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:

* The name is now **Castle Bridge Preschool**
* Classes begin **the first Tuesday after Labor Day**
* The school week will be 3 or 4 days a week, Monday-Thursday or Tuesday-Thursday 9:00am-11:30am
* The Preschool will follow the District #91 calendar most of the time
* Early drop-off is available for an extra weekly charge for a limited number of 6 students
* Students must be potty-trained before attending preschool
* The Preschool will be limited to 16 to ensure quality of instruction
* Finances:
	+ **Non-refundable** Registration fee: **$50.00 before Sept. 1st** $75.00 after September 1st—this will cover basic supplies, snacks, insurance fees, field trips, etc and reserve your child’s place
	+ Monthly tuition: $125.00 (4 days) $115 (3 days)—payable by the 10th of each month. Adjustments can be made for families with 2 or more children in the program.
	+ If there is to be a late payment, arrangements must be made with the Board Treasurer
	+ We accept cash or checks for payment of fees and tuition
	+ Please make checks payable to **Castle Bridge Preschool**
	+ Partial Scholarships are available through an application process twice a year.

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. Opportunities will be provided for families in our program to get acquainted.

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 or call

Erin Nazario — 206-794-4350 (c ) email: shortlittleme@hotmail.com

Patti Hammon — 208-200-8556 (c ) email: jandphammon@cableone.net

Betty Anderson — 208-521-3039 (c ) email: bettyellenba@gmail.com

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

**Castle Bridge Preschool**

With sincere gratitude and hopeful hearts,

The Board of Directors of Castle Bridge Preschool

**CASTLE BRIDGE PRESCHOOL Registration Form**

*Non-refundable Registration Fee* of $50.00 before September 1st or $75.00 after September 1st

must accompany this form.

**Student 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 of $125 (4 days) $115 (3days)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**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 potty trained) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­­­­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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**Any specific likes/ dislikes or fears.**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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**Anything more that you think would be beneficial for the staff to know to better serve your child? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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**Names of Siblings and their ages**

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

**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

I do NOT give my consent for emergency medical treatment of my child. In the event of illness or injury requiring emergency treatment. I wish the school authorities to take the following action:

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

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Parent/Guardian Signature Date

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

Parent/Guardian Name Printed