

# Sacred Heart Cathedral Catholic Pre-School Enrollment Packet



Dear Parents/Guardians,

We welcome you and your preschooler to Sacred Heart Preschool. It is our vision to provide your child a happy, Christian environment and a safe, fun early childhood learning program.

Our philosophy for preschool is to provide an environment for the child:

1. Where learning happens as a result of fun.
2. Where learning is accomplished in a Christian atmosphere.
3. Where learning is based on the Kansas Early Learning Standards.
4. That encourages socialization as well as independent play.
5. That reinforces honor and virtue.
6. To help the child learn to relate successfully to others.
7. Where the child feels safe and happy.

Our philosophy of preschool is to provide for the parents/guardians:

1. Open and honest communication about your child.
2. Up-to-date information about your child.
3. An attitude of teamwork in areas relating to your child's development at home and in preschool.

Our goals for teaching your child in preschool:

1. For each preschooler to accomplish learning to recognize and print their name.
2. That each preschooler passes the Kansas Early Learning Standards pertaining to their age group.
3. That we learn your child's interests, strengths, and challenges.
4. To keep records that will show your child's abilities, physical and intellectual achievements.
5. We plan to introduce your child to the Catholic Religion, Art, Music, and Pre-Math, Science, Social Studies, Pre-Reading activities, and Physical Education.
6. To prepare each preschooler for Kindergarten.

## Items Required for SHCS Pre-School Pre-enrollment 2016-2017

Before your child can attend preschool these 4 items must be turned in with the pre-enrollment forms. *(Returning preschoolers need not provide another copy of Birth Certificate or Baptism Certificate.)*

1. A copy of the child's birth certificate.
2. A current copy of the child's immunization record.
3. A copy of a current physical for the child (can be within 11 months of 1<sup>st</sup> day in attendance).
4. A copy of the child's baptism certificate.

**\* Please check which class & time that you prefer to have your child attend.**

\_\_\_ **3 year old Preschool** Tuesdays and Thursdays

(child must be 3 years old by August 1, 2016)

\_\_\_ Morning class 8:00am – 10:30am

\_\_\_ Afternoon class 1:00pm – 3:30pm

\_\_\_ **4 year old Preschool** Mondays, Wednesdays, and Fridays

(child must be 4 years old by August 1, 2016)

\_\_\_ Morning class 8:00am – 11:00am

\_\_\_ Afternoon class 12:30pm – 3:30pm

### Preschool Payment Agreement

I agree to pay the monthly preschool fee to SHCS by the 8<sup>th</sup> of each month. If I pay after the 8<sup>th</sup> of each month I will pay a late fee of \$5 per day that I am late. The preschool payments are \$90 per month for the 3 year old class and \$130 per month for the 4 year old class. I have read this statement and agree by signing here:

Signature \_\_\_\_\_ Date \_\_\_\_\_

### Late Pickup Fee

I agree to pick my child up at the dismissal time stated. If I am more than ten minutes late I agree to pay \$1 per minute that I am late picking up my child. The late fee payment will be due at the time I pick up my child or before the next class period. Dismissal times for the 3-year-old morning classes are Tuesday and Thursday at 10:30am. Dismissal time for the 3-year-old afternoon classes are Tuesday and Thursday at 3:30pm. Dismissal times for the 4-year-old morning classes are Monday, Wednesday, and Friday mornings at 11:00am. Dismissal time for the 4-year-old afternoon classes are Monday, Wednesday, and Friday at 3:30pm. If my child is picked up late after dismissal time, my child will be waiting in the school office for pick-up. I have read and agree by signing here:

Signature \_\_\_\_\_ Date \_\_\_\_\_

**Preschooler's Enrollment Record**

Preschool child's name

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Gender: Male or Female

Child's birthday -----

Mother's Name ----- Mother's Date of Birth -----

Father's Name ----- Father's Date of Birth -----

Mother's Employer and Work Hours -----

Father's Employer and Work Hours -----

Home Phone Number -----

Cell Phone Numbers ----- (mom) ----- (dad)

Cell Phone Numbers ----- (mom) ----- (dad)

Mailing address -----

**Emergency Contacts and Permission To Drop Off and Pick Up Preschooler**

1. Name -----

Address -----

Home Phone Number -----

Cell Phone Number -----

Work Phone Number -----

Relationship to the preschooler \_\_\_\_\_

**Emergency Contacts (continued)**

2. Name \_\_\_\_\_

Address \_\_\_\_\_

Home Phone Number \_\_\_\_\_

Cell Phone Number \_\_\_\_\_

Work Phone Number \_\_\_\_\_

Relationship to the preschooler \_\_\_\_\_

**Medical Record for Preschooler**

Name of child \_\_\_\_\_

Date of birthday \_\_\_\_\_

Preschooler's Physician \_\_\_\_\_

Physician's Address \_\_\_\_\_

Physician's Phone \_\_\_\_\_

Preschooler's Allergies \_\_\_\_\_

Chronic Illnesses that the preschooler has or had \_\_\_\_\_

\_\_\_\_\_

Any special medical instructions for the preschooler

\_\_\_\_\_

\_\_\_\_\_

**Authorization for Medical Treatment**

**(This will need to be legally notarized)**

Sacred Heart Cathedral Catholic Pre-School has my permission to obtain emergency medical treatment for my child, (Child's Name)

\_\_\_\_\_, including the administration of anesthesia if a physician advises surgery when I cannot be reached or if a delay in reaching me with information about my child would be dangerous for him/her.

The insurance provider for my child \_\_\_\_\_  
(Please include a copy of your child's insurance card)

Preferred Hospital/Treatment Center \_\_\_\_\_

I understand that I assume all financial responsibility for any treatment or injuries sustained by my child while he/she is attending Sacred Heart Cathedral Catholic Pre-School.

Signature of parent or guardian \_\_\_\_\_

Date \_\_\_\_\_

Notary \_\_\_\_\_ Date Commission Expires \_\_\_\_\_

**Travel and Activity Authorization**

**(This will need to be legally notarized)**

Sacred Heart Cathedral Catholic Pre-School does take field trips and participates in school activities. As a parent you will be notified in advance of all field trips or activities. Parents/guardians are not allowed to participate in any field trips or activities until they have taken the "Protecting God's Children" class through COLG.

By signing I understand and agree. I give permission for my child, \_\_\_\_\_, to leave Sacred Heart Cathedral Catholic Pre-School for supervised field trips in a car/bus that is in safe working condition and insured. The adults supervising the field trip and transporting the children will have taken the "Protecting God's Children" class through COLG. Restrictions I as a parent want on such trips for my child include \_\_\_\_\_.

Signature of parent/guardian \_\_\_\_\_

Date \_\_\_\_\_

Notary \_\_\_\_\_ Date Commission Expires \_\_\_\_\_

**Pre-School Introduction for the Preschooler**

This will help the teacher at SHCS know your child better. Please complete by answering yes or no.

1. Is your child shy?
2. Is your child overactive?
3. Is your child completely toilet trained? (This includes being able to wipe themselves if a bowel movement happens.)
4. Is your child used to a daily nap? Time and length?
5. Is your child subject to temper tantrums?
6. What is your child's bedtime?
7. What is your child's wakeup time?
8. Does your child suck his/her thumb?
9. Does your child use a special language?
10. Does your child have certain fears? If the answer is yes, please discuss this with me directly.
11. Does your child play well with other children?
12. Does your child have siblings?                      How many?  
Names of siblings and ages?  
Do siblings live with the child?
13. Is your child a picky eater?

Events in your home atmosphere often influence your child's attitude and behavior. Please help me to better help your child when these situations happen at home by informing me of the situations/events.

Some examples of these things are: Divorce, separation from a relative or friend, death of a relative or friend, or death or loss of a family pet. Thank you for informing me and all information will be kept private.

I have read and answered all questions and I agree to all statements.

Signature of parent/guardian \_\_\_\_\_ Date \_\_\_\_\_

**Snacks and Milk**

The pre-school teacher will provide a nutritious snack each day. The cost of snack is \$10 per month. The snack fee is paid directly to the pre-school teacher in the classroom. Milk is offered everyday during snack time. The cost of milk per pre-school year is \$12 for the 3-year-old class and \$16 for the 4-year-old class. The milk fee is paid to the SHCS lunchroom supervisor.

**Toys, Blankets, Security Items, and Food**

Please do not allow your child to enter the pre-school room eating or drinking anything. Please have your child finish all food and drink before entering the school. Candy and gum is not allowed in the school. Toys, blankets, and self-security items like stuffed animals, dolls, and pacifiers are not allowed in preschool. Items cannot be brought in and kept in their school bags. Show-n-Tell is Thursdays and Fridays and those are the only days toys are allowed at preschool.

**Bathroom**

As a parent you sign the pre-enrollment form agreeing that your child is completely toilet trained. This means your child can go to the bathroom and sit on the toilet by him/herself. Your child can wipe themselves if they have a bowel movement. Your child can pull their own pants up and correctly snap or button their pants. If an accident happens your child can clean and change him/herself with assistance. It is stated in the preschool handbook that if 3 bathroom accidents happen a meeting will be arranged to discuss if your child may need to stay home until toilet training is completed. Please have extra underwear and socks in your child's school bag. We have extra clothes at preschool but not underwear and socks.

**Pre-School Agreement:**

I have read and understand all forms given to me by SHCS. I agree to fulfill my responsibility as stated. I understand and agree that I will not send my child to preschool ill and if I do the pre-school teacher will have to call to have the child taken home. I understand all the policies and rules. I agree to work with the pre-school teacher as a partner in the care and education of my child. I realize that my child can be suspended from pre-school for being routinely disruptive and disrespectful to the teacher and children. I agree to all statements and policies by signing here:

Signature \_\_\_\_\_ Date \_\_\_\_\_

I am glad to serve you as the Sacred Heart Cathedral Catholic Pre-School Teacher,  
Mrs. LaShaina Lee-Flax  
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