St. Andrew Preschool

9203 S. University, Highlands Ranch, CO 80126

(303)794-0510

# 2020-2021 Registration Packet

Classes Begin Monday August 17th, 2020

 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.

## 2 day ½ day option-$290 per month (NO ONE DAY OPTION Available)

**Hours: 9:30 a.m.-12:00 p.m.**

**Birthdates: 4/2018-7/2019 (must be 1 and walking)**

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

 **\_\_\_\_ Wednesday/Friday**

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

##### MONTHLY TUITION: 2 days = $320.00 ; 3 days = $470.00; 4 days=$560; 5 days=$675

**\*\*\*PLEASE CHECK YOUR CHILD’S BIRTHDATE AND SCHEDULE OPTION\*\*\*:**

## TODDLER OPTIONS PRESCHOOL OPTIONS

## \_\_Birthdates: 04/2018-7/2019 (must be 1 and walking) \_\_Birthdates: 10/2017-03/2018

## \_\_Birthdates:12/2018-06/2019 \_\_Birthdates: 04/2017-09/2017

## \_\_Birthdates: 4/2018-11/2018 \_\_Birthdates: 10/2016-03/2017 \_\_Tuesday/Thursday \_\_ Tuesday/Thursday \_\_Wednesday/Friday \_\_ Monday/Wednesday/Friday \_\_Tuesday-Friday \_\_ Monday-Friday

**Pre-Kindergarten Options** **Junior Kindergarten Option**

**(Must be 4 by October 1st, 2020) (Must be eligible for Kindergarten)**

 **\_\_ Monday/Wednesday/Friday \_\_ Monday-Friday**

**\_\_ Tuesday/Thursday**

**\_\_ Monday-Friday**

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.

$150.00 Non-Refundable Registration must be attached to Registration Packet (check only)

## St. Andrew Preschool

## Program Options

**Music Classes**

**Faith Based Lessons**

**Two Day ½ day option (must be 1 and Walking) by 08/10/2020**

April 2018 – July 2019 birthdates

**TODDLERS (Two or 4 Day Option)**

April 2018-July 2019 (must be 1 and walking)

December 2018-June 2019

April 2018-11/2018

**Preschool(Two, Three or Five Day Option)**October 2017-March 2018

April 2017-September 2017 (must be 3 by October 1st, 2020)

October 2016-March 2017

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

(Must be 4 by October 1st, 2020)

**Junior Kindergarten – M-F**

(Must be eligible for Kindergarten)

**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 pay the non-refundable registration/processing fee of $150.00 per child at time of registration.
* Pre-Pay August and May tuition.
* To pay August 2020 tuition by May 01, 2020. August 2020 tuition is non-refundable after June 26th, 2020. YOU MUST GIVE WRITTEN NOTICE PRIOR TO JUNE 26th, 2020 IF YOU WISH TO RECEIVE A REFUND.
* **Tuition rates:**
	+ **2 days=$320 monthly, 3 days=$470 monthly, 4 days=$ 560 monthly, 5 days= $ 675 monthly**
* To pay May 2021 Tuition by July 10th, 2020. May 2021 tuition is non-refundable after July 10th, 2020. YOU MUST GIVE WRITTEN NOTICE PRIOR TO July 10th, 2020 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**

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**2020/2021 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**



St. Andrew Preschool

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**2020/2021 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



2020-2021 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**

**St. Andrew Preschool**

**2020-2021 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 Relationship to Child

Phone Address City State Zip Code

Permission to Pick up? [ ] Yes [ ] No

Emergency Contact? [ ] Yes [ ] No

Name Relationship to Child

Phone Address City State Zip Code

Permission to Pick up? [ ] Yes [ ] No

Emergency Contact? [ ] Yes [ ] No

Name Relationship to Child

Phone Address City State Zip Code

Permission to Pick up? [ ] Yes [ ] No

Emergency Contact? [ ] Yes [ ] No

**Medical Contact Information**

Child’s Physician Practice Name Phone

Physician’s Address City State Zip Code

**Parent or Guardian Signature Date**

**St. Andrew Preschool**

**SUNSCREEN PERMISSION FORM**

**2020-2021**

**Name of Child** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

We want sunscreen to be applied to every student before they arrive at school at 9:30 a.m. St. Andrew Preschool staff will apply sunscreen for children who attended the before care and re-apply sunscreen for children who go outside after 11:00 a.m. Sunscreen will not be applied to any broken skin or if a skin reaction has been observed. Any skin reaction observed by staff will be reported promptly to the parent/guardian. If you do not wish to use the sunscreen provided by St. Andrew Preschool: Rocky Mountain Sunscreen KIDS SPF 50 (information below), it will be the parent’s responsibility to provide sunscreen with a minimum SPF of 50. The sunscreen will be labeled with first and last name and left at school. Opting out of sunscreen application requires a note signed by your child’s physician.

**Special Instructions**

□ I do not wish to use the sunscreen St. Andrew Preschool provides and will provide sunscreen for my child. \_\_\_\_\_\_
 Initials

Parent/Guardian Signature Date



* PABA-FREE SUN PROTECTION- Our kids sunscreen lotion SPF 50 is PABA-free and Oxybenzone-free. It is safe for adults as well as children. Made with a specialized bonding base, it allows your skin to breathe and sweat, cooling off naturally during perspiration. Your young skiers, swimmers, athletes, and sport stars all need extra protection from the damaging rays of the sun.
* FRAGRANCE FREE SUNSCREEN- Our water resistant sunscreen for face sunscreen for women, men, and especially kids is a fragrance-free sunscreen with a non-greasy formula. It has no added perfumes, so it is perfect for those with sensitive skin or fragrance allergies.
* TESTED & FORTIFIED- Rocky Mountain sunscreens are dermatologist-tested and fortified with aloe and vitamin E to help protect and moisturize skin. They are FDA certified against UVB and UVA radiation, and a great choice for active kids who love to be outside. We do not use gluten, silicone, or nut oils in our sunscreen lotion. With over 25 years of experience, we are trusted sunscreen experts.
* WATER-RESISTANT- Our water resistant sunscreen gives up to 80 minutes of protection in water before needing to reapply it. Let them enjoy the beach or the pool, water sports, parks, and sprinklers. Just make sure to apply more after 80 minutes for maximum effectiveness.



2020-2021 Handbook Agreement

I am the parent or legal guardian of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

In order to record my understanding of my rights and responsibilities as parent of the above-named child, who is enrolled in the St. Andrew Preschool, I agree to abide by the requirements written below and all policies set forth in the Parent Handbook. In return for this promise of continual fulfillment of all policies, the center agrees to provide care for the above-named child that meets the standards and guidelines as set forth below and in the Parent Handbook. St. Andrew Preschool hours are 9:30 a.m.-2:30 p.m. St. Andrew Preschool 2 day ½ day program hours are 9:30 a.m. to 12:00 p.m.

Tuition payments are ***due by the 10th of each month***, and can be made by check, cash, money order or credit card (Visa, MasterCard or Discover). On-line automatic credit card payments can be set up by the parent (see enclosed paper work). ***PLEASE make sure to set up the automatic payments to be paid by the 10th of each month.*** Please note that St. Andrew preschool does not keep credit card information for parents. Payments can be made in person at the office or on-line. Payments will no longer be accepted over the phone. This is for your safety and the church’s liability.

Tuition amounts for the 2020-2021 preschool sessions are $290.00 for 2 day ½ day program, $320 monthly for two days a week, $470 monthly for three days a week, $560 monthly for four days per week and $675.00 monthly for five days per week. Receipts will be given for payments if requested. A $15.00 late fee will be charged for accounts not paid by the 10th of each month. Younger siblings receive a 5% discount. I understand that there is no reduction of fees when my child is on vacation or gone from St. Andrew Preschool for any reason or when St. Andrew Preschool is closed. I also understand there is a returned check fee of $15.

Four weeks advance written notice to the Director is required when withdrawing a child from the preschool. The May pre-payment may be used to pay for the last month of enrollment. If four weeks advance notice is not given, I will pay four weeks from the time the notice is given.

I agree to comply with the program rules which are established and periodically amended by St. Andrew Preschool. I give permission to have my child receive emergency medical treatment as deemed necessary by the personnel at St. Andrew. 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/Guardian’s Signature Date