

FOOD ALLERGIES: _____



COMPLETE BOTH SIDES

OFFICE USE ONLY
DATE REC'D _____ ck # _____

**APPLICATION FOR ADMISSION TO SAN ANSELMO PRESCHOOL
SELF-CONTAINED PRE-K CLASS**

Name of Child: _____ Age in Sept. _____ Date of Birth: _____

Preferred date to enter: _____ Nickname: _____ Gender: _____

Where did you hear about our program? _____

Parent's Residence: _____ City: _____ Zip: _____ H Phone: _____

Parent's (if applicable) _____ City: _____ Zip: _____ H Phone: _____

E-mail _____ Alternate E-mail _____

Bill via: E-mail _____ Mailing Address _____

Parent's Name _____ Occupation: _____ W Phone: _____

Business Address _____ Cell Phone: _____

Parent's Name _____ Occupation: _____ W Phone: _____

Business Address _____ Cell Phone: _____

The following persons are **authorized** to take my child from school and should be contacted in an emergency if parent / guardian cannot be reached.

Name: _____ Relationship: _____ Phone: _____

Name: _____ Relationship: _____ Phone: _____

Name: _____ Relationship: _____ Phone: _____

Name: _____ Relationship: _____ Phone: _____

Your child will not be allowed to leave with any other person without permission from parent / guardian

Physician: _____ Phone: _____

Office Address: _____

If this physician cannot be reached in an emergency, what action should be taken? Hospital(s) _____

Allergies or health problems: _____

Tuition is charged for times as listed. There is an additional fee for drop-in hours used on either end of your schedule.

The Pre-K class schedule is 8:30 AM – 12:30 PM, Monday – Friday.

Please check appropriate box for extended care if needed.

12:30 . 6:00 PM

5 days

3 days (MWF)

2 days (T/TH)

CONSENT FOR MEDICAL TREATMENT

AS THE PARENT, AGENCY REPRESENTATIVE OR LEGAL GUARDIAN, I HEREBY GIVE CONSENT TO SAN ANSELMO PRESCHOOL TO PROVIDE ALL EMERGENCY DENTAL OR MEDICAL CARE PRESCRIBED BY A DULY LICENSED PHYSICIAN (M.D.) OR DENTIST (D.D.S.) FOR _____. THIS CARE MAY BE GIVEN UNDER WHATEVER CONDITIONS ARE NECESSARY TO PRESERVE THE LIFE, LIMB OR WELL BEING OF MY DEPENDENT. MY CHILD HAS THE FOLLOWING **MEDICATION ALLERGIES:**

Signature of parent or guardian _____ Date: _____

Enclosed is my \$125 non-refundable registration fee.

Yes, add our names to the Parent Phone List

Include E-mail on Parent Phone List

To avoid delay in registration, application and signed contract must be submitted together.



San Anselmo Preschool Center – Self Contained Pre-k
 121 Ross Avenue, San Anselmo, CA 94960
 Telephone (415) 453-3181

The San Anselmo Preschool Center will offer preschool education and childcare to the undersigned upon the following terms and conditions:

Section 1. Tuition/Payment Policy: Tuition is charged based upon the schedule that you have selected. Returning families must notify the Center by July 31 if you are not planning to return for the fall term. If you do not let us know by July 31 you will be responsible for one month’s tuition. All families will be billed on August 1 and tuition will be due by August 20. Children registered for our Self-Contained Pre-K *ONLY* program do not attend school during the Winter recess and Spring recess but are billed for the full months. **There are no refunds given for either days missed, or holidays nor can we trade days.** Because of the difficulty filling vacancies near the end of the school year, **any withdrawals during the last six weeks of school will be billed for in full for the remainder of the school year. At other times of the year two weeks written notice must be given for withdrawals** from the center, or a full month’s tuition will be charged. **Financial Aid is available on a limited basis.** Applications for Financial Aid are available upon request from the Director. There will be a \$25 returned check fee on all returned checks.

Section 2. Registration: There is an annual \$125 registration fee per family, which must accompany the registration application. Children on partial schedules cannot trade days.

Section 3. Materials and Maintenance Fee: There is an annual \$200 materials and maintenance fee per child, which will be charged to your October bill. New families will need to pay the Materials and Maintenance fee at the time they accept their child’s schedule.

Section 4. Late Pick Up: The Preschool Center closes at 6:00 PM. **If a child is left longer, there is a \$2.00 fee for each minute that you are late.** You are responsible for notifying the Director or the Head Teacher if you are not able to pick up your child at your allotted time.

Section 5. SCRIP: Families of San Anselmo Preschool are required to participate in our monthly SCRIP program. Contributions accrued must equal at least \$10/month or \$100/year. If may choose not to participate you may pay an additional \$10/month.

Section 6. Parent Participation: Parents with children participating in San Anselmo Preschool are required to complete 20 Parent Participation Hours. Included in the 20 hours, all families **must** commit to work one Wednesday Parent Aide during the school year. If all hours have not been fulfilled the remaining hours will be billed at the end of the school year at \$20/hour.

Section 7. Emergency Closure: During the school year and especially during the winter months there is always the possibility that heavy rains and flooding, smoke, electrical failure or another emergency may force us to close the school for an entire day or part of a day. In such circumstances it is impossible for us to provide you with advance warning. As soon as the emergency closure has been determined we will leave a message on our voicemail, send an email if possible, and we will activate our emergency phone tree. In cases where we need to close the school during the school day it is imperative that you provide us with two emergency contacts on

your Identification and Emergency Information form. It is impossible to refund tuition for emergency closure days and we cannot trade days.

Section 8. Medication: The staff can only dispense medication of **any type** after the parent has filled out a medication permission slip. Permission slips must be filled out and signed daily, and medication must be stored in the kitchen area. When you bring your child’s medication to school, it must be in its original bottle. Medication must be taken home when finished.

Section 9. Illness: The preschool is not equipped to care for sick children. If a child is unable to participate in the normal routine the parent will be called and asked to take the child home. **Before returning to school, the child should remain at home fever-free for twenty-four hours.**

Section 10. Parents are required to notify the Preschool of any infectious and communicable diseases in your family.

Section 11. California law requires that each child must have a medical examination form filled out by a physician before he/she begins school. **New Law (SB 277) Effective in 2016** Parents or guardians of students in any school or child-care facility, whether public or private, will no longer be allowed to submit a personal beliefs exemption to a currently required vaccine.

Section 12. The Preschool Staff offers one formal conference and one informal conference with each child’s parents during the year. The staff is available to discuss your concerns at other times. However, we do not discuss a parent’s concerns within the child’s hearing range.

Section 13. Dress your child in old, comfortable clothing that will not restrict his/her play. We offer children messy play with water, sand, paint, etc. All removable clothing including shoes and boots must be marked with your child’s name. All children should bring a complete change of clothes in a shoebox, each item marked with your child’s name.

Section 14. The San Anselmo Preschool Center admits children regardless of race, creed or national origin. We reserve the right to exclude a child from attendance for any reason whatsoever including but not limited to health, lack of adjustment to the group situation, or delinquency of the tuition account. To qualify for admission to the Preschool a child must be 2 ½ years old.

Section 15. The Department or Licensing Agency shall have the authority to interview children or staff, and to inspect and audit child or facility records without prior consent. The licensee shall make provisions for private interviews with any child(ren), or any staff member, and for the examination of all records relating to the operation of the facility. The Department or Licensing Agency shall have the authority to observe the physical condition of the child(ren), including conditions which could indicate abuse, neglect, or inappropriate placement, and to have a licensed medical professional physically examine the child(ren).

Section 16. The parent or guardian who signs the contract is responsible for payment of tuition.

Child’s Name (*Please Print*) _____

Parent’s Signature _____ Date _____

School Representative _____ Date _____