

Harvard Preschool, Inc.

P.O. Box 334
Harvard, IL 60033
(815) 943-5242

Registration Information 2014- 2015 School Year

Children must be three years old and toilet trained before Sept. 1, 2014 to enroll in the Preschool for the 2014- 2015 school year.

For students registering before June 1, 2014, a non-refundable registration fee of \$50 is due before a child is considered enrolled. For students registering after June 1, 2014, a non-refundable registration fee of \$60 is due before a child is considered enrolled.

A \$30.00 special events fee will be charged to each child to cover the cost of fieldtrips, special activities and State mandated vision and hearing screening.

An additional \$30.00 snack fee will be charged to each child to cover the cost of Preschool-provided snacks and juice. Both fees are due by the first day of school.

The following is a listing of our class choices and monthly tuition rates:

<u>Class Day</u>	<u>Time</u>	<u>Monthly Tuition</u>
Tues. & Thurs. (Geared toward 3-yr-olds)	8:30 - 11:00	\$110 for 1st child
Tues., Wed, Thurs. (Must be 4 by Sept 1, 2014)	12:00 - 2:30	\$150 for 1st child

An additional class may be added, if needed.

*There is a \$10.00/month discount for additional siblings.

Tuition for September is due by the first day of school. From October through May, tuition is due by the first of the month.

Tuition payments include your child's school materials and insurance. Payments can be put in the tuition box, handed to the Director, or mailed to the PO Box. Cash payments should be handed to the Director and a receipt will be given.

Harvard Preschool, Inc. is licensed by the Illinois Department of Children and Family Services (DCFS) which mandates that we obtain liability and accident insurance.

The State of Illinois requires a health exam for all children entering preschool. The physical must be done less than six months prior to the start of school (no sooner than March 1.) and results of a TB test must be included in the report. A lead screening/assessment is also required but does not need to be repeated if your child has already had one. All information and immunization dates must be completed and the physical form must be. Please be aware of the additional immunization requirements for Hepatitis B. Make sure your child has received the immunization since it must be given in stages over a period of time. The physical must be turned in before your child will be allowed to start school. The physical is valid for two years. It may be mailed to the preschool during the summer or brought on the first day of school.

In addition, it is required that parents/guardians provide a photocopy of child's certified birth certificate that includes the county seal (a hospital birth certificate will not be accepted.)

Children must be accompanied to the Preschool by an adult. If someone other than a parent/guardian is picking a child up from school, an Alternate Transportation Permission Slip must be completed.

Parents are a very important part of the Harvard Preschool. Please consider being on the Preschool Board. The Board meets once a month for about an hour (date and time TBD). We cannot run our school without the help of our parents!

Harvard Preschool is a non-profit organization that combines learning and fun. We provide a warm, loving atmosphere where children are able to explore new experiences and begin learning basic readiness skills. The students are introduced to colors, letters, numbers, shapes, cutting, etc. The preschool day is arranged to provide time for creative experiences, social interaction, language development, music and fine/large motor skills. Our class sizes will depend on final enrollment, but there will be no more than 17 children per class.

If you would like to register your child or have further questions, please call Harvard Preschool at (815) 943-5242.

For office use only:

Date of admission: _____

Date of discharge: _____

Class days & time: _____

Supplies provided: _____

Fees paid (Cash/ Check #): _____

First month's tuition: _____

Harvard Preschool, Inc. Registration Form

Date of registration: _____

I would be interested in serving on the Preschool board: Yes _____ No _____

I would like to be a parent-helper in my child's class: Yes _____ No _____

Full name of child _____

Recognized name _____ Phone number _____

Date of birth _____ Sex of child _____

Address _____

Full name of mother _____

Home address _____

Home phone _____ Mobile phone _____

Occupation _____ Business phone _____

Business address _____ Work hours _____

Full name of father _____

Home address _____

Home phone _____ Mobile phone _____

Occupation _____ Business phone _____

Business address _____ Work hours _____

Physician's name _____ Phone number _____

Physician's address _____

Does this child have any disabilities? Yes _____ No _____

If YES, please explain: _____

Does this child have any allergies? Yes _____ No _____

If YES, please explain: _____

Is this child with a daily babysitter? Yes _____ No _____
Name _____ Home phone _____
Address _____ Mobile phone _____

Names and ages of other children in the family: _____

Are parents/guardians living separately, legally separated or divorced? (Yes or No)
If YES, with whom does the child reside? _____

Is the child left-handed? Yes _____ No _____ Unsure _____

On the back of this form, please provide any information that may be helpful when working this your child- i.e. favorite activities, fears, etc.

Please note if your phone number is unlisted and we will not release it.

Harvard Preschool, Inc. Emergency Treatment Form

To whom it may concern:

Date _____

In case of an emergency occurring during school hours when parent/guardian, alternate, or physician cannot be contacted, it may be necessary to secure medical help.

_____ YES, I give permission to secure emergency medical help and to arrange for transportation of my child to the nearest hospital emergency room if such care seems indicated.

_____ NO, I do not give permission to secure emergency medical help or arrange transportation to a nearby hospital AND I RELEASE Harvard Preschool, Inc., its staff, board of directors, and volunteers from liability.

Name of child _____ Date of birth _____

Signature of parent/guardian _____

To whom it may concern:

As a parent and/or guardian, I do herewith authorize the treatment by a qualified and licensed medical doctor of the following minor, in the event of a medical emergency which, in the opinion of the attending physician may endanger his/her life, cause disfigurement, physical impairment, or undue discomfort if delayed. This authority is grant only after a reasonable effort has been made to reach me.

Name of minor _____ Relationship _____

Date or dates when release is intended _____

This release form is completed and signed of my own free will with the sole purpose of authorizing medical treatment under emergency circumstances in my absence.

Signature of parent/guardian _____

Address _____ Phone _____

Child's physician _____ Phone _____

Specific medical information, food allergies, chronic illnesses, or other conditions: _____

Others to contact in case of an emergency and/or as an alternate to pick up my child (insert name) _____ from Harvard Preschool:

Name	_____	Phone	_____
Address	_____	City/Town	_____

Name	_____	Phone	_____
Address	_____	City/Town	_____

Name	_____	Phone	_____
Address	_____	City/Town	_____

Name	_____	Phone	_____
Address	_____	City/Town	_____

The State of Illinois requires written permission for the following:

I DO or DO NOT give consent for the staff and volunteers of Harvard Preschool, Inc. to administer first aid to my child (insert child's name) _____

Signature of parent/guardian _____

I DO or DO NOT give consent for my child (insert child's name) _____ to participate in school-sponsored field trips.

Signature of parent/guardian _____

I DO or DO NOT give consent for my child (insert name) _____, while at Harvard Preschool, Inc. to be observed and to interact with visiting Harvard High School students enrolled in the Early Childhood Education Program.

Signature of parent/guardian _____

I DO or DO NOT hereby grant to Harvard Preschool, Inc. the right to use and publish photographs taken of my child or in which my child (insert name) _____ may be included, for any Harvard Preschool, Inc. publications, electronic reproduction (website, social media), and/or promotional materials or any other purpose in any manner or medium.

Signature of parent/guardian _____

Harvard Preschool, Inc. Financial Responsibility Agreement

Harvard Preschool, Inc. needs to know who is responsible for payment of your child's fees and tuition while they are enrolled in Harvard Preschool.

According to Harvard Preschool, Inc.'s Handbook:

The first month's tuition is by the first day of school. Tuition is due by the first of each month. A late fee of \$10 per month will be charged if tuition is paid after the tenth of any month. These charges will be added to the next month's tuition. Tuition is due monthly, even if the child is not in attendance because of illness or extenuating circumstances.

Cash payments should be handed directly to a teacher in an envelope with the child's name on it. Checks/money orders can be placed in the tuition box, handed to a teacher or mailed. Tuition must be paid monthly even if the child is not in attendance due to illness or extenuating circumstances.

If tuition is one month past due, the child may be dropped from the Preschool at the consideration of the Board of Directors. If tuition is one month past due and the following month's tuition is not paid by the first of that month, all tuition due to the Preschool must be paid by the tenth of that month, or the child may be permanently dropped from the Preschool program. The Board of Directors will determine this on a case-by-case basis. Any late tuition payments throughout the rest of the school year will be grounds for being dropped as well, unless the Board of Directors is notified in advance and terms are agreed upon for payment.

One month tuition will be forfeited if the child is withdrawn without two weeks advance notice. Tuition will be prorated and a refund made upon a teacher requested withdrawal.

When parents/guardians are separated/divorced or living in separate households, one parent must be solely responsible for meeting the financial obligation of fees and tuition payments while their child is enrolled. Partial, shared, or alternating tuition payments from parents/guardians are not permitted.

The undersigned has read and understands Harvard Preschool, Inc.'s policy on tuition and agrees to assume complete financial responsibility for payment of all fees and tuition during the time his/her child is enrolled. Also in the event that the undersigned can no longer fulfill his/her financial obligation to Harvard Preschool, Inc., they must notify the Preschool in writing at least two weeks before the end of the current month.

Signature of parent/guardian _____ Date _____

Home address _____ Relationship to child _____

Child's name _____

Harvard Preschool, Inc.
Alternate Transportation Permission Slip

I give _____ permission to drop-off and pick-up my son/daughter _____ from Harvard Preschool for the day(s) of _____ through _____.

This individual may be reached at:

Home address _____ Phone _____

Signature of parent/guardian _____ Date _____