



St. Paul Lutheran Preschool

2024 - 2025

1450 5th Street, Calhan, CO 80808

719-347-2798

www.stpaulcalhan.org

Director: Lindsey Osburn

Ages 3 to 6 years

Tuesday Wednesday Thursday Friday

AM: 8:00 – 11:00

PM: TBD



Matthew 19:14 “Let the children come to me.”

Office Hours: Tues. - Fri. / 8am - 12pm

Office Manager: Karen Rau

Play Today

You say you love your children, and are concerned they learn today
So am I, that's why I'm providing a variety Of kinds of play.

You're asking me the value of blocks and other such play?
Your daughter's creating a tower She may be a builder someday.

You're asking what's the value of having your children play?
Your children are solving problems... They will use that skill everyday.

You're saying you don't want your son to play in that "sissy" way?
He's learning to cuddle a doll... He may be a father someday.

You're questioning the interest centers... They look like useless play?
Your children are making choices... They'll be on their own someday.

You're worried your children aren't learning and later they'll have to pay?
They're learning a pattern for learning For they'll be learners always.

PARENT HANDBOOK
St. Paul Lutheran Preschool
2024-2025

This Parent Handbook has been developed according to the Rules Regulating Child Care Centers of the Colorado Department of Human Services, specifically 7.702.4.

PURPOSE AND PHILOSOPHY:

The purpose of St. Paul Lutheran Preschool will be to develop children's spiritual growth, cognitive development, social abilities, emotional capacities, and physical skills in a warm, loving, and secure setting. In this setting we will provide opportunities to gain independence and to strengthen the self-concept of each child. We will provide opportunities for development of wholesome social relationships, age appropriate play experiences, build important foundations for academic pursuits.

We are pleased to offer this preschool to your family and the community. Children are important, need to be honored, deserve time, attention and direction, and need to be told they are loved. Our preschool hopes to fulfill these needs.

Governing Body

The center is a not for profit preschool. It is governed by a five-member board and is under the supervision of St. Paul Lutheran Congregational Council. Members of the board are the Director, the Assistant, three (3) members of St. Paul Lutheran Church and/or alumni member. The pastor of St. Paul Lutheran may act as a liaison between the preschool and the congregation. The Congregational Council and Preschool Board hire a director to run the center and approve all staff and volunteers with recommendations from the Director.

Parents are welcome and encouraged to attend Preschool Board meetings (special meetings may be called).

Staff :

Director
Lindsey Osburn

Assistant
Jodi Blake

preschool@stpaulcalhan.org

preschool@stpaulcalhan.org

Pastor
Pastor Harvey Johnson
719-470-4230

Office Manager
Karen Rau
719-347-2798

Preschool Board:

President
Pam Gotschall
15055 Chaparral Lp. E.
Peyton, CO 80831
719-661-6373 c
pgotschall@yourfsb.com

Vice President
Laurie White
16210 Elbert Road
Peyton, CO 80831
719-930-7306 c
lauriewhite44@gmail.com

Secretary
Jeanette Bartling
344 Boulder Street
Calhan, CO 80808
719-641-1477 c
bartlingjeanette@aol.com

Treasurer

Wendy Walp
PO Box 33
Elbert, CO 80106
303-243-1308 c
bisongirl_2@hotmail.com

Member

St. Paul Lutheran Council President: Blair Bartling , 719-648-9621

Please do not share these phone numbers. Thank you.

PARENT VOLUNTEERS

The St. Paul Lutheran Preschool staff feels that you and your family are the key to your child's development. We are here to supplement and guide your child's development with your support. There are a number of ways for parents to be involved such as volunteering, or bringing snacks Parents may also become involved with helping prepare items for upcoming lessons, attending parent meetings, and being a "room parent" to organize and serve holiday parties throughout the year. If you would like to volunteer, please let us know.

The main focus of the Director, the Assistant and Preschool Board is that your child and your family have a wonderful experience while at St. Paul Preschool. However, should any issues arise that concern you we want to hear about them. We ask that you consider bringing concerns first to the Director, if not comfortable then contact a Preschool Board member listed in this handbook and if you choose you may bring it to the Preschool President. Any conflict resolution is guided by Matthew 18:15-20. If your concern has not been addressed then please address it with St. Paul Lutheran Church Council.

LICENSING: The St. Paul Lutheran Preschool is licensed for 15 children per session and accepts potty-trained children aged 3 through 6 years. This Preschool admits students of any race, color, creed, national or ethnic origin to all the rights, privileges, programs, and activities generally accorded or made available to students at the public school. Our staff is not qualified to provide special education services.

SCHEDULE: The morning class meets Tuesdays, Wednesdays, Thursdays, and Fridays from 8:00 - 11:00 a.m. There is not currently an afternoon class option available. The preschool operates from September through May. **The Calhan School calendar is followed for holidays and vacations.**

REGISTRATION:

Special Needs children will be assessed and considered for placement in our program.

1. Admission intake form
2. Record of physical exam within the last year, signed by a doctor
3. Tuition agreement Form signed
4. Video and photography release signed
5. Sunscreen Release signed
6. Nonrefundable registration fee of \$35.00

7. Copy of birth certificate
8. Immunization card

FEE SCHEDULE:

The 2024-2025 monthly tuition fee is \$120 for 2 days per week, and \$180 for 3 or 4 days per week. Please carefully read the terms of Tuition Agreement form at the end of this handbook. A signed agreement is required and included in the registration packet. Tuition is due by the 10th of each month.

SUPERVISION OF CHILDREN

Children are always under the direct supervision of the Director and assistant and will be counted 5-6 times a day during class time.

DISCIPLINE POLICY

Each child enrolled at St. Paul Lutheran Preschool is a unique human being who has his or her own needs and ways of expressing them. When, at times, his/her emotions overcome acceptable behavior, a form of discipline must be used. Our discipline consists of positive reinforcement and preventative measures.

At St. Paul Lutheran the discipline is “redirecting. The safety and well-being of all the children is our primary concern. St. Paul Preschool encourages the children to choose kindness, listening to others, and to follow directions.

ILLNESS POLICY – Please refer to form at the end of this handbook. Please inform the preschool if your child will be absent from class.

EMERGENCY PROCEDURES: *Emergency Response Guide.*

A. *TORNADOES* – In the event of a tornado, the children will be taken to the two door entrances facing hallway, sitting along the walls in a crouch and cover position until the all clear signal. We will conduct a tornado drill every other month.

B. *BLIZZARDS* – St. Paul Preschool follows Calhan School District RJ1 inclement weather closure policy. If Calhan District has a two-hour delay or closes, St Paul Preschool will close. If a snowstorm occurs during school hours, the children will be kept warm and safe inside the building until their parents can safely get them.

C. *LOST CHILD* – the center would call 911 and provide information on the child and last whereabouts. Parents will be contacted immediately.

D. *FIRE* – We conduct a monthly fire drill. After the children are safely out of the building, 911 will be called and parents will be notified immediately. The Fire Department will visit the children in the fall.

E. *ACCIDENT/INJURY*- The staff of St. Paul Lutheran Preschool are all CPR, First Aid, and Universal Precautions qualified. The Director is qualified in Medical Administration. The following will occur in the case of an accident or injury:

1. Keep calm – notify Director immediately
2. If it is a serious injury or illness, call paramedics (911), then parents in that order.
3. There are emergency phone numbers posted next to the phone in the classroom.
4. Poison Control Center 1-800-332-3073 – Denver
5. Poison Control Center 1-800-332-3073 – Co. Springs

TRANSPORTATION OF CHILDREN

No transportation is provided to and from the school. Parents transport their own children.

TELEVISION AND VIDEO POLICY

The registration form has a section for you to sign to give permission for your child to watch an age appropriate video. The Director will let you know of the title and purpose of having a video.

COMMUNICATION

Communication to parents and guardians is done through the Class Dojo app. Please ensure all adults associated with your preschooler has this app so they can be current on any information and announcements from the teacher.

INCLEMENT WEATHER

Our preschool follows the Calhan RJ-1 calendar and weather closure policy. If Calhan school delays, there is no morning preschool for St. Paul. If Calhan school cancels, we will not have school either that day. We will notify you via Class Dojo.

POLICY ON RIDING IN A VEHICLE

At no time will children be riding in a vehicle.

PROCEDURE FOR DROP-OFF/PICK-UP FROM SCHOOL

Preschool begins @ 8am. ***Please do not drop your child off early and a teacher must be present.*** The teachers need the 15 minutes prior to class starting to set up and prepare for the day. Children will always be signed in and out of the center. Children will be released only to the adult(s) for whom written authorization has been given and is maintained in the child's record. In an emergency, the child may also be released to an adult for whom the child's parent or guardian has given verbal authorization. If the teacher who releases the child does not know the adult, identification will be required to assure that the adult is authorized to pick up your child. In the event of an individual not authorized by the parent or guardian who attempts to have the child released to them the police will be contacted immediately. A staff person will stay with the children until all children are picked up.

PROCEDURE TO ENSURE ALL CHILDREN ARE PICKED UP FROM SCHOOL

Please be prompt! Your child is very well aware of your coming and going as well as the other children coming and going with their parents. The Director or Assistant will stay with your child. A sign-in/sign-out sheet will support the routine to make sure all children are picked up. This form will be replaced each day. Parents or emergency contact will be called by 11:15am for the morning session. If, by the close of business that day the child has not been picked up and no parent contact can be made the Dept of Human Services will be called.

MEDICINE POLICY – St. Paul Preschool sessions are only 3 hours long. We will not be responsible for administering medication during that period. If your child has ***emergency*** medications, they can be kept at school with written instructions and signature from your child's doctor on a required state form provided by St. Paul Lutheran Preschool. All medications must be in their original container, they will be locked in a lock box while it is at St. Paul Lutheran

Preschool. Please do not send anything with your child including Chap Stick, cough drops or topical creams as St Paul Preschool is not allowed to administer without written doctor's orders.

PERSONAL BELONGINGS

Cubbies: Each child is given a cubby with their name on it in which to store their personal belongings. Please check their backpack, cubbies and their file by the preschool door each day for artwork and special memos. We ask that parents do not send money with their child. Please have their name on any personal belongings brought in. Each child will bring their own water bottle, labeled with their name on it every day.

SNACKS –On our Class Dojo app, there will be a place to sign up for snacks. We will let you know if we have a special theme planned and if we need special items. **Allergies will be listed in the classroom, and communicated via Class Dojo.** Please feel free to ask if you have any questions about snacks. Thank you for your support.

BATHROOM POLICY

Backup clothing: Children are encouraged to use the restroom on their own, and of course assistance is provided as needed. Children must be potty trained to attend school. In the case of an accident, children will be cleaned and changed in the bathroom. Please provide an extra set of clothing. The soiled clothes will be placed in a bag to be brought home.

VISITOR POLICY

Parents are welcome any time to observe or participate in the program. We welcome suggestions and volunteers. Visitors must place their name, address, and the purpose of their visit in the visitors' log inside the classroom. At least one piece of identification will be inspected for individuals who are unknown to personnel at the preschool.

PARENT/TEACHER CONFERENCES

An end-of-the-year assessment will be done for those children entering kindergarten. Conferences for other children will be given at the parents request only.

PROCEDURE FOR FILING A COMPLAINT ABOUT ST. PAUL PRESCHOOL

*Chain of Command: Preschool Director, Preschool Board President, Church Council President

Information for filing a complaint about childcare is as follows: To file a written complaint, send to Department of Human Services, Child Care Division, 1575 Sherman Street, Denver, CO 80203-1714. You may also contact the Child Care Division at (303) 866-5958 or 800-799-5876. In El Paso County write to: El Paso County Department of Human Services, Childcare Licensing Division, 105 North Spruce, Colorado Springs, CO 80905. Or call Department of Human Services at (719) 636-0000, or Childcare licensing at (719) 444-5000.

PROCEDURE FOR REPORTING CHILD ABUSE

To report child abuse to the El Paso County Department of Social Services, call the child abuse hotline at (719) 444-5700. In case of an extreme emergency, call 911.

WITHDRAWING YOUR CHILD FROM PRESCHOOL

In the event you choose to withdraw your child from preschool, please give 2 weeks notice of withdrawal to the Director. If a child is withdrawn during the month, tuition for that month is nonrefundable. *Please see tuition agreement.

ILLNESS POLICY

Per the State of Colorado Rules Regulating Child Care Centers: Young children frequently become mildly ill. Infants, toddlers and preschoolers experience a yearly average of six respiratory infections (colds) and can expect one to two gastrointestinal infections (vomiting and/or diarrhea) each year.

Deciding whether to keep your child at home or when to send a child home from child care/school can be difficult. It is important for parent and caregivers to discuss what observations have been made and agree on a plan of action.

Please contact the facility when your child is ill and describe the illness. If a specific diagnosis is made (i.e. strep throat, conjunctivitis, chicken pox, etc.) let the facility know so other families can be alerted.

Clearly there are instances when it is necessary for a child to remain at home. The following symptoms may be used as guidelines and recommendations for exclusion from preschool:

Fever	Diarrhea	Vomiting
Weepy eyes	Itchy or irritating rash	Contagious Illness

OTHER IMPORTANT ISSUES:

Parent Responsibilities:

Updates: We publish a **monthly calendar**, which is posted in the classroom and on the bulletin board by the church office. A calendar is also sent home each month with the child. Please enjoy reading them and anticipating future events such as field trips and parties. There is also a parent **information bulletin board** outside of the classroom as well as a variety of **brochures** available on the shelving unit next to the sign-in table.

Helping at home: **Reading together every day** encourages time together and full attention on your child. Children also enjoy walks and talking about what they see.

School supply list: You will be notified at Back to School night of any supplies that may be needed for the year.

Toys: **Please do not bring toys from home.** They may get broken, lost, or taken by others and St Paul Preschool can not be responsible for these items.

Show and Tell: On occasion throughout the year we may have special show and tell. You will be notified in advance.

St Paul Preschool Tuition Agreement

Tuition is as follows:

\$120/month for 2 days per week
\$180/month for 3 or 4 days per week

Tuition is due by the 10th of each month. Tuition may be paid with cash, check, debit or credit card. Please pay tuition to the preschool director. We will be happy to provide you with a receipt if you request.

If tuition is not paid by the 10th of the month and you have not made arrangements with the preschool director, St Paul Preschool will charge \$5/day late fee.

Please keep in mind that you are required to pay tuition when your child is out ill, on vacation or on days that the school closes for inclement weather. St Paul does not credit for these days, nor are we able to make up these days due to licensing regulations.

If your child is absent for longer than two weeks and you have not notified St Paul of reasons for this absence, St Paul will assume that you are no longer planning on attending the program and your preschool spot will be given to the next child on the list. Please keep in mind that you will be financially responsible for the time in which your child did not attend.

If you choose to withdraw your child from our program, St Paul requires a two-week notice. If you withdraw without a two-week notice you are still responsible for payment during the time you child did not attend.

Please let us know if you have any questions regarding this agreement. This agreement must be signed and returned at the time of registration.

I, _____ have read and understand the above tuition policies. By signing this agreement, I understand that I am fully responsible for paying my child's tuition with regards to the above.

Parent Signature: _____

Date: _____

**This copy is for your reference. Copy to be signed is included in the registration packet.*

At registration, parents are to fill out the listed forms, and provide copies of:

9. Admission intake form
10. Record of physical exam within the last year, signed by a doctor
11. Tuition agreement Form signed
12. Video and photography release signed
13. Sunscreen Release signed
14. Nonrefundable registration fee of \$35.00
15. Copy of birth certificate
16. Immunization card

**St. Paul Lutheran Preschool
Curriculum**

ART

Self-expression and creativity are encouraged through child directed learning

LANGUAGE

Writing in various ways – drawing, scribbling, letter like forms, invented spelling, conventional forms. Reading books, other print, symbols and recognizing shapes and letters. Communication skills – learning to communicate with others effectively. Having fun with rhyming and making up stories

Engaging in pretend play

MATH/SCIENCE CONCEPTS

Sorting, comparing sizes and classifying objects. Counting objects as well as by rote. Same and different concepts. Fitting things together and taking things apart. Distinguishing and describing shapes

MOTOR SKILLS

Developing large muscle skills through opportunities to climb, balance, hop, run, ride, throw, catch, and use creative movement. Develop fine motor skills by writing, coloring, and painting

MUSIC

Experimenting and patterning with sounds and tones. Singing, finger plays, and creative movement

RELIGION

Weekly Chapel. Bible stories through puppetry and books. Develop spiritual growth through caring for others

SOCIAL AND EMOTIONAL

Making and expressing choices, plans, and decisions. Recognizing and solving problems. Taking care of one's own needs. Understanding routines and expectations. Building relationships with adults and children. Communicating to solve problems

SOCIAL STUDIES

Relationships between people. Learning about the world around them

CALHAN SCHOOL DISTRICT RJ-1 CALENDAR 2024-25

AUGUST 2024

M T W T F

	1	2	1	2
5	6	7	8	9
12	13	14	15	16
19	20	21	22	23
26	27	28	29	30
			4	13

SEPTEMBER 2024

M T W T F

2	3	4	5	6
9	10	11	12	13
16	17	18	19	20
23	24	25	26	27
			0	16

OCTOBER 2024

M T W T F

	1	2	3	4
7	8	9	10	11
14	15	16	17	18
21	22	23	24	25
28	29	30	31	
			2.5	18

NOVEMBER 2024

M T W T F

				1
4	5	6	7	8
11	12	13	14	15
18	19	20	21	22
25	26	27	28	29
	Thanksgiving Break			
			0	13

DECEMBER 2024

M T W T F

2	3	4	5	6
9	10	11	12	13
16	17	18	19	20
23	24	25	26	27
30	31			
			SEM 1	
			1	12

JANUARY 2025

M T W T F

		1	2	3
6	7	8	9	10
13	14	15	16	17
20	21	22	23	24
27	28	29	30	31
			1	16

FEBRUARY 2025

M T W T F

3	4	5	5	7
10	11	12	13	14
17	18	19	20	17
24	25	26	27	28
			1.5	15

MARCH 2025

M T W T F

3	4	5	6	7
10	11	12	13	14
17	18	19	20	21
24	25	26	27	28
	SPRING BREAK			
			1	12

APRIL 2025

M T W T F

	1	2	3	4
7	8	9	10	11
14	15	16	17	18
21	22	23	24	25
28	29	30		
			1	18

MAY 2025

M T W T F

			1	2
5	6	7	8	9
12	13	14	15	16
19	20	21	22	23
26	27	28	29	30
			2	13

LEGEND AND NOTES

- Blue Mondays are possible make-up days in case of snow days
- Highlighted dates indicate school in session
- Elementary Testing
- Preschool begins August 20, 2024
- PK-12 Parent-Teacher Conferences by appt. **No Classes held.**
- 5:00-7:30 PM on 10/9 & 2/12 and 12:00-7:30 PM 10/10 & 2/13**
- Teacher Work Day
- Last day of school - May 21, 2025**
- MS Graduation May 20, 2025 @ 6:00 PM**
- HS GRADUATION May 18, 2025 (tentative)**

146 Student Contact Days	1st Sem	72
14 Teacher Work Days	2nd Sem	74
160 Total Days	Student Days	146

St. Paul Lutheran Preschool Admission Intake Form

2024-2025

Date: _____

Please be assured that all the Information you share on any of the Forms will be confidential. The information will provide us with information to determine if your family may qualify for scholarships, or any other financial help.

We also use this information to get to know a little more about your child in order to provide them with the best education possible.

Tues / Wed / Thurs/Fri (Please Circle days you prefer)

Child's Name: _____

First Middle Last

Birth date: _____ Birth Weight: _____ Was your child Full Term: _____

Place of Birth: _____ Family Ethnicity: _____

Social Security: _____ Home Phone: _____

Address (Street and Mailing) _____

My child has the following allergies and / or medical needs

Fathers Name: _____ Age: _____ Home Phone _____

Home Address: _____ Occupation: _____

Dad's Highest level of education: _____

WkPhone: _____ Wk Address: _____

Age of Dad when child was born: _____ Cell Phone # _____

Mom's Name: _____ Age: _____ HomePhone: _____

Home Address: _____ Occupation: _____

Mom's Highest Level of education: _____

Wk Phone: _____ Wk Address: _____

Age of Mom when Child was born: _____ Cell Phone # _____

Address (Street and Mailing) _____

Family E-Mail-

Child's Doctor's **Name, Phone number and Address:**

Child's Dentist **Name, Phone Number, and Address:**

Preferred Hospital **Name, Phone number, and Address:**

Insurance information Include Group # and any information we might need to give emergency personal:

Contact person when student is ill and parents cannot, but hospital or doctor is not necessary. (**Name, Phone Number, Address, Relationship**) These people are also allowed to pick up my child at St. Paul Lutheran Preschool.

1st _____

2nd _____

3rd _____

- Did your child require any special medical and or / hospitalization at birth or during the first month of life?
- Does your child have any history of or current health concerns? (Please explain)
- Does your child have any opportunities to play with other children his or her own age and how often?
- Do you have any concerns with your child's growth and development? If yes please explain.
- Have you had any significant recent changes in your family such as (Separation, Divorce, Illness, Hospitalization, Homelessness, Frequent relocation, etc.)
- Is there any other additional information related to your family that puts stress on your family?
- Please list siblings in order of birth.

Total Household income for the last year: Please circle one

\$10,000- or less	\$25,001- \$30,000
\$10,001 - \$15,000	\$30,001- \$35,000
\$15,001-\$20,000	\$35,001 - \$40,000
\$20,001-\$25,000	\$40,001 - above

I, _____ give my child _____
permission to:

___ To view age appropriate videos. I do understand that the video will only
Be used for educational purpose and that I will be notified of the title.

___ To photograph my child throughout the year. These pictures will be displayed
in the classroom, sent home and possibly used for Preschool Advertisements.

___ To allow the Newspaper to photograph my child. I understand that I will be
informed as to when this happens.

*even if you do not consent to any of the above, sign below to acknowledge you have read the video and photography
permissions

Signature

Date

Acceptance of Policies and Procedures:

I have read and understand all the information contained in the Preschool Handbook. I understand that if I have
questions, comments or concerns I should contact the Preschool Director and work through the chain of command.

Signature

Date

GENERAL HEALTH APPRAISAL FORM

PARENT

Please complete, date, and SIGN.

Child's Name: _____ Birthdate: _____

Allergies: None OR List food/medication: _____

Diet: Breastfed Age appropriate Special-Describe: _____

Skin Care: Sunscreen/creams may be applied as requested in writing by parent unless skin is broken or bleeding.

Sleep: Your healthcare provider recommends that all infants less than 1 year of age be placed on their back for sleep.

I, _____, give permission for my child's healthcare provider to share this form and applicable attachments with my child's school, childcare, or camp. Contact information for the person to receive this form:

Name: _____ Fax: _____ Email: _____

Parent/Guardian Signature: _____ Date: _____

HEALTH CARE PROVIDER

Please complete after parent section has been completed.

Date of most recent health appraisal: _____ Age: _____ Weight: _____

Physical Exam: Normal Abnormal-describe: _____

Allergies: None OR List food/medication: _____ Type of Reaction _____

Current Medications: None OR List: _____

A separate medication authorization form ([link](#)) is required for medications given in school, childcare, or camp.

Current Diet: Breastfed Age appropriate Special-describe: _____

A separate diet statement ([link](#)) is required for food provided at school, childcare, or camp.

Health Concerns: Severe Allergies Asthma Seizures Diabetes Hospitalizations Behavior Concerns

Developmental Delays Vision Hearing Oral Health Under/Overweight Other: _____

Explain above concerns (if necessary, include instructions to care providers): _____

Immunizations: See attached immunization record or official exemption form Next vaccine due date: _____

HEALTH CARE PROVIDER

Please complete if appropriate. This information is required by Early Head Start and Head Start Programs per the State EPSDT Schedule.

Height: _____ B/P: _____ Head Circumference (up to 12 months): _____ HCT/HGB: _____

Lead Level: Not at risk OR Lead level: _____ TB: Not at risk OR Test Result: Normal Abnormal

Screens Performed: Vision: Normal Abnormal Hearing: Normal Abnormal

Oral Health: Normal Abnormal Developmental Screen: ASQ PEDS Other: _____

Developmental Concerns: _____ Recommended Follow-up: _____

PROVIDER SIGNATURE

Next Well Visit: Per AAP Guidelines* or Age: _____

This child is healthy and may participate in all routine activities in school, childcare, or camp. Any concerns or exceptions are identified on this form.

Signature of Healthcare Provider (certifying form reviewed)

Date

*The AAP recommends Well Child Visits at 2, 4, 6, 9, 12, 15, 18, 24, and 30 months, and annually after 3 years.

OFFICE STAMP

Or write Name, Address, Phone Number, Email

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Sunscreen Permission Form

Date: _____

Child's Name: _____

Name of Sunscreen and SPF #: _____

Please apply sunscreen to your child every morning before drop off. As needed throughout the day, your child's care provider will assist with applying sunscreen to bare surfaces including the face, tops of ears and bare shoulders, arms, legs, and feet 15-30 min before outdoor activity. Sunscreen will not be applied to any broken skin or if a skin reaction has been observed. Any skin reaction observed by staff will be reported promptly to the parent/guardian.

Special Instructions:

_____ I do not want my child to use any sunscreen other than the one that she/he brings.

_____ In the event that my child's sunscreen is not readily available, my child may use the sunscreen provided by the school.

Parent Signature