Parents’ Preschool

Of

Ellwood City

January 25, 2016

Dear Parents,

It is hard to believe that it is already time to think about the 2016-2017 school year! 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. As a courtesy to families who are already part of the preschool, we offer early registration on a first come, first served basis. Registration will open to the public on February 15, 2016.

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 popularity of certain classes, we may find it necessary to change class offerings from time to time.

Please return your completed registration form, along with a single check for the non-refundable registration fee ($35 until 6/1, $55 after 6/1) and activity fee ($25) made payable to Parents’ Preschool. Registration forms and fees can be mailed to:

Parents' Preschool of Ellwood City

325 Spring Ave.

Ellwood City, PA 16117

Attention: Registration

Thank you for choosing Parents’ Preschool for your child’s preschool education. We look forward to working with you in the new year!

Sincerely,

Mira Franus Kristen Carsele

2015-2016 Board President 2015-2016 Registrar

**Parents Preschool of Ellwood City**

**Registration Packet for the 2016-2017 School Year**

Today’s Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Student’s Name : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Last First Middle Preferred/Nickname

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

**A. Family Information**

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

|  |  |  |  |
| --- | --- | --- | --- |
|  | Parent 1/ Primary Guardian | Parent/Guardian 2 (Check box if same as Parent 1) | Other, Specify: |
| Name |  |  |  |
| Address |  | 🞎 |  |
| Relationship to Student |  |  |  |
| City, State, Zip |  | 🞎 |  |
| Preferred Phone # |  | 🞎 |  |
| Other phone # |  | 🞎 |  |
| Email |  | 🞎 |  |
| Please note the following by checking box if true | | | |
| Lives with Student | 🞎 | 🞎 | 🞎 |
| Has full or joint custody | 🞎 | 🞎 | 🞎 |
| Can be an emergency contact\* | 🞎 | 🞎 | 🞎 |
| Primary financial responsibility for tuition payments (select 1) | 🞎 | 🞎 | 🞎 |

\* information for additional emergency contacts will be requested at a later date.

**B. Please note your class preference (1st and 2nd)**

Class offerings are subject to change depending on number of registrants. **Children must be potty trained.**

**Also please note your school district’s age requirement dates may differ from Parent’s Preschool.**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **3 Year Old Class** (must turn 3 by September 1st) | |  | **4 Year Old Class** (must turn 4 by September 1st) | |
| **$64 per month** | Preference |  | **$86 per month** | Preference |
| 9:30-11:30 Thursday & Friday |  |  | 9:00-11:30 Monday - Wednesday |  |
| 12:00-2:00 Thursday & Friday |  |  | 12:00-2:30 Monday - Wednesday |  |

|  |
| --- |
| **Pre-K** (must turn 4 by September 1, have already attended preschool for 1 year, and be attending Kindergarten in Fall 2017) |
| **$130 per month** Preference |
| 8:30-11:00 Monday-Friday |

**C. Health Information**

**Please include a copy of your child’s birth certificate and immunizations records.**

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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

\* Requires doctor’s certification

**E. 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 for stories? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

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

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

**F. 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 that 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

**G. Volunteer Opportunities**

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 carefully consider how you can serve the school to guarantee that your child has the best possible preschool experience. ***Please get involved…your children are worth it!***

**Please place an X by any position you would be interested in filling.**

**Preschool Board** (requires monthly meeting attendance)

**\_\_ President**

Oversees business end of Preschool

Conducts monthly board meetings

Schedules various activities

Liaison between teachers, aides, parents and church

**\_\_ Secretary**

Keeps attendance and minutes of all meetings/activities

Keeps by-laws up to date

Sends Thank You notes on behalf of the Preschool

**\_\_ Registrar**

Organizes advertisement and registration of students

Keeps records on student enrollment

Sends out registration information

Organizes and follows up on class registration

**\_\_ Treasurer**

Process payroll through ADP twice a month

Track staff vacations (pay substitutes)

Pay all bills (utilities, school supplies, rent)

Track expenses for filing 990 tax from before December 15 each year

Report monthly expenses at monthly board meetings

(basic computer knowledge required)

**\_\_ Tuition Clerk**

Collects and records tuition payments

Makes bank deposits

Sends notices and contacts parents when tuition is late

**\_\_ Parents Club Directors**

Organizes fundraising events

Organizes Thanksgiving and Christmas projects, picnic

**\_\_ Publicity Coordinator**

Takes Pictures

Publishes monthly newsletter

Submits information to the Newspapers

Advertisement for School and Fundraisers

Maintains school’s website [www.parentspreschool.com](http://www.parentspreschool.com/) (basic computer knowledge required)

**Non-Board Volunteer Positions**

\_\_\_\_ **Snack Calendar** – Make schedule for snack days and birthdays

\_\_\_\_ **Grocery Shopper** – Contact teacher for list to stock classroom cupboard

\_\_\_\_ **Substitute Teacher** – Fill in during teacher absence (requires teaching certificate and clearances per current state law)

\_\_\_\_ **Substitute Aide** – Fill in during aide absence (requires clearances per current state law)