

Spring 2012 3-Week Wildcat Preschool Session

Dear Parents:

The Child Development classes of Community High School will be planning and running a preschool lab program during May. The child needs to be potty trained and between the ages of 3 and 5 years of age. The cost is \$60 total for the 3 week session. A check is to be written out to "CHS" (Community High School). **NO REFUNDS ON FEES BECAUSE MATERIALS ARE PURCHASED IN ADVANCE FOR THE CHILDREN.** There is ONE session for spring 2012 semester.

****PM Session: most Tuesdays, Wednesdays, & Thursdays (unless otherwise noted)***

Preschool dates: Tuesday May 13th to Wednesday May 23rd

Preschool sessions run from **8:00am-9:35am**. Due to Mrs. Bauer's tight schedule, if parents are 5 minutes late to pick up more than twice in the semester a fee of \$1/per minute late will be applied to the child's tuition.

Orientation Day

On **April 30th**, the child and caregiver should arrive at **9:45 am** to have their picture taken for security purposes. Orientation runs until 10:40am. If you cannot attend during this time please reschedule with Mrs. Bauer. This time is my planning period. The procedure will be explained to the parents and child that day regarding the daily routine. It includes:

1. Check in with security at entrance "H". (Park in visitor space.)
2. Pick up parking sign to display in your window.
3. Take the child to the bathroom by the nurse's office.
4. Wash their hands.
5. Proceed to room 108-preschool room.
6. Hang up coats/boots.
7. Stay with the child until the students arrive.
8. If needed there is an observation room to see how your child is adjusting while you are out of the room.
9. Please be on time in picking up your child. If something happens and you are running late, please call the classroom in the preschool room to notify the teacher. **876-6201.**

There is a nurse, Beth Jones, on duty full time in case there may be any problems. The school does not administer any medications and is not responsible for medication.

During the class period there are 8-10 students running the preschool under the supervision of the classroom teacher, Mrs. Bauer. All activities will be on school grounds for this session.

If interested fill out the following information on the next page. Feel free to contact Mrs. Bauer by email at bbauer@d94.org or call (630)876-6377. Applications are to be turned into the Administration Office by entrance "H" in Mrs. Bauer's mailbox. The 16 accepted will be those completing the application process first.

****Also we are looking any donations to the preschool including dress-up clothes, paint/coloring materials, or toys etc. You would be able to use it as a tax write-off as well. I will make sure if it is something I cannot use that we bring it to another organization that can. Also please refer us to anyone who is looking to donate materials or enroll in our preschool program.**

Looking forward to working with you.

Mrs. Bauer

INFORMATION SHEET

Fill out this sheet. Please return to Mrs. Bauer by May 13th 2012

CHILD'S NAME _____ DATE OF BIRTH _____
MONTH DAY YEAR

NICKNAME (IF ANY) _____ BOY _____ GIRL _____ AGE _____
YEARS MONTHS

NUMBER OF BROTHERS _____ AGES _____ NUMBER OF SISTERS _____ AGES _____

HAS YOUR CHILD ATTENDED A PRESCHOOOL? _____ YES _____ NO
IF SO, WHERE?

T-SHIRT SIZE _____

EMERGENCY INFORMATION

CHILD'S NAME _____

CHILD'S PERMANENT ADDRESS _____

MOTHER'S NAME _____ OCCUPATION _____ PHONE # _____

EMAIL _____

FATHER'S NAME _____ OCCUPATION _____ PHONE # _____

EMAIL _____

ANSWER ONLY IF THE CHILD DOESN'T LIVE WITH BOTH PARENTS IN ONE HOUSEHOLD:

ARE PARENTS SEPARATED? _____ DIVORCED? _____ LEGAL GUARDIAN: _____

WITH WHICH PARENT WILL THE CHILD BE LIVING WHILE ATTENDING THIS SCHOOL?

PERSON(S) RESPONSIBLE FOR CHILD IF PARENTS ARE UNAVAILABLE:

NAME _____ RELATIONSHIP _____

ADDRESS _____ PHONE # _____

NAME _____ RELATIONSHIP _____

ADDRESS _____ PHONE # _____

PHYSICIAN'S REPORT

DOES YOUR CHILD HAVE A MEDICAL CONDITION WE SHOULD BE AWARE ABOUT? IF SO PLEASE EXPLAIN. NO YES

IF THE CHILD IS USING ANY MEDICATION, PLEASE EXPLAIN.

NO MEDICINE SHOULD BE BROUGHT TO PRESCHOOL. NO ONE IS AUTHORIZED TO GIVE MEDICATIONS. HOWEVER THERE IS A NURSE ON STAFF IN THE BUILDING.

DATE OF MOST RECENT PHYSICAL EXAMINATION: _____

PLEASE INCLUDE SHOT RECORD. (Xerox form is okay.)

PHYSICIAN'S NAME _____ PHONE # _____

DOES YOUR CHILD HAVE ANY ALLERGIES? _____ If Yes, Explain _____

PLAY

DOES YOUR CHILD USUALLY PLAY: _____ ALONE, OR _____ WITH OTHER CHILDREN? LIST THE AGES OF THE OTHER CHILDREN WITH WHOM YOUR CHILD PLAYS.

WHAT IS YOUR CHILD'S FAVORITE PLAY ACTIVITY? _____

PICTURE RELEASE

LIST ANY OUTSTANDING PHYSICAL OR EMOTIONAL CHARACTERISTICS THAT YOU FEEL MAY BE IMPORTANT TO KNOW ABOUT YOUR CHILD IN HELPING OTHERS TO UNDERSTAND HIM OR HER MORE FULLY.

I _____ (print guardian's name) understand that my child may be video taped/photographed for educational use only. (Video tapes are used for educational instruction from year to year.) Pictures may be taken in the classroom and used for promoting the program through school website or posters. Children's names will not be given. Once my child has been accepted and fees paid there is no refund. I have read and understand the picture release information.

Guardian's signature

PLEASE RETURN THIS ENROLLMENT SHEET BY MAY 13th 2012.