St. Andrew Preschool

9203 S. University, Highlands Ranch, CO 80126

(303)794-0510

# 2023-2024 Registration Packet

Classes Begin Monday August 14th, 2023

 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 = $ 370; 3 days = $545 4 days=$ 660 5 days=$825

**Before Care: 8:00 AM-9:15 AM $12.00 and After Care: 2:30 PM-4:00 PM $13.00(includes Snack)**

**Before and After Care are optional and families sign up monthly**

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

## TODDLER OPTIONS PRESCHOOL OPTIONS

## \_\_Birthdates: 04/2022-08/2022 (must be 1 and walking by 08/01/2023) \_\_Birthdates: 10/2020-03/2021

## \_\_Birthdates: 12/2021-03/2022 \_\_Birthdates: 06/2020-09/2020

## \_\_Birthdates: 04/2021-11/2021 \_\_Birthdates: 02/2020-05/2020

 **\_\_Birthdates: 10/2019-01/2020**

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

## \_\_ Wednesday/Friday (Bullfrogs only) \_\_Monday/Wednesday/Friday

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

## \_\_ Tuesday-Friday (Bullfrogs only)

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

**(Must be 4 by October 1st, 2023) (Must be eligible for Kindergarten by October 1st, 2023)**

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

**\_\_ 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)

\*\*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 Fee due at enrollment. It will be charged through the Brightwheel app.**

## St. Andrew Preschool

## Program Options

**Music Classes**

**Faith Based Lessons**

**YOUNG TODDLERS (Two or Four Day Option)**

April 2022-August 2022 **(must be 1 and walking by August 1, 2023)**

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

December 2021-March 2022

April 2021-November 2021

**Preschool (Two, Three or Five Day Option)**October 2020-March 2021

June 2020-September 2020 (must be 3 by October 1st, 2023)

February 2020-May 2020

October 2019-January 2020

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

(Must be 4 by October 1st, 2023)

**Junior Kindergarten – Monday to Friday**

(Must be eligible for Kindergarten by October 1st, 2023)

**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. Registration fee will only be charged if we have a spot for your child. No refunds will be given once enrolled in the program.
* 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=$370 monthly, 3 days=$545 monthly, 4 days=$660 monthly, 5 days= $825 monthly (9:30 am to 2:30 pm)**
* Tuition is due by the 5th of the month (August 2023-May 2024) 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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**2023/2024 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



2023-2024 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**

**2023-2024 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

Name Relationship to Child

Phone Address City State Zip Code

Permission to Pick up? [ ] Yes [ ] No

Name Relationship to Child

Phone Address City State Zip Code

Permission to Pick up? [ ] 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**

**2023-2024**

**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.