

**2016-2017**  
**Eminence Community Preschool**  
**6760 State Road 42 North**  
**Eminence, IN 46125**

**Mission Statement**

To ensure that all children attending our preschool develop a positive self-concept, the ability to problem solve, the ability to negotiate with their peers, and engage in a variety of hands-on, language rich, learning experiences that will establish the foundations for lifelong learning.

The Eminence Community Preschool is open to any child between the ages of three (by 8/1/2016) and five. All children must be toilet trained (i.e. no diapers, pull-ups, etc.). We will consider all applications from families currently residing in the district before opening enrollment for out of district families.

**Daily Schedule:**

Eminence Community Preschool follows the ECSC approved calendar. Three year olds will meet from 8:00 a.m. until 11: 00 a.m. on Tuesdays and Thursdays. Four and five year olds will meet on Mondays and Fridays from 8:00 a.m. until 2:45 p.m. and on Wednesdays from 8:30 a.m. until 2:45 p.m. (due to professional development for staff). Children Four and Five will be required to bring a lunch or purchase a school lunch each day. All preschool sessions are filled on a first come first served basis. Eminence will continue to send children with developmental delays to the Preschool operated at Cloverdale Elementary School for instruction with a licensed special education teacher.

**Curriculum:**

Eminence Preschool incorporates Indiana's Early Learning Development Framework Aligned to the 2014 Indiana Academic Standards. Our Preschool Instructors are not licensed teachers but are highly qualified members of our staff with much experience working with children.

**Family Involvement:**

We welcome and encourage family involvement in the preschool. Family members may volunteer in the preschool any time throughout the year. A volunteer form and background check need to be filled out prior to volunteering.

**Tuition:**

Preschool tuition is **DUE ON THE FIRST DAY OF EACH MONTH.** You must pay tuition for the entire month regardless of your child's attendance. Families are responsible for making payments (check or cash) in the PK-12 office at Eminence (Molly Finney, Treasurer) prior to the 1st day of each month. Staff will be available to accept payment outside of the preschool classroom in August.

Corey Scott  
Principal (PK-12)  
765-528-2222  
[cscott@eminence.k12.in.us](mailto:cscott@eminence.k12.in.us)

## Eminence Preschool Enrollment Information 2016-2017

The Eminence Preschool Program welcomes both you and your family!

Please complete and submit the following information:

- Eminence Preschool Enrollment Form
- Copy of child's birth certificate
- Copy of child's immunization record

The preschool has the following tuition options:

### 3 Year Olds

\$72.00 per month

### 4-5 Year Olds

\$84.00 per month

\*\*The tuition payment for December will be adjusted to account for Fall Break, Winter Break and Spring Break. December's tuition payment will be as follows:

3 Year Olds: \$36.00

4-5 Year Olds: \$42.00

**In order for your student to start on August 5th, the August tuition payment and the material fee must be submitted with the enrollment packet.** You must pay tuition for the entire month regardless of your child's attendance.

Please notify the office if you need to withdraw your child from preschool. We will continue to charge your account and you will be responsible for payment unless we are notified of the withdrawal.

The Annual Material Fee of \$50.00 is payable with your first month payment. The material fees are used for purchasing supplies such as construction paper, paint and other supplies used for art and science projects.

### Snack:

Parents are asked to provide healthy snacks (from an approved list by teacher) 1 time per month for your child's classroom.

**Eminence Preschool Enrollment**  
**2016-2017**

Student's Full Name: \_\_\_\_\_

Please choose from the following options regarding your child's placement:

3 Year Old \_\_\_\_\_ 4-5 Year Old \_\_\_\_\_

Student enrollment will be on a first come-first served basis.

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To be completed by School Office

Date Received: \_\_\_\_\_

Start Date: \_\_\_\_\_

Birth Certificate \_\_\_\_\_

Immunization Record \_\_\_\_\_

Enrollment Packet Complete \_\_\_\_\_

Material Fee Received \_\_\_\_\_

Tuition Payment Received \_\_\_\_\_

**Personal Information Record & Permission Form**  
**2016-2017**

Students LEGAL FULL Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

E-mail Address \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Current Age: \_\_\_\_\_

Place of Birth \_\_\_\_\_

Child lives with (circle): Mother & Father   Mother Only   Father Only   Mother & Stepfather  
Father & Stepmother   Grandparents   Guardian (Legal Guardianship papers must be on file)

Name of Mother/ Guardian \_\_\_\_\_

Address \_\_\_\_\_ Employer \_\_\_\_\_

Name of Father/Guardian \_\_\_\_\_

Address \_\_\_\_\_ Employer \_\_\_\_\_

**Emergency Information** Family Doctor \_\_\_\_\_ Phone Number \_\_\_\_\_

Does your child have diabetes? \_\_\_\_\_ Seizures? \_\_\_\_\_ Please list allergies/chronic or existing diseases or medical problems \_\_\_\_\_

\_\_\_\_\_  
If your child is photographed during school activity do you give your permission for your child's picture to be placed in the local newspaper? \_\_\_\_\_ If your child is photographed with a group of children during school activities do you give permission for your child's picture to be placed on the school's web page/portfolios without a first or last name included? \_\_\_\_\_ If your child is videotaped during a school activity do you give permission for the use of that video in school related functions? \_\_\_\_\_

I give permission for my child to receive Tylenol/Generic if needed: Yes or No

I give permission for the above named student to go on school sponsored field trips inside or outside Morgan County during the school year. Yes or No

I understand that I will be notified at least one week in advance of the trip's date and that I may disallow in writing any trip for my child. I also give my permission for school sponsors to give consent for medical treatment in my stead in matters affecting the above named student in case of emergency. Payment for such treatment is the responsibility of the parents. The school or teacher will not be held responsible for accidents that occur. This form will be copied to allow each sponsor to take a copy with him/her on the trip. The original will be filed in the school office.

Parent/ Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

## **RELEASE OF STUDENT**

**2016-2017**

To help us safeguard the children of Eminence Preschool, we are asking you to list those persons that will be allowed to check your child out of school. If anyone other than you pick up the child, he/she will be required to furnish identification before the student will be released into their care. The parent/guardian will be contacted by phone before a person not on the list may take the child. To be sure the school is talking to the parent, the parent must give his/her social security number. If the school is unable to contact you, the child will **NOT** be allowed to leave with this person. Please furnish the following information.

Parent Social Security Number \_\_\_\_\_

**IF UNABLE TO REACH PARENT/GUARDIAN PLEASE CONTACT:**

**We MUST have TWO additional names, relationship and phone numbers.**

The following **MAY** pick up my child from school and be called in case of emergency, illness or injury. Please include childcare provider.

NAME	RELATIONSHIP	PHONE NUMBER

The following **MAY NEVER** pick up my child from school.

NAME	RELATIONSHIP

Please provide the following sibling information.

NAME	AGE	GRADE	SCHOOL

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

**Health Questionnaire**  
**2016-2017**

Student Name \_\_\_\_\_

Parent/Guardian Name \_\_\_\_\_

Teacher \_\_\_\_\_ Grade \_\_\_\_\_

1. Has your child been diagnosed with any of the following:

ADD/ADHD	YES	NO
ALLERGIES	YES	NO
EPI PEN	YES	NO
ASTHMA	YES	NO

Please list allergies \_\_\_\_\_

DIABETES	YES	NO
HEART DISEASE	YES	NO
SEIZURES	YES	NO

2. Please list any surgeries/hospitalizations \_\_\_\_\_  
\_\_\_\_\_

3. Please list any medications and dosage \_\_\_\_\_  
\_\_\_\_\_

4. Who would you like us to notify in case of emergency? Please list name and phone number \_\_\_\_\_

I give permission for appropriate information to be shared with other staff members (teachers, etc) as needed. YES or NO

*All information provided is for the strict use of the Nurse's Office and will be kept confidential unless otherwise specified.*