

St. John's Preschool

2016-2017 Registration Packet



300 North Pine Street
Seaford, DE 19973
(302)-629-2289

“Where Learning Is Fun!”

St. John's Preschool

2016-2017 Registration Form

Please complete and return the registration packet with your non-refundable registration fee of \$65.00 to Jody Bee, Preschool Administrator, beginning Tuesday, February 16, 2016, for parents who are registering two or more children who will be in concurrent classes. In-house registration begins on Wednesday, February 17, 2016; at 8:00 a.m. for all other preschool families. Registration is open to the public beginning Tuesday, March 1, 2016. Registration in person is highly recommended. However, registration may be mailed to:

St. John's Preschool, 300 North Pine Street, Seaford, DE 19973.

Student Name: _____ Birthdate: _____

Address: _____

Parents'/Guardian's Names: _____

Address: _____

Home Phone: _____ Cell Phone: _____

Additional Phone: _____ Cell Phone: _____

Email Address: _____

I wish to enroll my child in the following class: (please check one)

<u>Please Check</u>	<u>Class</u>	<u>Days</u>	<u>Class Times</u>	<u>Monthly Tuition</u>	<u>Yearly Tuition</u>	<u>Age Requirements</u>
<input type="checkbox"/>	Two Year Old Class	Monday/Wednesday	9:00-11:30 a.m.	\$105.00	\$1050.00	Must be 2 by 8/31/16
<input type="checkbox"/>	Two Year Old Class	Tuesday/Thursday	9:00-11:30 a.m.	\$105.00	\$1050.00	Must be 2 by 8/31/16
<input type="checkbox"/>	Three/Four Year-Old Class	Tuesday/Wednesday/Thursday	9:00-11:30 a.m.	\$135.00	\$1350.00	Must be 3 by 8/31/16
<input type="checkbox"/>	AM Pre-Kindergarten (Traditional Day)	Monday/Tuesday/Wednesday/Thursday	9:00-11:30 a.m.	\$171.00	\$1710.00	Must be 4 by 8/31/16
<input type="checkbox"/>	AM Pre-Kindergarten (Extended Day)	Monday/Tuesday/Wednesday/Thursday	9:00 a.m.-1:00 p.m.	\$255.00	\$2550.00	Must be 4 by 8/31/16

Also, upon registration, please present a current physical and immunization record, as well as a copy of your child's birth certificate. Proof of lead (PB) testing/screening and Tuberculosis (TB) testing/screening is required for all students. Physicals must be kept up-to-date while attending St. John's Preschool.

\$65.00 paid by Check # _____ Cash _____ Registered on _____
 Physical/Immunization Record _____ Birth Certificate _____

St. John's Preschool
Student Information Form

Student Information

Student's Name: _____ Birthdate: _____ Male or Female

Nickname: _____ (This will be used by teachers when speaking, labeling items, & on nametags)

Home Address: _____

City/State/Zip: _____

Family Information

Mother's Name: _____

Home Address: _____

Home Phone: _____ Cell Phone: _____

Place of Employment: _____ Work Phone: _____

Email Address: _____

Father's Name: _____

Home Address: _____

Home Phone: _____ Cell Phone: _____

Place of Employment: _____ Work Phone: _____

Email Address: _____

Babysitter(s) Name (if applicable): _____ Cell Phone: _____

Siblings' names and ages: _____

Emergency Contact Information

List the emergency contacts in the order in which you would like them to be notified if parents are unable to be reached.

1- Name: _____ Relationship to child: _____

Home Phone: _____ Cell Phone: _____

2- Name: _____ Relationship to child: _____

Home Phone: _____ Cell Phone: _____

3- Name: _____ Relationship to child: _____

Home Phone: _____ Cell Phone: _____

4- Name: _____ Relationship to child: _____

Home Phone: _____ Cell Phone: _____

School Transportation Information

List any individuals who may pick-up your child from preschool

1- Name: _____ Relationship to child: _____

2- Name: _____ Relationship to child: _____

3- Name: _____ Relationship to child: _____

4- Name: _____ Relationship to child: _____

Pastoral Care Information

Does your family have a place of worship *(please circle)*? Yes or No

If yes, where: _____

Additional Student Information

Does your child have any special fears? _____

Does your child have any special interests? _____

Is there any other pertinent information you would like your child's teacher to know? _____

My child...	Yes	No	Comments
Is eager to go to school.			
Plays well with others children.			
Prefers to play alone.			
Speaks clearly for his/her age.			
Hears another language other than English at home.			
Is toilet-trained.			
Is right-hand dominate.			
Is left-hand dominate.			

One Call Now Phone Notification System

Please list the phone numbers that you would like to include on our phone notification system. Each number will be called when we use the One Call Now system to notify families of special events, school delays and closings, field trip information, and other important preschool events. (Include area code)

1- _____ 2- _____

3- _____ 4- _____

I understand that this completed application, accompanied by the registration fee, secures my child's placement at St. John's Preschool and we will honor the policies and procedures as outlined by the preschool.

Parent Name: _____

Parent Signature: _____

Date: _____

Medical Info/Parental Permission Statement

I hereby grant permission for my child, _____,
to go on announced school field trips and/or leave the school building under supervision during the school
year. In case of accident or illness, contact us, or the person(s) designated below. If the school is unable to
reach us or the designated person, please call the physician. Should medical attention be necessary, we grant
authority to St. John's Preschool to seek the necessary treatment.

Parents/Guardians: _____

Home Address: _____

City/State/Zip: _____

Mother's Daytime Phone: _____ or _____

Father's Daytime Phone: _____ or _____

IF PARENTS CANNOT BE REACHED, CALL _____

Daytime Phone: _____ Relationship: _____

Home Address: _____

Please list child's known health problems: (e.g., asthma, diabetes, epilepsy, and other handicaps)

Please list child's known allergies: (e.g., foods, aspirin, certain antibiotics, animals, environmental)

Student Physician: _____ Phone: _____

Physician's Address: _____

Health Insurance Provider: _____

Group Number: _____ Policy Number: _____

Name of Policy Holder: _____

I, the undersigned, know St. John's Preschool will do everything possible to ensure the safety of my child and
will not hold the school or its agents responsible for any medical emergencies that may arise.

Parent's Name: _____

Parent's Signature: _____

Date: _____



Permission to Share Information

Parents:

St. John's Preschool will not distribute your personal contact information without your permission. At times throughout the year, other preschool families or your class liaison may ask for your contact information to help with class events, fundraisers, to arrange playdates outside of school or distribute birthday invitations. Please express your desire for sharing your personal contact information below. Thank you.

_____ I DO NOT give my permission for my contact information to be shared with other preschool families.

_____ I give my permission to share the below information to other preschool families.

_____ Signature _____ Date

I would like to share the following information:

(Please record information as you would like for it to appear)

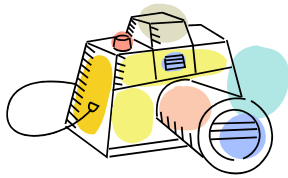
Parent Name(s): _____

Child's Name: _____

Phone #(s): _____

Email(s): _____

Mailing Address: _____



St. John's Preschool Photo Release Form

I, _____, parent/legal guardian of _____, give my permission for my child to be photographed and or videotaped. Photographs/videotapes are used for promoting the preschool in the local newspapers, occasionally on the St. John's Preschool or St. John's United Methodist Church website, in pamphlets promoting the school, for display purposes and for various classroom crafts, projects, and slide shows. This permission is granted from the date below and forward, unless indicated otherwise.

(Check each area where permission is granted)

_____ For publicity in local newspaper

_____ For display purposes

_____ For inclusion on church/school website

_____ For use in a student digital portfolio (when applicable)

_____ For classroom crafts, projects, and classroom slide shows

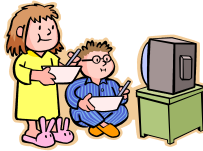
_____ I DO NOT want my child photographed for any of the above reasons

_____ Parent Name

_____ Parent Signature

_____ Date

Please complete and return this form with your registration packet



St. John's Preschool

Television/Computer Use Permission Form

Occasionally, as part of the classroom learning activity, an educational video or DVD will be shown to preschool students. Video/DVD use is generally less than 30 minutes in length and related to the subjects or themes being taught in the preschool classrooms. In addition, computer use is sometimes included in the classrooms as part of the learning center time. NO internet access is available to students at any time. After reading this school policy on television and computer use and signing below, you are giving your child permission to watch educational videos/DVDs and use of the classroom computer throughout their preschool experience at St. John's Preschool.

Parent Signature

Date

Student Name



Preschool Information Updates

At St. John's Preschool, we like to use email as a way to communicate with preschool families. We will use email to send out general reminders and updates concerning events, happenings, and school delays and cancellations. These information updates will be sent out by the Preschool Administrator or your child's teacher. If you would like to be included on the email list, please share your email with us. We will be putting together a group email at the beginning of the school year. Please continue to check your child's book bag on a daily basis. The email updates are not intended to replace information distributed by classroom teachers.

Yes, please add my name to the preschool email:

(PLEASE PRINT YOUR EMAIL ADDRESS CLEARLY)

Name: _____

Child's Name: _____

Email Address: _____

Email Address: _____

Please complete and return this form with your registration packet.



TO: Preschool Parents

FR: Jody Bee, Preschool Administrator

RE: Parents Right to Know Act

As a licensed Preschool in the state of Delaware, the Office of Child Care Licensing maintains a file on every licensed center in the state. The Parents Right to Know Act requires each licensed center to provide parents the opportunity to review the active record and complaint files of any licensed center in the state, if they desire. Evidence that you have been notified of this right must be present in each student file. In compliance with this regulation, please find below two copies of the Parents Right to Know Notice. Please sign and return one copy with your registration packet to be placed in your child's preschool file. Keep the second copy for your records if you desire to inspect our file or any other center's file in the future. If you have any questions, please feel free to contact me.

PARENTS RIGHT TO KNOW NOTICE

UNDER THE DELAWARE CODE YOU ARE ENTITLED TO INSPECT THE ACTIVE RECORD AND COMPLAINT FILES OF ANY LICENSED CHILD CARE FACILITY. TO REVIEW A CHILD CARE FACILITY RECORD CONTACT:

Naomi Gosch,
821 Silver Lake Boulevard, Suite 103
Dover, Delaware 19904
(302)739-5487.

You may also view substantiated complaints and compliance review histories for the past three years by visiting <http://www.apex01.kids.delaware.gov:7777/occl/>

I acknowledge that I received notice of a Parents Right to Know as part of the application packet of materials from St. John's Preschool, Seaford, DE 19973

Name: _____ Date: _____

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