St. Andrew Preschool

9203 S. University, Highlands Ranch, CO 80126

(303)794-0510

# 2019/2020 Registration Packet

Classes Begin Monday August 12th, 2019

 Male Female

Child’s Name Date of Birth

Parent/Guardian’s Name Home Phone Cell Phone

Parent/Guardian’s Name Home Phone Cell Phone

Street Address City Zip

Email Address Referred by?

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

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

##### MONTHLY TUITION: 2 days = $310.00; 3 days = $455; 4 days=$ $540; 5 days=$650

## MOTHER’S DAY OUT-Bullfrogs-$135 per month

**\*\*\*\*9:30-12:00 PM\*\*\*\***

**Birthdates-4/1/2017-7/30/2018**

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

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

## TODDLER OPTIONS - PRESCHOOL

## Birthdates-12/2017-7/2018 (Chipmunks) Birthdates-4/2016-9/2016 (Raccoons)

## Birthdates: 4/2017-11/2017 (Hummingbirds) Birthdates – 10/2015-3/2016 (Hedgehogs)

**Birthdates 10/2016-3/2017 (Black bears)** **\_\_\_\_ Monday/Wednesday/Friday**

**\_\_\_\_ Tuesday/Thursday \_\_\_\_ Tuesday/Thursday**

**\_\_\_\_ Wednesday/Friday \_\_\_\_ M-F**

**\_\_\_\_ Monday-Wednesday-Friday (Black bears only)**

**Pre-K (Eagles, Jackrabbits, Owls)** **JR-K - $540.00 per month**

**Birthdates (Must be 4 by October 1st, 2019) Must be eligible for Kindergarten \_\_\_\_ Monday/Wednesday/Friday \_\_\_\_ Monday-Thursday**

**\_\_\_\_ Tuesday/Thursday**

**\_\_\_\_ M-F**

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

\*\*Please note that if we do not get at least 5 students for a class, it may be necessary to cancel it.

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

**Preschool Registration & Tuition Agreement**

St. Andrew Preschool is a Christian preschool program licensed by the State of Colorado. St. Andrew Preschool helps children reach optimal growth in spiritual, social, emotional, cognitive and physical skills through a developmentally appropriate curriculum 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.). For before care, I agree to leave my child no earlier than 8:30 a.m. and for after care, I will pick up no later than 3:30 p.m. (A late fee will be charged for late pick up after 3:30 p.m.)
* To pay monthly tuition the 10th of EVERY Month. 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 of St. Andrew Preschool contained in the Parent Handbook located on our website at [www.standrewpreschoolHR.com](http://www.standrewpreschoolHR.com)
* To pay the non-refundable registration/processing fee of $100.00 per child at time of registration.
* Pre-Pay August and May tuition.
* To pay August 2019 tuition by May 03, 2019. August 2019 tuition is non-refundable after June 28th, 2019. YOU MUST GIVE WRITTEN NOTICE PRIOR TO JUNE 28th, 2019 IF YOU WISH TO RECEIVE A REFUND.
* **Tuition rates:**
	+ **2 days=$310 monthly, 3 days=$455 monthly, 4 days=$ 540 monthly, 5 days= $ 650 monthly**
	+ **Mother’s Day Out - $135 monthly**
* To pay May 2020 Tuition by July 12th, 2019. May 2020 tuition is non-refundable after July 12th, 2019. YOU MUST GIVE WRITTEN NOTICE PRIOR TO July 12th , 2019 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

**Music Classes offered Tuesday through Friday**

**Bible Story offered Monday through Thursday**

**MOTHER’S DAY OUT (Two Day Option) 1 and Walking**

**April 2017 – July 2018 birthdates**

**TODDLERS (Two Day Option)\*\***

**Chipmunks - December 2017 – July 2018 birthdates 1 and Walking**

**Hummingbird – April 2017 – November 2017 birthdates**

**Black Bears: October 2016 – March 2017 birthdates**

**Preschool(Two, Three or Five Day Option)
Raccoons: April 2016 – September 2016 birthdates (must be 3 by October 1st, 2019)
Hedgehogs: October 2015 – March 2016 birthdates**

**PreK (Two, Three or Five Day Option)**

**Pre-K: (Eagles, Jackrabbits, Owls)**

**(Must be 4 by October 1st, 2019)**

**JR-K – M-Th**

**Must be eligible for Kindergarten**

**St. Andrew Preschool**

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**2019/2020 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 in a timely manner.

Initials

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 as established and periodically amended by St. Andrew for the Preschool. I give permission for my child to receive emergency medical treatment as deemed necessary by the personnel at St. Andrew Preschool. I understand that while the staff of St. Andrew Preschool supervises my child constantly, 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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**2019/2020 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 Campus

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



2019-2020 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 #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Health Insurance Coverage Information**

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 Preschool 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 Signature Date**