



January 7, 2019

Dear Parents and/or Guardians:

It is hard to believe that it is already time to think about the 2019-2020 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 19, 2019.

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 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 6/3/19, the total fee is \$70. (\$35 for registration and \$35 activity/supply fee.)

If after 6/3/19, the total fee is \$90. (\$55 for registration and \$35 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 6/30/19. If your child is withdrawn after 6/30/19, all fees are forfeited.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 registrar, Jennifer Smith, at smith14jennifer@gmail.com. We look forward to working with you next school year!

Sincerely,

Amy Clark
2018-2019 Board President

Jennifer Smith
2018-2019 Registrar



Parents Preschool of Ellwood City Registration Packet for the 2019-2020 School Year

Today's Date: _____

Student Legal Name: _____

Last
First
Middle
Preferred/Nickname

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

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/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

Check here if parent/guardian not living with the student is to receive duplicate mailings/correspondence .

Can this information be emailed? Yes No

Additional Responsible Person(s)

Should anyone other than above parent/guardian listed receive information regarding this student? (monthly calendars, fundraiser information, school fieldtrip information, etc.)

Yes No If Yes, List here _____

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) _____

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

B. Please note your class preference: Note 1st and 2nd (or 3rd if applicable).

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. If your first preference class fills up, we will try to put your child into the class of your second preference and on the wait list for the first preference.

Child's Age on 9/1/2019: _____

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 2020)	
\$137 per month	Preference
8:30-11:00 Monday-Friday	

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 not complete until all documents have been received. Your child does not receive a spot on the class roster until the check is received.

Fees:

If on or before 6/3/19, the total fee is \$70. (\$35 for registration and \$35 activity/supply fee.)

If after 6/3/19, the total fee is \$90. (\$55 for registration and \$35 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: _____

Other Concerns: _____

*Requires 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 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. 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 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 the family physician does not practice at the Ellwood City Hospital and an emergency has occurred, your child will be taken to a local medical provider to be seen by the doctor on call.

_____ Please check here if this procedure is agreeable with you.

_____ Please check here if this is NOT agreeable. Parents must then assume FULL RESPONSIBILITY for their child's medical treatment.

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 Co-Presidents 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. 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 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 form 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, fieldtrips, and end of year program

___ **Publicity Coordinator**

- Takes Pictures and advertises for registration
- 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

___ **Classroom Party Volunteer** – Plans activities, games, and snack for in classroom party (requires clearances)

___ **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)

H. Final Steps

Documents needed:

- 1) One check (Before 6/3/19, \$70. After 6/3/19, \$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

Direct all registration questions to registrar: Jennifer Smith at smith14jennifer@gmail.com or 724-544-6185.