

REGISTRATION INFORMATION: 2020-2021



420 S. Sandy Hill Rd. Coatesville, PA 19320 • 610-857-1922

Sandy Hill Preschool will open registration for families (currently enrolled) for the 2021-2021 school year on **THURSDAY, JANUARY 9th at 9:15 a.m.**

New families are invited to come and see Sandy Hill Preschool on **Friday, January 17th, 2019 at 9:45am.** Please tell your friends about our great program here at Sandy Hill and inform our office of their mailing address if possible, so that we can send them a personal invitation with an R.S.V.P.

A completed registration form accompanied by a registration fee is necessary for us to register your child in preschool. The registration fee is not credited towards tuition nor will it be refunded if your child is withdrawn. Tuition payments for 2019-2020 **need to be current** in order to register for the 2020-2021 school year.

The monthly tuition fees for the 2020-2021 school year are as follows:

Beginning with Play	\$85.00/10 week session (1 day/week on Wednesdays, 9:45-10:45 am, 10 children/class) For ages 18 mos. - 3 years old
2 1/2 Year Old Class	\$130.00 (2 days/week: Tues/Thurs or Wed/Fri, 9:30-11:30 am, 8 children/class) Must be two years old by April 1 st
Young 3's Class	\$130.00 (2 days/week: Tues/Thurs, 9:30-11:30 am, 8 children/class) Must turn three years old between July 1 st - November 1 st
3 Year Old Class	\$128.00 (2 days/week: Tues/Thurs, 9:30-11:30 am, 10 children/class) \$150.00 (3 days/week: Tues/Wed/Thurs, 12:30-2:30 pm, 10 children per class) Must be three years old by September 1 st
Young 4's Class	\$150.00 (3 days a week: Mon/Wed/Fri, 9:30-11:30 am, 10 children/class) Must turn four years old between July 1 st - November 1 st
4 Year Old Class	\$150.00 (3 days/week: Mon/Wed/Fri, 9:30-11:30 am, 12 children/class) \$150.00 (3 days/week: Tues/Wed/Thurs, 9:30-11:30 am, 12 children/class) \$150.00 (3 days/week: Tues/Wed/Thurs, 12:30-2:30 pm, 12 children/class) Must be four years old by September 1 st
5 Year Old Class	\$200.00 (4 days/week: Mon/Tues/Wed/Thurs, 9:00-11:30 am, 15 children/class) <i>Must be 5 years old by December 31st. Current students with birthdates falling between Sept.2nd & Dec.31st must receive staff recommendation prior to registration. Please see Preschool Director if you have any questions regarding this class.</i>

ENRICHMENT CLASS OPTION ADD ONS:

(payments listed below are billed the 1st of the month with tuition, Sept.-April, see class registration form for details.)

Lunch Bunch	\$16.25 (8 Installment Payments Sept.-April for 20 classes: offered Mon. - Fri. from 11:30—12:30 pm)
Enrichment Class	\$42.50 (8 Installment Payments Sept.-April for 20 classes on Tuesdays from 11:30-1:30 pm, includes Lunch Bunch) *for our 3-5 yr old students, who are enrolled in a class, must be potty-trained.
Extended Day Option	\$50.00 (8 Installment Payments Sept.-April for 20 classes: offered Mon. - Thurs. from 11:30—2:30 pm, includes Lunch Bunch) *for our 4 and 5 yr old students only, who are enrolled in an am class
Extended Week Option	\$50.00 (8 Installment Payments Sept.-April for 20 classes: offered Fridays from 9:30-12:30 pm, includes Lunch Bunch) *for our 3-5 yr old students looking to add an extra day to their week.

**** Please include \$55 registration fee (nonrefundable) with completed registration form****

Late registrations- The registration fee after July 1, 2020 will be \$65

**** Please submit a copy of your child's immunization records before the first day of class ****

REGISTRATION FORM

Please indicate your choice of session (Check One):

Birthdate

- ☐ 2 ½ Year Old Class.....Tuesday/Thursday Mornings..... 9:30-11:30
☐ 2 ½ Year Old Class.....Wednesday/ Friday Mornings..... 9:30-11:30
☐ Young Threes Class.....Tues/Thurs Mornings..... 9:30-11:30 July 1-Nov.1
☐ Three Year Old Class.....Tues/Thurs Mornings..... 9:30-11:30
☐ Three Year Old Class.....Tues/Wed/Thurs Afternoons..... 12:30-2:30
☐ Young Fours Class.....Mon/Wed/Fri Mornings..... 9:30-11:30 July 1-Nov.1
☐ Four Year Old Class.....Mon/Wed/Fri Mornings..... 9:30-11:30
☐ Four Year Old Class.....Tues/Wed/Thurs Mornings..... 9:30-11:30
☐ Four Year Old Class.....Tues/Wed/Thurs Afternoons.....12:30-2:30
☐ Five Year Old Class.....Mon/Tues/Wed/Thurs Mornings..... 9:00-11:30

Student Referral Program

I was referred by: _____ ☐ Road Sign ☐ Website ☐ Newspaper ☐ Facebook
 Other- _____

Student Information:

Child's Name _____ Nickname _____

Date of Birth _____ Child's Age Now _____ ☐ Male ☐ Female

Home Phone () _____ New Student: ☐ Yes ☐ No Returning Family: ☐ Yes ☐ No

Address _____

Father's Name _____ Occupation _____

Address (if different) _____ Phone Number _____

_____ Cell Phone _____

Mother's Name _____ Occupation _____

Address (if different) _____ Phone Number _____

_____ Cell Phone _____

For Office Use Only

Date Rec'd _____ Amount Paid _____ Check or Receipt # _____ Rec'd By _____
 Month/Day/Year

Student Information (con't.)

Other Persons in Household:

_____ Step-parent

_____ Grandparent

Other _____

Siblings (names and birthdates) _____

General Information To Help Us Know Your Child

Does your child:

Have any unusual fears? _____

Need assistance with routine bathroom procedures? _____

Prefer using which hand? ☐ Left ☐ Right

Attend Sunday school? ☐ Yes ☐ No If yes where? _____

Does your child have any known, diagnosed special needs (ex. ADHD, Autism, Speech etc.)? ☐ Yes ☐ No

If yes, please explain _____

Is your child currently receiving any services (speech, occupational therapy etc.)? ☐ Yes ☐ No

If yes, who is providing the service _____

I give permission for our address and phone number to be included in the Preschool Directory.

☐ Yes

☐ No

- I would like to receive the preschool newsletter as:

☐ Paper copy ☐ email: _____

- For inclement weather or special announcements (ex: no heat / electric / preschool events), please provide us with your email address. This will be one more means Sandy Hill Preschool can use to notify you should there be cancellation of classes or early dismissals.

Please use this e-mail address _____

ALLERGY POLICY



420 S. Sandy Hill Rd., Coatesville, PA 19320 • 610-857-1922

I, _____, acting for myself and my child(ren) hereby indemnify and hold harmless the Sandy Hill Preschool (and its staff members) from any claim or liability for food allergy reactions, related to my child(ren)'s consumption of food provided by the Preschool.

Student's Name

Parent's Signature

Date:

Sandy Hill Preschool Director's Signature

Date:

****Only if your child has a food allergy please fill out and sign the form below. ****

**** If your child has any food allergy, parents must be willing to supply the child's snack. The snack will include a small food item and a drink (if your child will not drink water). The snack should be in a labeled container and brought daily to preschool. Preschool will serve only the food items brought in by the parent/guardian to a child with a food allergy.**

**** Parents may check with their individual teachers for a snack schedule to assist you in providing a similar snack.**

Food Allergy: _____

_____ *Yes, I commit to providing a daily snack for my child on each preschool day.*

Parent/Guardian's Signature

Date:

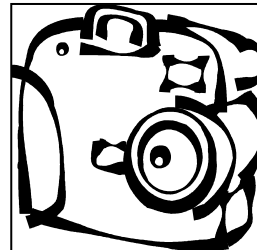
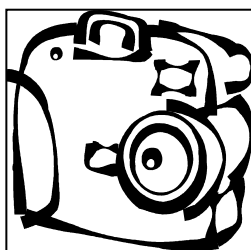
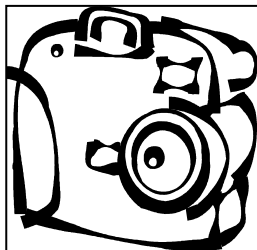
Sandy Hill Preschool Director's Signature

Date:

PHOTOGRAPHS/ VIDEOTAPING



420 S. Sandy Hill Rd., Coatesville, PA 19320 • 610-857-1922



Occasionally the preschool staff or approved visitors take pictures of or videotape the children. These pictures are used to publicize and promote Sandy Hill Preschool activities or events. Pictures may appear in local newspapers, brochures, or on our web site. No additional notice may be given of picture-taking sessions.

The form below is for parental approval/release for photographs. Please sign and date where indicated below. No photos or videos will be taken of children whose parents do not grant permission.

Please check only ONE box.

- ☐ **IN SCHOOL AND OUTSIDE PROMOTION** (Examples: cubbies, placemats, wall posters, PowerPoint presentations at open houses, website, newspapers, etc.)
I do give permission for my child to be photographed or videotaped while at the preschool or on preschool field trips for purposes of promoting the preschool and its activities.
- ☐ **IN SCHOOL ONLY** (Examples: cubbies, placemats, wall posters, PowerPoint presentations at open houses)
I do give permission for my child to be photographed or videotaped while at the preschool or on preschool field trips for purposes of promoting the preschool and its activities.

Child's Name _____

Parent/Guardian Signature _____ Date _____

Emergency Information

Child's name _____ Date of birth (M/D/Y) _____

Parent/guardian #1 _____

Phone numbers (H) _____ (W) _____ (C) _____

E-mail address _____

Parent/guardian #2 _____

Phone numbers (H) _____ (W) _____ (C) _____

E-mail address _____

Emergency contacts (other than parent/guardian):

Emergency contact #1 _____ Relationship _____

Phone numbers (H) _____ (W) _____ (C) _____

Emergency contact #2 _____ Relationship _____

Phone numbers (H) _____ (W) _____ (C) _____

Who will be allowed to pick up your child (other than parent/guardian)?

"Pick-up" Person #1 _____ Relationship _____

Phone numbers (H) _____ (W) _____ (C) _____

"Pick-up" Person #2 _____ Relationship _____

Phone numbers (H) _____ (W) _____ (C) _____

"Pick-up" Person #3 _____ Relationship _____

Phone numbers (H) _____ (W) _____ (C) _____

Medical Information:

Physician _____ Phone _____

Dentist _____ Phone _____

Preferred Hospital in case of an emergency _____

Does your child have any special medical needs? _____

Does your child have any allergies? _____

Does your child have any food allergies? _____

Please list and explain any medication your child may need or use on a regular basis.

I hereby give my consent for the named child to be admitted to the designated Sandy Hill Preschool program. I understand that acceptance is at the discretion of the Sandy Hill Preschool. I will not hold any personnel associated with the designated Sandy Hill Preschool program liable for any injury whatsoever my child may sustain in the activities thereof. After Sandy Hill Preschool staff has made every attempt to contact a parent or guardian, I authorize Sandy Hill Preschool staff to secure first aid and/or the services of any legally qualified physician or hospital and agree to assume all financial obligations connected therewith.

Signature of parent or guardian

Date