

Dear Parents, Guardians, and Friends of Castle Bridge Preschool,

**Castle Bridge Preschool** is an independent preschool program providing a solid educational foundation for three and four year-olds. The Board is excited to offer a program that prepares young students to enter the public or private school systems in this area with a firm hold on basic concepts and learning strategies.

Here are a few details to know:

- o Classes begin **the first Tuesday after Labor Day**
- o Last class is **the Thursday before Memorial Day**
- o The school week will be 3 or 4 days a week,
  - o Morning: Monday-Thursday or Tuesday-Thursday 9:00am-11:30am
  - o Afternoon is 3 days only Tuesday-Thursday 12:30pm-3:00pm
    - Please note: If there is not enough interest or enough students for an afternoon session, we will only hold the morning session.
- o The Preschool will follow the District #91 calendar most of the time
  - o Miss Patti is great at sending group text messages if there is a change in schedule or reminders
- o Early drop-off may be available for an extra charge—arrangements must be made with Miss Patti
- o Students must be toilet trained before attending preschool
- o The Preschool will be limited to 14 students per session to ensure quality of instruction
- o Finances:
  - o **Non-refundable** Registration fee: **\$50.00 before Sept. 1<sup>st</sup>** \$75.00 after September 1<sup>st</sup>—this will cover basic supplies, snacks, insurance fees, field trips, etc and reserve your child's place
  - o Monthly tuition: \$125.00 (4 days 1 session) \$115 (3 days) \$240 (4 days morning, 3 days afternoon) \$230 (3 days morning 3 days afternoon)—payable by the 10<sup>th</sup> of each month. Adjustments can be made for families with 2 or more children in the program.
  - o If there is to be a late payment, arrangements must be made with the Board Treasurer
  - o We accept cash or checks for payment of fees and tuition
  - o Please make checks payable to **Castle Bridge Preschool**
  - o Partial Scholarships are available through an application process twice a year.
    - Deadlines for Scholarship applications are October 1<sup>st</sup> and February 1<sup>st</sup>
    - If a scholarship is needed for the entire year, an application must be submitted by each deadline.

The Board is very excited that our teachers, **Patti Hammon** and **Rhonda Gundert**, are returning for another year! They make a great team and are very loved by the kids.

As the parents, families, guardians, and friends of the preschool, you are a very important part of the experience for the children. If you can help in any way, shape, or form, we welcome you with open arms. We invite you to consider joining us on the Board if the spirit moves you to do so.

To reserve a place for your child at Castle Bridge Preschool, please fill out the enrollment form and return it with the registration fee of \$50.00 to:

**Castle Bridge Preschool**  
**c/o First Presbyterian Church**  
**325 Elm St.**  
**Idaho Falls, ID 83402**

If you have questions, please feel free to contact us at [castlebridgepreschool@gmail.com](mailto:castlebridgepreschool@gmail.com) or call Erin Nazario — 206-794-4350 (c ) email: [shortlittleme@hotmail.com](mailto:shortlittleme@hotmail.com)  
Patti Hammon — 208-200-8556 (c ) email: [hereigns.ph@gmail.com](mailto:hereigns.ph@gmail.com)  
Betty Anderson — 208-521-3039 (c ) email: [bettyellenba@gmail.com](mailto:bettyellenba@gmail.com)

**We would love your help spreading the word and inviting friends and family to consider  
Castle Bridge Preschool**

# CASTLE BRIDGE PRESCHOOL Registration Form

A Non-refundable Registration Fee of \$50.00 before September 1<sup>st</sup> or \$75.00 after September 1<sup>st</sup> must accompany this form.

Student's Name \_\_\_\_\_ M or F Age \_\_\_\_\_

Name to call child \_\_\_\_\_ Birth Date \_\_\_\_\_

Home Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Mother's Name \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_  
Text Messages Yes No

Email Address \_\_\_\_\_

Father's Name \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_  
Text Messages Yes No

Email Address \_\_\_\_\_

Custodial Rights: Both Parents \_\_\_\_\_ Mother \_\_\_\_\_ Father \_\_\_\_\_

Guardian (if different from parent) \_\_\_\_\_

Primary person responsible for pick up and drop off \_\_\_\_\_

Person responsible for Monthly Tuition : \_\_\_\_\_

- Session preference: \_\_\_\_\_ 4 days Morning (\$125)  
\_\_\_\_\_ 3 days Morning (\$115)  
\_\_\_\_\_ 3 days Afternoon (\$115)  
\_\_\_\_\_ 4 days Morning and 3 days Afternoon (\$240)  
\_\_\_\_\_ 3 days Morning and 3 days Afternoon (\$230)

## Health Information

Please list any limitations, allergies, physical needs of which the Preschool Staff should be made aware during the child's school days. (They must be toilet trained):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Any specific likes/ dislikes or fears:

\_\_\_\_\_  
\_\_\_\_\_

Anything more that you think would be beneficial for the staff to know to better serve your child:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Names of Siblings and their ages:

\_\_\_\_\_  
\_\_\_\_\_

**PLEASE FILL OUT THE BACK OF THIS FORM**

Updated July 2021

# Castle Bridge Preschool

## Emergency Medical Treatment Authorization Form

I hereby give consent for the medical care providers and local hospital to be called. In the event reasonable attempts to contact me or the other parent have been unsuccessful, I hereby give my consent for (1) the administration of any treatment deemed necessary by the named doctor, or, in the event the designated preferred practitioner is not available, by another licensed physician or dentist; and (2) the transfer of the child to any hospital reasonably accessible. This authorization does not cover major surgery unless the medical opinions of two other licensed physicians or dentists concurring in the necessity for such surgery, are obtained prior to the performance of such surgery.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian Name Printed