

Policies and Procedures Summary

Agreement between Parents and the Summit Preschool Program

Summit Preschool at Summit Elementary School

The following is a summary of our Summit Preschool Program Policies and Procedures. Please review the complete handbook. Handbooks will be emailed to you at the start of the school year.

1. Our Preschool Program has three sessions. There are two sessions that are 3 hours a day (8:40-11:40 and 12:45-3:45) for four days per week (Monday, Tuesday, Wednesday, and Thursday). The third session is a five day school day program (Monday through Friday, (8:40 - 3:45). Doors will be open for 5 minutes beginning at the class start and end times. Please make arrangements for your child to arrive and leave on time. The periods before and after classes are critical for teachers to set up the environment, plan curriculum, collaborate and prepare for your child's arrival. Supervision of children is not available before doors open. A staff member will walk your child to the front office to wait for you if they are not picked up during the 5 minute door time.
2. The parent or caregiver who personally transports a child to and from the Preschool Program MUST sign in and out each day. Any alternate transportation plan must be reported in advance to the Preschool staff and if possible be written on the Preschool Sign-In form.
3. Our Preschool Program will follow the District calendar. Please note, if the School District has a two hour delay, there will be NO half day morning preschool session and the full day session will follow the school's start time. The afternoon session will be as regularly scheduled.
4. All fees are due by the 1st of every month and payable to Woodland Park School District RE-2. Unpaid fees may result in loss of enrollment.

| | Full Day | Half Day |
|---|----------|----------|
| Regular Cost | \$450.00 | \$200.00 |
| Colorado Preschool Program Tuition Assistance or Federal Assistance through Special Education Funding | \$250.00 | \$20.00 |

5. Children who become ill may not remain in the classroom and a parent will be called to take the child home. A child may not return to school until they have been without fever, vomiting and diarrhea for 24 hours without the use of medication or fever reducers.
6. We encourage you to participate in your child's preschool program. Contact your teacher for volunteer opportunities.
7. We ask children to leave personal belongings such as toys at home to avoid loss or breakage. Each child will have multiple opportunities throughout the year to participate in a show and tell day.
8. The Preschool staff is legally required to report suspected abuse or neglect of children. Also, parents may report suspected abuse or neglect, or file a complaint.

PLEASE SIGN AND RETURN THE FORM BELOW TO THE PRESCHOOL STAFF. KEEP THE FIRST PART FOR YOUR RECORDS.

____ I have read and understand the policies and procedures as stated in the handbook of the Summit Preschool Program.

Child's Name _____

Parent/Guardian Signature _____

Date _____

STUDENT NAME: _____

Date Of Birth: _____

Emergency Information

| | |
|-------------------|--------------|
| Parent/Guardian : | Relationship |
| Home Address: | Phone: |
| Employer Name: | |
| Work Address: | |
| Cell Phone: | Email: |

| | |
|-------------------|--------------|
| Parent/Guardian : | Relationship |
| Home Address: | Phone: |
| Employer Name: | |
| Work Address: | |
| Cell Phone: | Email: |

Emergency Contacts

| | |
|----------------|--------------|
| Name: | Relationship |
| Home Address: | Home Phone: |
| Employer Name: | |
| Work Address: | Work Phone: |
| Cell Phone: | Other: |

| | |
|----------------|--------------|
| Name: | Relationship |
| Home Address: | Home Phone: |
| Employer Name: | |
| Work Address: | Work Phone: |
| Cell Phone: | Other: |

| | |
|--------------------|--------|
| Primary Physician: | |
| Address: | Phone: |

| | |
|----------|--------|
| Dentist: | |
| Address: | Phone# |

Hospital Preference : _____ Address: _____ Phone : _____

Personal Information

| |
|----------------------|
| Allergies |
| Medical Conditions |
| Medications |
| Nutritional Concerns |

Other Preschool/Childcare Provider

| | |
|-----------|--------|
| Provider: | |
| Address: | Phone: |

EMERGENCY MEDICAL PERMISSION: In the event that neither parent/legal guardian can be reached, a representative of the school has my permission to seek emergency medical treatment for my child.

Parent/Guardian Signature _____ Date: _____