_\_\_\_)

Guardian #2 has primary financial responsibility for tuition payments:  Yes  No

**IMPORTANT**

Is there a joint custody agreement or parenting plan in effect?  Yes  No (If yes, provide a copy with this registration packet.)

Is there a restraining order in effect?  Yes  No (If yes, copy of legal papers must be provided with this registration packet to keep on file at the school.)

Does this student have a parent on Active Duty in the Armed Forces?  Yes  No

Does child have a deceased guardian?  Yes  No

Name \_\_\_\_\_ Relationship \_\_\_\_\_ (Date \_\_\_\_\_) \*\*\*

Information for emergency contacts will be requested at a later date by your child's teacher.\*\*\*

Who all lives in your child's home? Please list siblings names/ages \_\_\_\_\_

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## B. Classes

Note that class offerings are subject to change depending on the number of registrants. Children must be potty trained. Also, please note your school district's age requirement dates may differ from Parents' Preschool. If your first preference class fills up, we will try to put your child into the class of your second preference and on the waiting list for the first preference.

1. Child's Age on 9/1/2024: \_\_\_\_\_ (Fill in age on line. Parent/guardian is responsible for requesting the correct class for the child based on age.)

2. Please note your class preferences below: Note 1<sup>st</sup> and 2<sup>nd</sup> (or 3<sup>rd</sup> or 4<sup>th</sup> if applicable).

3 Year Old Class - Must turn 3 by Sept 1	
	Preference
3AM (9:00-11:30) Thursday and Friday \$90 per month	
3AM (9:00-11:30) Thursday and Friday \$90 per month	

3 and 4 Year Old Class - We suggest this class for students who were born before 1/1/2021 or are 1st year 4-year olds	
	Preference
Mixed (3 and 4 year) AM (9:00-11:30) Monday - Wednesday \$115 per month	

Pre-K - Must turn 4 by Sept 1	
Note: The Pre-K classes are designed for students planning to attend kindergarten the following school year.	
	Preference
Pre K AM (8:30-11:00) Monday through Friday \$165 per month	
Pre K PM (12:00-2:30) Monday through Wednesday \$115 per month	
Pre K PM (12:00-2:30) Monday through Friday \$165 per month	

Please include one check for the registration/activity fee, a copy of your child's birth certificate, and immunization records. Your child's registration is complete once all documents have been received. **Your child does not receive a spot on the class roster until the check is received.**

Registration Fees: If on or before 6/1/24, the total fee is \$75. (\$35 for registration and \$40 activity/supply fee.) If received after 6/1/24, the total fee is \$90. (\$50 for registration and \$40 activity/supply fee.)

## C. Health Information

Doctor's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Student Health Concerns that we should be aware of:

Food Allergies\*: \_\_\_\_\_

Other Allergies\*: \_\_\_\_\_

Chronic Illnesses/Impairments: \_\_\_\_\_

Physical or Emotional Health Problems: \_\_\_\_\_

If your child currently has an IEP in place, or is currently receiving early intervention services please describe here (types of services, diagnosis, current provider, etc) \_\_\_\_\_

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

\*Food and other allergies require doctor's certification, turn in with registration packet.

## D. Tell Us About Your Child

Does your child play with other children? If so, list ages \_\_\_\_\_

Does your child participate in any group activities outside of the home without you? (Ex. Sunday School, Library activities, Play group) Please list:

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

Does s/he dress self? \_\_\_\_\_

What activities will your child prefer at preschool? (Play time, crafts, music, reading, independent learning etc.)

\_\_\_\_\_

Does your child count objects? How high?

\_\_\_\_\_

Does your child recognize letters, shapes, and colors? \_\_\_\_\_

Does your child sit and listen to stories? \_\_\_\_\_

What do you want the teachers and staff to know about your child? \_\_\_\_\_

\_\_\_\_\_

What school district will your child attend? \_\_\_\_\_

## **E. Authorizations and Agreements**

### **Consent to Emergency Medical Care and Treatment of Minor Children**

I \_\_\_\_\_ (Parent or Legal Guardian), hereby, give permission to agents of Parents' Preschool to give my child \_\_\_\_\_, emergency treatment to include: first aid and CPR by a qualified member of the staff. I further authorize and consent for my child to receive medical, surgical and hospital care, if needed. I consent to treatment and procedures to be performed for my child by my child's regular physician, or when unavailable or impractical to be treated by a licensed physician or hospital when deemed immediately necessary for my child's health, should I be unreachable. I waive my right of informed consent to such treatment. I further give permission for my child to be transported by ambulance or aid car to an emergency center should it be deemed necessary.

\_\_\_\_\_  
Parent or Legal Guardian Signature Date

### **Tuition Agreement**

Tuition payments for each month are due in full on the 15th of the previous month and will be considered late after that date. Late payments will incur a \$10 late fee – all accounts must be kept current. The Preschool reserves the right to disenroll any student who has a balance that is not paid in full by the 30th of the month in which it is due, and fill the classroom space with a child from the waiting list. First month's tuition must be paid by August 15th to confirm final placement in a class. Once you are enrolled in a class you must pay the fee associated with that class even if you miss days. A \$30 charge will be assessed for any NSF checks.

\*My signature below indicates that I have read, understand, and agree to the terms and conditions as set forth in this agreement.

\_\_\_\_\_  
\*Parent or Legal Guardian Signature Date

### **Permission to Photograph**

I give permission for my child to be photographed for the purpose of school publicity which may include posting to a private social media site.

\_\_\_\_\_  
Parent or Legal Guardian Signature Date

Note: your child's picture may be taken as part of a class project or activity (for example, a picture-frame craft for Mother's Day or pictures with Santa). These photos will not be shared outside of the specific project without your permission.

### **Permission to Share Records**

I give permission to Parents' Preschool teachers to share my child's academic information with the teacher and school that my child will attend the year following their preschool enrollment Parents' Preschool. I understand that this will become a part of my child's permanent academic file. I further consent to data being extrapolated anonymously to research the benefit of early childhood education on the future academic success of my child.

\_\_\_\_\_  
Parent or Legal Guardian Signature Date

## F. Parents' Preschool Agreement

THIS AGREEMENT made and entered into this \_\_\_\_ (number) day of \_\_\_\_\_ (month), by and between THE PARENTS' PRESCHOOL OF ELLWOOD CITY, INC., PA AND the undersigned parent or parents of  
Child or Children Name(s): \_\_\_\_\_.

### WITNESSETH:

THAT WHEREAS, THE PARENTS' PRESCHOOL OF ELLWOOD CITY, INC. is attempting to provide for a nursery school and preschool activities, and, WHEREAS, certain charges and requirements must be made by the CORPORATION. NOW THEREFORE, THESE PRESENTS WITNESSETH:

THAT IN CONSIDERATION of the covenants and agreements contained herein and intending to be legally bound whereby the parties agree as follows:

1. Enrollment in said school shall be on a monthly basis although it is understood that enrollment at the beginning of the year shall be deemed an expression of intention to have the child attend the school for the entire school year.
2. Payment for the school shall be made for the entire month and shall be due on or before the 15th of the prior month, and shall be payable for the entire month even though the child attends only a portion of said month. There will be a \$10.00 late charge for payment after that date. Also, a \$30.00 charge will be assessed on any NSF check.
3. Allowing for a reasonable amount of time and following conferences between teacher and parent(s), should a child be unable to adjust to the school routine and consistently disrupts the class, a teacher may request, with approval by the Board of Directors, that the child be removed from the school. The child may be given the option of returning to the class at a later date should the situation change.
4. No credit shall be given for any absence of any child except in the case of extended illnesses where a doctor's excuse has been provided. An adjustment on the monthly charge may be made by mutual agreement between parties.
5. It shall be mandatory for all children to have insurance coverage to cover any injury which may occur to the child during school hours and while the child is on the school premises. If the child has no insurance coverage, the school can provide information regarding insurance coverage. The parents for themselves and for their said child, specifically release and exonerate from liability THE PARENTS' PRESCHOOL OF ELLWOOD CITY, INC., AND any of its members, its teachers, and any aides and assistants at such school as well as CHRIST PRESBYTERIAN CHURCH OF ELLWOOD CITY from any and all liabilities for any personal injuries or damage which may be sustained by the parent or child while on the premises of the school or the church or while under the supervision of any of the teachers, aides, or assistants at such school.
6. In case of emergency, the school shall notify the parent and/or family physician. It shall be up to the discretion of the teacher as to who is called first. If an emergency has occurred, your child will be taken to a local medical provider to be seen by the doctor on call.
7. Although the preschool has cleaning protocols in place and discourages families from sending children to school who are ill, your child may be exposed to infectious diseases at school. By signing below, you acknowledge and accept this risk.

This agreement constitutes and represents a contract by and between the School and the parent upon acceptance of the child by the school. Such acceptance shall be evidenced by the execution of this agreement by the President(s) of the Board of Directors of the Parents' Preschool of Ellwood City, Inc.

In WITNESS WHEREOF, these respective parties have hereunto set their hands and seals this day and year written above, THE PARENTS' PRESCHOOL OF ELLWOOD CITY, INC.

Child or Children Name(s): \_\_\_\_\_

Parent/Guardian Print Name: \_\_\_\_\_ Parent/Guardian Sign Name: \_\_\_\_\_ For

preschool use only: Witness: \_\_\_\_\_ President: \_\_\_\_\_

## G. Parents' Preschool Volunteer Form

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

Child's Name \_\_\_\_\_ Email \_\_\_\_\_

### **All volunteers are required to have clearances.**

Parents' Preschool was established on the philosophy that **parents should be involved** in their children's education. This continues to be a core philosophy of our school. Please read the following positions and check the areas you may be interested in volunteering.

This is not a solid commitment.

\_\_\_\_\_ **School Board** - The school is administered by a Board of Directors made up of parents and community members. The board meets once a month during the school year. This is a great way to be involved in your child's education and meet other parents. Positions include: President, Vice President, Secretary, Treasurer, Registrar, Tuition Clerk, PTO, Publicity.

\_\_\_\_\_ **Holiday Party Coordinators** - These parents will plan activities, games and snacks for in classroom parties.

\_\_\_\_\_ **Teacher Substitute** - This requires a current teaching certificate and substitute hours will be paid.

\_\_\_\_\_ **Aide Substitute** - Substitute hours will be paid.

\_\_\_\_\_ I would like to talk to a current board member for more information.

\_\_\_\_\_ I have another talent or interest which may help the school and children: \_\_\_\_\_



## **BEHAVIOR POLICY FOR PARENTS' PRESCHOOL**

Positive behavior is what we strive for at Parents' Preschool. We as teachers do our best to exemplify positive behavior. The children are commended daily for positive behavior. Please review the behavior expectations listed below. Parents are asked to review and sign the "Behavior Policy Form" (on back). The teachers will explain behavior expectations on the first day and as needed.

Behavior expectations are as follows - Participants must:

- Respect themselves, other children, staff, facility and supplies/equipment
- Follow Directions
- Have fun!
- Positive encouragement to self and others.
- The preschool will not tolerate aggressive behavior (i.e. hitting, kicking, biting, etc.)

The purpose of this form is to protect the rights of the teachers and the rights of other children. As a general rule, aggressive behavior does not include running, sitting still, keeping hands to self, etc. in which occasional time-outs may be used. We hope this policy does not affect anyone and that we can solve these issues in the classroom before we institute the following procedures, but we must protect the teacher's rights and the rights of children in our care.

If your child engages in behaviors that are unsafe and/or disruptive which will endanger himself/herself or another child, or interfere with successful completion of the program, the following procedures will be followed. All incidents will be recorded in writing by the teacher. **The Preschool Board has the right to intervene at any time during this process. As parents, you have the right to request a meeting with the Preschool Board.**

1. The child will be given an explanation by the teacher of his/her aggressive behavior and will be given a warning that includes further consequences if the behavior continues. If the aggressive behavior continues, the child will be given a time-out and the child will be placed away from the group for at least 5 minutes. The teacher will inform the parents of the child's actions.
2. On the second offense, the parent(s) will be contacted about the specific incident at the end of the day.
3. On the third offense, the parent(s) will be contacted and the child must be removed from the preschool immediately for the remainder of the day. At this point, seeking assistance for the child's behavior is strongly recommended. The teacher can provide information on how to access community resources.
4. On the fourth offense, the parent(s) will be contacted and the child must be removed from the preschool immediately for the remainder of the day. The child will remain removed until a meeting including the parent(s), staff and a board representative to discuss a behavior plan to be implemented.
5. On the fifth offense, the child will not be allowed to return to preschool and his/her place will be forfeited.

***Please keep for your records***



**PARENTS' PRESCHOOL  
BEHAVIOR POLICY FORM**

*PLEASE SIGN AND RETURN THIS PAGE TO THE TEACHER/DIRECTOR AT PARENTS' PRESCHOOL*

After you have reviewed the behavior policy, please sign and return this form. This form must be completed for your child to attend preschool.

Behavior expectations are as follows - Participants must:

- Respect themselves, other children, staff, facility, and supplies/equipment
- Follow Directions
- Have fun!
- Positive encouragement to self and others.
- The preschool will not tolerate aggressive behavior (i.e. hitting, kicking, biting, etc.)

\_\_\_\_\_ Please check if you have received and reviewed a copy of Parents' Preschool's Behavior Policy and sign and date below.

Child's Name: \_\_\_\_\_

Father's signature: \_\_\_\_\_ Date: \_\_\_\_\_

Mother's signature: \_\_\_\_\_ Date: \_\_\_\_\_

## H. Final Steps

Documents needed:

1. One registration check (Before 6/1/24, \$75. After 6/1/24, \$90.)
2. Copy of birth certificate
3. Copy of immunization record
4. This entire completed registration packet

Mail **all** documents to: Parents' Preschool

Attn: Registration  
325 Spring Avenue  
Ellwood City, PA 16117

You will receive email verification that your application was received by Parents' Preschool after it is processed. You will also receive information in the mail in April and July.