



January 20, 2026

Dear Parents and/or Guardians,

It is hard to believe that it is already time to think about the 2026-2027 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. Current families may begin registering NOW. Registration for new families to register will open on February 9, 2026.

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 6/1/26, the total fee is \$75. (\$35 for registration & \$40 activity/supply fee.) If received after 6/1/26, the total fee is \$90. (\$50 for registration & \$40 activity/supply fee.) You will have the opportunity to earn up to two \$25 tuition coupons throughout the school year for volunteering.

Please be aware, the last day to withdraw your child from the preschool and have your activity/supply fee returned in full is 6/30/26. If your child is withdrawn after 6/30/26, all fees are forfeited.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. We look forward to working with you next school year!

Sincerely,

Chelsea Custozzo
2025-2026 Board President

Brittney Magnifico
2025-2026 Board Registrar



Parents Preschool of Ellwood City Registration Packet for the 2026-2027 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. Children should be able to pull pants down and up, get on the toilet, and wipe independently. 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 the 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 _____

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 9/1/2026: _____ (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 1st and 2nd (or 3rd or 4th if applicable).

3 Year Old Class - Must turn 3 by Sept 1	
AM/PM	Preference
3AM (9:00-11:30) Thursday and Friday \$95 per month	
3PM (12:00 -2:30) Thursday and Friday \$95 per month	
4 Year Old Class - Must turn 4 by Sept 1	
AM/PM	Preference
4 year AM (9:00-11:30) Monday - Wednesday \$125 per month	
4 year PM (12:00-2:30) Monday - Wednesday \$125 per month	
Pre-K Class - Must turn 4 by Sept 1	
*This class is designed for students planning to attend kindergarten the following school year.	
AM/PM	Preference
Pre-K AM (8:30-11:00) Monday - Friday \$180 per month	*FULL* You may still list as a preference but you will be placed on the waitlist and notified if a spot opens.
Pre-K PM (12:00-2:30) Monday - Friday \$180 per month	*TENTATIVE CLASS* Please be sure to also select a 2nd and 3rd choice class in case this class does not fill and cannot run.

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 6/1/26, the total fee is \$75. (\$35 for registration and \$40 activity/supply fee.) If received after 6/1/26, 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 (Please specify if allergy is OK if "cooked" in snack) *: _____

Other Allergies*: _____

Chronic Illnesses/Impairments: _____

Physical or Emotional Health Problems: _____

If your child currently has an IEP in place, or is 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? _____ :

Potty Training (please mark one in each row):

	Always	Sometimes	Never
Can wipe self after going #1			
Can wipe self after going #2			
Can pull pants and underwear up and down independently			
Can wash hands independently			

Additional Notes about potty training:

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? _____

Do you have any behavior, social, or learning concerns about your student? _____

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 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

Snack Fee

A one-time snack fee for the school year will be required. This will be used to purchase allergy-free snacks for the students. This fee is due by September 8, 2026, and can be paid at any time prior to that date. The fees per class are as follows: \$30 for 3-year-old classes; \$40 for 4-year-old classes; \$50 for Pre-K classes. Your student will not be able to start preschool if the snack fee has not been paid.

*My signature below indicates that I have read, understand, and agree to the snack fee.

Parent or Legal Guardian Signature Date

Permission to Photograph and Share for Class Communications and Social Media

We are excited to share the wonderful moments and activities that happen in our classroom! To enhance communication and keep you connected with your child's progress, we occasionally take photographs of students during class activities. These photos may be used for class updates on **Class Dojo**, our app for classroom communication, as well as on our **school's Facebook page** and other social media platforms.

We kindly request your permission for your child's photograph to be shared for these purposes. Please note that any images posted will be used with respect for student privacy and are intended for school-related communication only.

By signing below, you grant permission for your child's photograph to be used on Class Dojo, our school's Facebook page, and other social media platforms.

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.

Thank you for your understanding and support!

I, the undersigned, give permission for my child, _____, to be photographed for use on:

	Yes	No
The Class Dojo App		
School Facebook Page		
School Website		

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.

_____ **Snack shopper** - This person will shop from an approved list of snacks and will be reimbursed. (A Costco or Sam's club membership is preferred)

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

**If you would like to talk about a specific position, please list it here: _____

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

_____ If you know someone who would be great on the board, please nominate them here: _____

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 6/1/26, \$75. After 6/1/26, \$90.)
2. Copy of birth certificate (do not need if student attended previously)
3. Copy of immunization record (do not need if student attended previously, unless there have been updates)
4. This entire completed registration packet

Mail **all** documents to: Parents' Preschool
 Attn: Registration
 325 Spring Avenue
 Ellwood City, PA 16117

You can also drop off to the big black mailbox outside of the preschool doors.

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, which will include your child's class, and in July, which will include more information about the school year.

Please be aware that your first choice class may be full when your letter is received in April. There can be a lot of changes between April and the beginning of School in September. We will maintain a waitlist and notify you if a spot opens in your desired class. If you did not indicate your 1st and 2nd choice in section B, please do so.