

St. Andrew Preschool

9203 S. University, Highlands Ranch, CO 80126

(303)794-0510

#  2017/2018 Registration Packet for New Children

 Male Female

Child’s Name Date of Birth

Parent/Guardian’s Name Home Phone Cell Phone

Street Address City Zip

Email Address Referred by?

Are you a member of St. Andrew United Methodist Church □ Yes □ No

Are you a constituent of St. Andrew United Methodist Church □ Yes □ No

\*\*\*Children must be 12 months old by July 30, 2017 and independently walking by August 14, 2017\*\*\*

Classes begin Monday August 14, 2017

## Please indicate your 1st and 2nd option.

**Hours 9:30 a.m. to 2:30 p.m**.

##### MONTHLY TUITION: 2 days = $288; 3 days = $420

## TODDLER OPTIONS PRESCHOOL/PRE-K OPTIONS

## Birthdates 4/1/2015 – 7/15/2016 Birthdates – 5/1/12 – 3/31/2015

**\_\_\_\_ Tuesday/Thursday \_\_\_\_ Monday/Wednesday/Friday**

**\_\_\_\_ Wednesday/Friday \_\_\_\_ Tuesday/Thursday**

**JR-K - $470.00 per month MOTHER’S DAY OUT - $125.00 per month**

**(Chronologically eligible for Kindergarten) \*\*\*\*\*Hours 9:30 – 12:00 \*\*\*\*\***

**\_\_\_\_ Monday thru Thursday Birthdates – 4/1/15 – 7/30/16**

 **\_\_\_\_\_ Tuesday**

 **\_\_\_\_\_ Wednesday**

If your child is not placed in your 1st option would you like:
 \_\_\_child to be placed in 2nd option class (if room)
 \_\_\_child to be placed in 2nd option class (if room) and put on 1st option waitlist
 \_\_\_child to be placed on 1st option waitlist only

$100.00 Non-Refundable Registration must be attached to Registration Packet

**Preschool Registration & Tuition Agreement**

St. Andrew Preschool exists as a Christian preschool program licensed by the State of Colorado. St. Andrew Preschool provides a planned day for children to help them reach optimal growth in spiritual, social, emotional, cognitive and physical skills through developmentally age appropriate centers and activities.

I agree to the following:

* To leave my child no earlier than 9:30 a.m. and to pick up no later than 2:30 p.m. (A late fee will be charged for late pick up after 2:40 p.m.).
* To pay monthly tuition the first week of each month that Preschool is in session. A $15.00 fee will be assessed on accounts not paid by the 10th of the month.
* To attend the mandatory Parent Orientation (new families only).
* To read and abide by the rules and policies for St. Andrew Preschool contained in the Parent Handbook located on our website www.saintandrewpreschool.com.
* To pay the non-refundable registration/processing fee of $100.00 per child at time of registration.
* To pay August 2017 Tuition by May 01, 2017. August 2017 tuition is non-refundable after June 30, 2017. YOU MUST GIVE WRITTEN NOTICE PRIOR TO JUNE 30, 2017 IF YOU WISH TO RECEIVE A REFUND.
* **Tuition rates:**
	+ **2 days=$288, 3 days=$420 monthly, JR-K - $470 monthly**
	+ **Mother’s Day Out - $125 monthly**
* To pay May 2018 Tuition by July 15, 2017. May 2018 tuition is non-refundable after February 15, 2018. YOU MUST GIVE WRITTEN NOTICE PRIOR TO FEBRUARY 15, 2018 IF YOU WISH TO RECEIVE A REFUND.
* I understand that once I have enrolled in St. Andrew Preschool, I will give one month’s written notice to the Director prior to leaving the program.
* I understand that financial assistance forms are available upon request.

**Parent or Guardian Signature Date**

## St. Andrew Preschool

## Program Options

*Children must be 12 months old by July 30, 2017 AND independently walking by August 17, 2017*

**Music Classes offered Tuesday through Friday**

**Bible Story offered once a week**

**Spanish offered weekly to the Hedgehogs, Eagles, Jackrabbits and Owls**

**MOTHER’S DAY OUT (One Day Option)**

**April 2015 – July 2016**

**TODDLERS (Two Day Option)**

**Chipmunks - December 2015 – July 2016**

**Hummingbird – April 2015 – November 2015**

**Preschool/Pre-K (Two or Three Day Option)
Black Bears: October 2014 – March 2015
Raccoons: April 2014 – September 2014
Hedgehogs: October 2013 – March 2014**

**Pre-K: September 2013 and older
(Eagles, Jackrabbits, Owls)

JR-K – chronologically eligible for Kindergarten**

*\*Four/Five Day Option offered on a space available basis. Check with Director for details.*

**St. Andrew Preschool**

For Office Use Only

Date of Enrollment \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Class \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Option \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**2017 – 2018 CHILD INFORMATION RECORD**

(To be filled out by parent/guardian)

**Child Information**

Child’s Last Name Child’s First Name Child’s Nickname (if used)

Child’s Birth date Gender Child’s Home Language Child’s Race/Ethnicity

Child Lives With Is there a court-ordered custody arrangement for this child? [ ]  Yes [ ]  No

 (If yes, please provide a copy.)

**Family Information**

**Parent or Guardian 1**  Relationship to Child Email Address

Home Address City State Zip Code

Home Phone Work Phone Cell Phone

Occupation Employer

Employer Address City State Zip Code

**Parent or Guardian 2**  Relationship to Child Email Address

Home Address City State Zip Code

Home Phone Work Phone Cell Phone

Occupation Employer

Employer Address City State Zip Code

**Contact Information**

**Local contact person (e.g. friend, neighbor or relative) if parent is unavailable:**

Please prioritize contacts in order of who should be called first.

\*\*You must list at least one In State Emergency Contact other than parents/legal guardians\*\*

Name Relation to Child OK to Pick up? [ ] Yes [ ] No Emergency Contact? [ ] Yes [ ] No

Phone Address City State Zip Code

Name Relation to Child OK to Pick up? [ ] Yes [ ] No Emergency Contact? [ ] Yes [ ] No

Phone Address City State Zip Code

Name Relation to Child OK to Pick up? [ ] Yes [ ] No Emergency Contact? [ ] Yes [ ] No

Phone Address City State Zip Code

**Medical Contact Information**

Child’s Physician Practice Name Phone

Physician’s Address City State Zip Code

**Parent or Guardian Signature Date**

**St. Andrew Preschool**

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**2017/2018 Permission Form**

Child’s Name

I give permission for my child to watch a maximum of 30 minutes of age appropriate video in their classrooms on special occasions.

Initials

I give my permission for my child to sleep on the floor on a 2” mat.

Initial

I agree to have my child examined by a physician annually (every 6 months for ages 3 and under) and return medical information to the preschool office for their files.

Initials

#### I give my permission to be listed in the St. Andrew Preschool Directory: Yes No

 If yes phone number(s) for directory

I give my permission to include my email(s) in the St. Andrew Preschool Directory: Yes No

 If yes, email address for directory

I give my permission for my child to be photographed and/or videotaped while in a classroom setting for potential website or classroom use (no names will be attached)

 Initials for classroom

 Initials for website

I agree to comply with the program rules which are established and periodically amended by St. Andrew for the Preschool. I give permission to have my child receive emergency medical treatment as deemed necessary by the personnel at St. Andrew Preschool. I understand that while constant supervision of my child is provided by the staff of St. Andrew Preschool, there is inherent risk of injury to my child from activities in the classroom, on the playground and in the building facilities of St. Andrew. I accept this risk and on behalf of myself and my spouse, if applicable, my child, and his/her and our heirs and legal representative, waive and release St. Andrew from any and all claims (excluding only willful misconduct) for injuries sustained by my child while in the preschool program, and waive and release any claim for consequential and exemplary damages. I agree to indemnify and hold harmless St. Andrew and its agents and employees from any claim brought by or on behalf of my child, which is inconsistent with the above waiver and release.

**Parent or Guardian Signature Date**



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**2017/2018 Hospital Choice**

Child’s Name

**Please indicate hospital of choice:**

Sky Ridge Medical Center

10101 Ridge Gate Parkway

Lone Tree, CO 80124

Phone: 720 225-1000

 Littleton Adventist Hospital

7700 S. Broadway

Littleton, CO 80122

Phone: 720 225-1000

 Children’s Hospital Colorado South Campus

1811 Plaza Drive

Highlands Ranch, CO 80129

Phone: 720 777-1234

Swedish Medical Center

501 E. Hampden Avenue

Englewood, CO 80113

Phone: 303 788-5000

Other Hospital of choice (Please provide name, address and phone number)

2017 – 2018 CHILD MEDICAL INFORMATION

(To be filled out by parent/guardian)

Child’s Name Date of Birth

**Specific health concerns:**

 Allergies: [ ]  Yes [ ]  No if yes, please specify:

 Restrictions: [ ]  Yes [ ]  No if yes, please specify:

 Operations/Serious Illnesses: [ ]  Yes [ ]  No if yes, please specify:

List any behavior or other special considerations:

**Child’s Dental Contact Information**

Dentist Name or Practice \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Health Insurance Coverage Information**

Address Health Insurance? [ ]  Yes [ ]  No

Insurance Company Phone

Policy Number Group Number

If this information changes during the school year, I agree to inform St. Andrew Children’s Learning Center of the changes.

Parent/Guardian Signature Date

 If you do not wish to provide full health insurance information, please initial here.

**Authorization for Access to Child Health Information**

I, the parent/guardian of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ authorize the staff of St. Andrew Preschool to have access to my child’s health information as provided (General Health Appraisal form, Immunization records, Health Insurance Coverage Information, specific health care plans). I understand that the records will be reviewed for completeness by office staff and the Preschool’s nurse consultant, and may be accessed other times through the school year on an individual, as needed basis. I also authorize contact with my child’s physician via phone, fax or in writing as needed to continue medical care. Records are considered confidential material.

**Parent/Guardian Signature** **Date**