



## PRESBYTERIAN PRESCHOOL

325 Elm Street, Idaho Falls, ID 83402 Phone (208) 757-1053

[www.fpcidahofalls.org/preschool/PRESC.html](http://www.fpcidahofalls.org/preschool/PRESC.html)

Check us out on Facebook! Idaho Falls Presbyterian Preschool

### WHO WE ARE

- The Presbyterian Preschool provides a non-denominational program for children to learn and grow in a Christian atmosphere.
- Our classes are taught by two well-qualified, caring teachers with many years of experience.
- The preschool is located at First Presbyterian Church, and has used their fine facilities (full gym, play yard, and classrooms) to operate the school for over 40 years.

### OUR MAIN GOALS

- We strive to maintain a balanced approach with a program that combines mental, social, physical, and emotional learning.
- We include Christian concepts and Bible stories, taught with a non-denominational viewpoint.
- We provide the opportunity for preschoolers to develop healthy relationships with peers and to grow in confidence outside of their homes.
- We schedule regular field trips, holiday celebrations, and art and science projects to keep learning fun and stimulating.
- We provide opportunity for parents to learn about their children as they participate in or observe classes and receive helpful feedback from our teachers.

### CLASS INFORMATION

PRESCHOOL (begins September 4)

- Meets Tuesday and Thursday mornings, 9 – 11:30 am.
- Class size is limited to 15, with 2 teachers.
- Children must be 3 by September 1.
- Children must be toilet trained (no pull-ups).
- Registration fee (non-refundable) is \$50, which covers all supplies, snacks, and materials for the year. The registration fee is \$40 if submitted before May 31<sup>st</sup>.
- Monthly tuition is \$85, due on the 1<sup>st</sup> of each month.

PRE-KINDERGARTEN (begins September 5)

- Meets Monday, Wednesday, and Thursday mornings, 9 – 11:30 am.
- Class size is limited to 20, with 2 teachers.
- Children must be 4 by September 1.
- Children must be toilet trained (no pull-ups).
- Registration fee (non-refundable) is \$50, which covers all supplies, snacks and materials for the year. The registration fee is \$40 if submitted before May 31<sup>st</sup>.
- Monthly tuition is \$110, due on the 1<sup>st</sup> of each month.

### REGISTRATION

To register, please complete the enclosed application and return it to the address above. Please note that registration is handled on a first-come basis. If you have any questions, please call Jessica Nebel at 201-7447 or the school at 757-1053.



Enrollment Application Form - 2012-2013  
**PRESBYTERIAN PRESCHOOL**

P.O. Box 2744, Idaho Falls, ID 83403-2744 Phone (208)757-1053

Office Use Only			
Date Rec'd	_____		
Check #	_____		
Amount	_____		
Notification Sent	_____		
Open House Sent	_____		
IMM	<input type="checkbox"/>	PS	<input type="checkbox"/>
	<input type="checkbox"/>	PK	<input type="checkbox"/>

A **\$50.00 non-refundable** registration fee **must** accompany this form. Please fill out both sides of this application completely.

**CLASS SELECTION**

Please indicate for which class you are applying:

- \$85 Preschool --- Tuesday, Thursday (must be 3 by September 1)
- \$110 Pre-Kindergarten --- Monday, Wednesday, Thursday (must be 4 by September 1)

**PERSONAL INFORMATION**

Student Name \_\_\_\_\_ Gender: M / F Age: \_\_\_\_\_ Months

What name shall we call your child? \_\_\_\_\_ Birth Date: \_\_\_\_\_

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

Home Phone: \_\_\_\_\_ Ages of Siblings: \_\_\_\_\_

Mother's Name \_\_\_\_\_

Employer \_\_\_\_\_

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

Primary Email \_\_\_\_\_

Father's Name \_\_\_\_\_

Employer \_\_\_\_\_

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

Person responsible for tuition payments:

_____	_____	_____
Name	Address	Phone

Who has custodial rights: Both \_\_\_\_\_ Father \_\_\_\_\_ Mother \_\_\_\_\_ Guardian \_\_\_\_\_

_____	_____	_____
Name of Guardian (if applicable)	Address	Home Phone

**HEALTH INFORMATION**

Please list any physical needs, limitations, allergies, etc. that our teachers need to be aware of as they work with your child:

\_\_\_\_\_

Comment on specific dislikes or fears \_\_\_\_\_

Has your child been tested for or diagnosed with any special needs? Yes / No If yes, please explain \_\_\_\_\_

\_\_\_\_\_

Any additional information that would help us to better understand and work with your child: \_\_\_\_\_

\_\_\_\_\_

Idaho Dept of Health and Welfare require the following immunizations. Please complete the following immunization record, or attach a copy:

<b>Immunizations</b>	<b>Date(s) Received</b>
DTaP Combined (dose 1,2,3)	_____
DTP Booster (dose 4, 5-by age 7)	_____
Polio (dose 1,2)	_____
Polio Booster (dose 3,4-optional)	_____
MMR (dose 1,2-by age 7)	_____
Hib (dose 1,2,3)	_____
Hepatitis B (dose 1,2,3)	_____
Varicella (chicken pox-optional)	_____
Hepatitis A (dose 1,2-optional)	_____

**DOCTOR CONTACT**

In the event a parent is not available and your child needs medical attention, please list the medical doctor the school is authorized to contact:

\_\_\_\_\_  
Name Phone

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**EMERGENCY RELEASE**

I give permission to Presbyterian Preschool to take whatever emergency measures (e.g. first aid, evacuation) are judged necessary for the care and protection of my child, \_\_\_\_\_, while under the supervision of the staff at the school. In the case of medical emergency, I understand that my child will be transported to the nearest medical facility by the local emergency resource for treatment if the local emergency resource deems it necessary. The child will be transported at the expense of the parent or the parent's insurance. I understand that in some medical situations, the staff will need to contact the local emergency resource before the parent, the child's physician, or another adult acting on the parent's behalf. The Presbyterian Preschool staff has my permission to administer first aid which is in my child's best interest until local resources arrive.

SIGNED \_\_\_\_\_ Date \_\_\_\_\_  
Parent/Guardian

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**FIELD TRIPS**

I give permission for my child to attend field trips. *Please note: Presbyterian Preschool will provide you details several days before a field trip will occur.*

SIGNED \_\_\_\_\_ Date \_\_\_\_\_  
Parent/Guardian

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May we list you and your child's contact information in our class list (given only to the parents with children at Presbyterian Preschool)?  Yes  No

How did you hear about our school?  
 Friend/Family  Flyer  Internet  Other \_\_\_\_\_

**ADDITIONAL INFORMATION/FORMS WILL BE SIGNED AND COLLECTED AT A LATER TIME. THANK YOU.**