St. Andrew Preschool

9203 S. University, Highlands Ranch, CO 80126

(303)794-0510

# 2022-2023 Registration Packet

Classes Begin Monday August 15th, 2022

 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-$ 300.00 per month (NO ONE DAY OPTION Available)

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

**Birthdates: 4/2021-08/2021 (must be 1 and walking by 08/01/2022)**

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

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

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

##### MONTHLY TUITION: 2 days = $335.00 ; 3 days = $495.00; 4 days=$600.00; 5 days=$750.00

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

## TODDLER OPTIONS PRESCHOOL OPTIONS

## \_\_Birthdates: 04/2021-08/2021 (must be 1 and walking by 08/01/2022) \_\_Birthdates: 10/2019-03/2020

## \_\_Birthdates: 12/2020-03/2021 \_\_Birthdates: 06/2019-09/2019

## \_\_Birthdates: 04/2020-11/2020 \_\_Birthdates: 02/2019-05/2019

 **\_\_Birthdates: 10/2018-01/2019**

##  \_\_Tuesday/Thursday \_\_ Tuesday/Thursday

## \_\_ Wednesday/Friday \_\_Monday/Wednesday/Friday

## \_\_ Monday/Wednesday/Friday \_\_Monday-Friday \_\_ Monday-Friday

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

**(Must be 4 by October 1st, 2022) (Must be eligible for Kindergarten)**

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

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

**\_\_ Monday-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 Refundable Registration charged through mybrightwheel until 07/31/2022-non-refundable after 08/01/2022**

## St. Andrew Preschool

## Program Options

**Music Classes**

**Faith Based Lessons**

**Two Day ½ day option (must be 1 and Walking by August 1,2022)**

April 2021 – August 2021 birthdates

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

April 2021-August 2021 **(must be 1 and walking by August 1, 2022)**

December 2020-March 2021

April 2020-November 2020

**Preschool (Two, Three or Five Day Option)**October 2019-March 2020

June 2019-September 2019 (must be 3 by October 1st, 2022)

February 2019-May 2019

October 2018-January 2019

**Pre-K (Two, Three or Five Day Option)**

(Must be 4 by October 1st, 2022)

**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 pay the non-refundable registration/processing fee of $150.00 per child at time of registration.
* St. Andrew Preschool uses an app called Mybrightwheel. Parents will agree to use the app to communicate with the teachers and administration and to pay their tuition.
* **Tuition rates:**
* **2 days=$ 300 monthly (9:30 am to 12:00 pm)**
* **2 days=$335.00 monthly, 3 days=$ 495.00monthly, 4 days=$600.00 monthly, 5 days= $ 750.00 monthly (9:30 am to 2:30 pm)**
* Tuition is due by the 5th of the month (August 2022-May 2023) and no later than the 10th. If Tuition is paid after the 10th of the month, you will be assessed a $30.00 late fee.
* I understand that if I want to dis-enroll my child from St. Andrew Preschool, I will inform the Director by email. If they dis-enroll in the middle of the month, they will not be reimbursed for days not used in the month but will not be charged for the next month.
* I understand that financial assistance forms are available upon request.

**Parent or Guardian Signature Date**

##



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**2022/2023 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



2022-2023 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**

**2022-2023 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**

**2022-2023**

**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.