



Parents Preschool of Ellwood City Registration Packet for the 2018-2019 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

***** 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 would not be considered potty trained. Please note that wearing pull ups isn't considered being potty trained. If your child is not fully potty trained, they will be required to withdrawal from the school.**

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

*** Information for additional emergency contacts will be requested at a later date***

Please select your child's class preference on the following page.

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

Note that 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 Parents' Preschool.**

3 Year Old Class (must turn 3 by September 1 st)	
\$68 per month	Preference
9:30-11:30 Thursday & Friday	
12:00-2:00 Thursday & Friday	

4 Year Old Class (must turn 4 by September 1 st)	
\$91 per month	Preference
9:00-11:30 Monday - Wednesday	
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 2019)	
\$137 per month	Preference
8:30-11:00 Monday-Friday	

**Please include a copy of your child's birth certificate and immunization records.
Your child's registration is not complete until all documents have been received.**

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: _____

Other Concerns: _____

* Requires doctor's certification

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 for 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 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

F. 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 (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)