

Registration Process for St. Peter's Preschool 2020-21

*Classes offered:

- 2's Monday/Wednesday or Tuesday/Thursday
10 spots per class total 20 spots
- 3's Monday/Wednesday or Tuesday/Thursday
14 spots per class, total 28 spots
- 3's Four Day Program Monday-Thursday
14 spots
- 4's Four day program Monday-Thursday
16 spots per class, total 48 spots
- Current families may register Wednesday, December 18th
until Monday, January 12th.
- Alumni families and church members can register Monday, January
12th
- Registration opens to the public Wednesday, January 15th

All classes will be filled on a first come basis.

Teacher requests: Student placement is taken seriously and is initiated according to a process involving time and careful thought concerning the best interest of every child in each classroom. Classrooms are heterogeneously grouped. In order to create balanced classes of students, the following factors are considered: gender, ability levels, student needs, behavior concerns, and special program needs.

We know sometimes when a brother or sister has had a great experience with a wonderful teacher we want to replicate that same experience for our next child. However, each child is unique and no experience can be exactly the same for any child. We believe we have assembled the BEST staff - committed to ensuring a successful school year for your child and willing to work with you to help your child have a great learning experience.

St. Peter's Preschool will operate with three classrooms for four year olds. Each classroom will be equally equip with learning materials and free play materials. Teachers will adapt these materials to meet her teaching style along with the interests of the children in the class.

Teacher assignments will be finalized by August 28, 2020.



St. Peter's CCC Preschool 2020-2021 Registration Form

Child's Name: _____

Name to be used in classroom: _____ Shirt Size: YXS YSM YMed

Date of Birth: _____ Gender: _____

Street Address: _____

City & Zip: _____

Home Phone Number: (_____) _____

Email Address: _____

(Please list all emails you wish us to send school communications to.)

Mother's Name: _____ Cell Phone: _____

Mother's Address (if different than child's)

Father's Name: _____ Cell Phone: _____

Father's Address (if different than child's)

Class Selection

___ 2 Year Olds Monday/Wednesday

___ 2 Year Olds Tuesday/Thursday

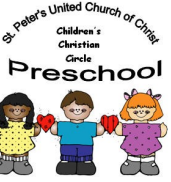
___ 3 Year Olds Monday/Wednesday

___ 3 Year Olds Tuesday/Thursday

___ 3 1/2 Year Olds Monday ~ Thursday
(4 by 2/1/21)

___ 4 Year Olds Monday-Thursday

Classroom placement is based on the child's age as of 9/1/20.



Emergency Names and Numbers:
Please list family or friends we can contact if you are unreachable in case of an emergency such as sickness.

Name: _____ Phone: _____

Name: _____ Phone: _____

Physician

Name: _____ Phone: _____

Allergies:

Dietary Restrictions:

Medical Situations we should be aware of:

Medication taken regularly:

Medical Treatment:

In case of sickness or in the event my child is injured while attending St. Peter's CCC Preschool, I give my permission for any staff member in charge to administer treatment or obtain necessary medical attention.

Signature: _____ Date: _____

For use in an emergency situation:

Child's health insurance company name: _____

Policy held in the name of : _____

Student Information:

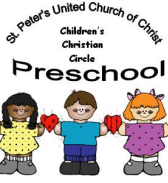
Favorite color: _____ Animal: _____

My child enjoys playing _____

Siblings names and ages: _____

Three words that describe my child _____

Important qualities of a teacher for my child: _____



Student Release Information

Please list below all persons whom we may release your child to at dismissal.

Name: _____ Phone: _____

Name: _____ Phone: _____

Name: _____ Phone: _____

Please list anyone whom we should not release your child to:

Parent Permission Signatures

Below permission signatures will signify to St. Peter's Preschool your wishes in regards to pictures of your child, release of information for school directory and emergency phone tree, walks in the neighborhood, and posting on the preschool website. If there is not a signature, we will assume you are not giving permission.

I give permission for my child to be photographed at St. Peter's CCC Preschool and on field trips for classroom projects.

Parent Signature: _____ Date: _____

I give permission for my child's name, address, and phone number to be given to other parents at St. Peter's CCC Preschool for a school directory and an Emergency Phone Tree.

Parent Signature: _____ Date: _____

Throughout the year we will take short walks around the immediate neighborhood. These walks will be related to our theme, collecting items from nature or just for fun. I give permission for my child to go on brief walks with St. Peter's CCC Preschool staff.

Parent Signature: _____ Date: _____

I give permission for my child's image to be put on the website, www.stpeters-preschool.com with no name or personal information listed.

Parent Signature: _____ Date: _____