

2020-2021
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 children 4-5 years old. The child must be 4 years old by August 1st of the current school year. **All children must be toilet trained and independent in the restroom and able to wipe.(i.e. no diapers, no 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. Four and Five year olds will meet from 8:00 a.m. until 2:45p.m. two days a week on a Monday & Tuesday schedule or on a Wednesday & Thursday schedule. Children 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 preschool. Family members may volunteer in the preschool 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. You may also make payments on the Harmony website with credit/debit cards, once your student is assigned a Harmony Family Access number.

Dustin Adams
Principal (PK-12)
765-528-2141
dadams@eminence.k12.in.us

Eminence Preschool Enrollment Information 2020-2021

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
- Preschool packet acknowledgement signed
- Copy of legal documents, if needed (custody, guardianship, etc)

The preschool has the following tuition:

4/5 Year Olds (Taters Class)

\$100.00 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:

4-5 Year Olds: \$53.00

In order for your student to start on August 6th, 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.

*If enrolling after the start of the school year, your student may begin class 3 business days after all information and payment is processed by the PK-12 Treasurer, Molly Finney.

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 \$60.00 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:

We will provide healthy snacks for your child on a daily basis, monthly tuition includes \$8 per month to help cover the cost.

Eminence Preschool Enrollment
2020-2021

To be completed by School Office

Student's Full Name: _____

4/5 Year Old _____ (4 yr old by 8/1/19)

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

Date Received: _____

Start Date: _____

- Birth Certificate
- Immunization Record
- Enrollment Packet Complete
- Legal documents (custody, guardianship, etc)
- Preschool Packet signed acknowledgement form
- Information in Harmony
- Material Fee \$ _____
- Tuition Payment \$ _____

Total Received \$ _____

Cash _____

Check Number _____

Credit Card via Harmony

Personal Information Record & Permission Form
2020-2021

Student FULL LEGAL Name _____

Address _____ City _____ Zip _____

Date of Birth: _____ Current Age: _____

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 _____ Phone number _____ Cell phone _____

Employer _____ Phone _____

Mother/Guardian email address _____

Name of Father/Guardian _____

Address _____ Phone number _____ Cell phone _____

Employer _____ Phone _____

Father/Guardian email address _____

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 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

2020-2021

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.

Mom/Guardian Social Security Number _____

Dad/Guardian Social Security Number _____

The following **MAY** pick up my child from school and be called in case of emergency, illness or injury. Please list anyone who can pick up your student, **please include yourself.**

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

NAME	RELATIONSHIP	PHONE NUMBER

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

NAME	RELATIONSHIP

Parent/Guardian Signature _____ Date _____

Health Questionnaire
2020-2021

Student Name _____

Parent/Guardian Name _____

Emergency Information

Family Doctor _____ Phone Number _____

Who would you like us to notify in case of emergency? Please list name and phone number _____

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

ADD/ADHD	YES	NO
ALLERGIES	YES	NO
EPIPEN	YES	NO
ASTHMA	YES	NO
DIABETES	YES	NO
HEART DISEASE	YES	NO
SEIZURES	YES	NO

2. Please list allergies _____

3. Please list any surgeries/hospitalizations _____

4. Please list any medications and dosage _____

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.

Please provide the following sibling information.

NAME	AGE	GRADE	SCHOOL

Preschool Parent Information Packet Acknowledgement
2020-2021

I have received and read the **Preschool Parent Information Packet**. I understand that if I have any questions or concerns about any of these statements, I need to contact the PK-12 office as soon as possible to discuss them.

Student name _____

Parent name (print) _____

Parent signature _____ Date _____