

CHEYENNE HILLS PRESCHOOL

Registration Packet

7505 U.S. Hwy 30
Cheyenne, WY 82009

Stephanie Snow – Administrator
ssnow@cheyennehills.org

307-514-2109 (Preschool #)
307-778-6431 (church #)

Student's Name: _____

Age: _____, D.O.B. ____/____/____

Please submit completed registration packet along with the application fee, a copy of child's birth certificate and current immunization records. A separate packet must be filled out for each child.

Office Use Only

Date Rec'd	_____
Materials Fee	_____
Registration Fee	_____
Rec'd Handbook	_____
Parent Agreement	_____
Immunizations	_____
Birth Certificate	_____
Allergy/Med Plan	_____

Notes:

Office Use Only

Dear Parents,

Welcome to Cheyenne Hills Preschool (CHP). We are delighted that you are interested in your child being a part of our preschool family! Over the years we have had many parents ask if we have thought of offering a preschool for the Cheyenne community. The truth is we have, but the timing was never quite right. We feel God's timing is now and we cannot be more excited! We are a state licensed Christian preschool.

Our classes provide each child with the same excellence as our weekend Sunday school classes. We provide a safe and loving environment where children will learn and grow spiritually, academically and socially. Each day will be filled with fun and exciting adventures to help your child develop a love for God, a desire to learn and the skills to get along with others. Each class will be learning and exploring many concepts and themes throughout the school year.

We are so excited to begin this journey with you and look forward to getting to know each child as we learn and grow together.

Enclosed is the registration packet for enrollment into our program. Please fill out all documents completely that apply to your child. All students are required to have a **completed application, immunization records, a copy of their birth certificate and the non-refundable registration fee and materials fee** to enroll.

Stephanie Snow
CHP Director/Teacher
ssnow@cheyennehills.org

"Our Promise To You"
We promise you every day your
Child will learn something.
Some days they will bring it
home in their hands.
Some days they will bring it
home in their heads,
And some days they will bring it
home in their hearts.

Classes/Tuition:

CHP currently has openings for a morning class (MWF 9:00 a.m. - 11:30 a.m.) for students age three (as of December 31st). Students must have turned the appropriate age required, in order to be accepted into that class. Exceptions may be made at the discretion of the director.

Class	Age	Days of Week	Time	Tuition
PreK-3	3 years by Sept. 15 th	MWF	9:00 a.m. – 11:30 a.m.	\$190.00 per month

Additional Fees:

Additional fees include a one-time \$25.00 materials fee and a non-refundable registration fee of \$45.00. The registration and materials fee is due upon receipt of application and will reserve a spot for your child in our program.

Cheyenne Hills Church members will receive a 10% discount on their monthly tuition. Families with more than one child enrolled at CHP will receive a 10% discount on additional child(ren)'s tuition.

Monthly tuition is due on or before the 5th of each month. A \$30.00 late fee will be assessed to accounts which payments are received on or after the 6th of each month. Tuition not paid by the 10th of each month may result in student being dismissed from program until account is made current. If your payment has not been received by the end of the month, your child will be suspended until payment arrangements have been made.

School Year:

CHP 's school year, for the most part, coincides with Laramie County District #1's calendar. See CHP 2018-2019 School Calendar on the following page.

Medication

Medication will NOT be administered during the preschool program with the exceptions for treatment of asthma and/or allergic reactions. In order for our staff to administer medications for the aforementioned conditions the following MUST be adhered to:

1. A medication waiver and consent form must be completed and signed by a parent/guardian AND the prescribing physician.
2. A Food Allergy Action Plan (if applicable) must be on file in your child's record.
3. An Asthma Action Plan (if applicable) must be on file in your child's record.
4. All medications must be in original container, and must be clearly labeled with child's name.

Immunizations:

In compliance with the State of Wyoming all students attending CHP are required to have current immunizations in order to be accepted to our program. Immunization records must accompany each application upon registration. The following are acceptable documents that will be accepted as evidence of a pupil's immunization history.

1. An immunization record from any local or state Public Health Department or unit indicating compliance with W.S. § 35-1-240(a)(ii), W.S. § 35-4-101, W.S. § 21-4-309, and W.S. § 14-4-116, and the Wyoming Administrative Procedure Act of W.S. § 16-3-101, *et seq.*
2. A certificate signed by a physician licensed to practice medicine in any jurisdiction of the USA indicating compliance with W.S. § 35-1-240(a)(ii), W.S. § 35-4-101, W.S. § 21-4-309, and W.S. § 14-4-116, and the Wyoming Administrative Procedure Act of W.S. § 16-3-101, *et seq.*
3. An Official State Record of Immunization report generated from the Wyoming Immunization Registry.
4. A report from a certified laboratory or acknowledgement from a pupil's healthcare provider that confirms serologic immunity to measles, mumps, rubella, hepatitis A, hepatitis B, or varicella.

Cheyenne Hills Preschool Application For Enrollment 2018-2019

In order to understand and best meet the needs of the children attending Cheyenne Hills Preschool, we ask parents/guardians to complete the following forms. The information you provide is strictly confidential and will only be shared with Cheyenne Hills Preschool staff. Thank you for the time and thought that this form requires.

Student's Name: _____ D.O.B. ____/____/____ Gender: M F

Household primary number (for class list): _____ Today's date: _____

Address: _____

Parent/Guardian Information: (Please complete for both parents/guardians, if appropriate)

Parent/guardian name: _____

Address: _____

Cell #: (____) _____ Work # (____) _____

Email: _____

Parent/guardian name: _____

Address: _____

Cell #: (____) _____ Work # (____) _____

Email: _____

Parent/Guardian Status: Married Single Divorced Separated Widowed

Who has custodial rights: Father Mother Guardian

SIBLINGS:	<u>Name</u>	<u>Date of Birth</u>	<u>Age/Grade</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Who will be bringing your child to school most of the time? _____

HOW DID YOU LEARN ABOUT CHEYENNE HILLS PRESCHOOL? _____

Emergency Contact and/or Authorized Person (s) Form

Student's Name: _____

Date: _____

Emergency Contact = (EC)

In the case of an emergency where parent/guardian(s) cannot be reached the following individuals may be contacted and are authorized to take the above-named student from the CHP facility.

Authorized person (s) = (AP)

In the case where parent/guardian(s) are unable to pick up child from CHP, the following individuals are authorized to take the above named student from the CHP facility.

Name: _____ Cell# _____ Addl. # _____

Email: _____

Name: _____ Cell# _____ Addl. # _____

Email: _____

Name: _____ Cell# _____ Addl. # _____

Email: _____

NOTE: students will only be released to those people authorized to pick them up. A driver's license is required, each time, to verify identification of person picking up students. (Please inform them of this requirement)

Parent Agreement: (Initial each box indicating agreement)

_____ Attendance **Requirements:** an authorized adult must sign students, attending CHP, in and out through the kid-check kiosk. Absences must be reported to the preschool office. **Only** authorized adults will be able to drop-off and pickup students.

_____ **Program Charges:** An annual non- refundable administration fee of \$85.00 and a materials fee of \$50.00 (\$45.00 registration fee and \$25.00 materials fee for students starting in January) is due at the time of registration. Tuition is expected to be paid on or before the 5th of each month. If payments are not received by the 5th of each month, I understand I will be charged a \$30.00 late fee. Failure to pay by the 10th of each month may result in dismissal from program until account is made current. A late pick up fee of \$2.00 per minute will be charged after 11:35 a.m. for morning classes and after 3:35 p.m. for afternoon classes. Excessive late pick-ups may result in the student being excluded from the preschool program. Any students not picked up by noon for morning classes or 4:00 p.m. for afternoon classes (after attempts to contact all emergency contacts) may result in the Sheriff's department being called to pick up said student. A \$35.00 fee will be charged on all returned checks, and may result in a cash or money order only restriction being put on the account. Repeated late tuition payments or returned checks may result in exclusion from the preschool program until the account is brought current.

_____ I understand that participation in the preschool program may include outdoor activities and all the risks that accompany such activities. In case of an emergency, staff will first contact parent/guardian. If an attempt to contact a parent/guardian is not successful an authorized emergency contact will be contacted. If immediate hospital attention is needed, staff will call 911 and accompany student if necessary. I understand that I will be held responsible for all costs incurred. I therefore waive any claims and agree to release and hold harmless Cheyenne Hills Preschool and/or Cheyenne Hills Church.

I have read, understand and agree to abide by all of the above statements:

Parent/Guardian Signature: _____ Date: _____

FAMILY AND DEVELOPMENT HISTORY

Please answer the following questions, sharing as much information as you feel comfortable. This information helps us to understand and validate each child's experience. Cheyenne Hills Preschool respects the diverse composition of its families and is committed to protecting each family's right to privacy. Whatever you share with us here is confidential and will not be shared with others.

What languages are spoken at home? _____

If parents are divorced or separated, please indicate when this took place: _____

If parents share custody, what are the living arrangements for the child? _____

If parents do not share custody:

Who is the custodial parent? _____

Name/Address of non-custodial parent: _____

How much time does the child spend with the non-custodial parent? _____

Who cares for your child when parents/guardians are not home? _____

How many hours/week? _____ How long has this person cared for the child? _____

Has there been any change in the person or arrangement in the past year? _____ If yes, please describe:

Does your child receive support services/therapies in any area of development or have any special needs that have been identified (i.e.: speech and/or language delays; physical disabilities; developmental delays; motor or sensory integration issues; social/emotional/behavioral difficulties)? If yes, please describe briefly:

Does your child have a sibling with an identified special need? If yes, briefly explain:

Are there any areas of your child's development that you are concerned about and would like us to observe (e.g.: speech/language development; fine and gross motor skills; learning skills; social/emotional/behavioral skills)? If yes, please explain briefly:

Please share any other family situations that would be helpful for your child's teacher to know:

(e.g.: adoption of child/sibling, separation/divorce, blended family, recent/pending move, recent death/loss, foster care arrangements, etc.)

MEDICAL HISTORY

Was your child a full-term baby? _____ If not, how many weeks? _____

Please describe any special factors concerning pregnancy or delivery. (Answer in terms of biological/birth parent if your child joined your family through adoption or is in your foster care.)

Please describe any special circumstances in your child's early development (e.g.: extensive hospitalization, prolonged separation from primary caregiver, change of custody).

Is your child subject to colds? _____ Ear infections? _____ Strep? _____ Sinus Infections? _____ Bronchitis? _____

If yes, how often? _____

Does your child have nonfood-based allergies (e.g. hay fever, pet dander, dust, mold, etc.)? _____

If yes, please explain: _____

Does your child Have drug allergies? _____

If yes, please explain: _____

If you answer "yes" to any of the following questions, you will need to fill additional forms. Forms MUST be completed and signed by YOU & YOUR CHILD'S PHYSICIAN and returned by January 2, 2019.

Does your child have asthma? _____, if yes list triggers/symptoms: _____

Has your physician prescribed an inhaler _____ If yes, list name of inhaler: _____ If yes, the Asthma Action Plan Form and the Medication Waiver and Consent Form **MUST** be fill out.

Does your child have food allergies that require a special diet? _____, if yes please specify: _____

Type of reaction: _____

Is an Epi-pen required/prescribed by a physician? _____ If yes, the Food Allergy Action Plan Form and the Medication Waiver and Consent Form **MUST** be filled out. **Parent is responsible for providing the EPI-pen.**

Does your child have a serious medical condition that may require monitoring or special treatment at school (e.g. diabetes, cystic fibrosis, seizure disorder, cancer)? _____, if yes additional documentation may be required.

Has your child had any serious illnesses, operations, accidents, or hospital stays? _____ If yes, please explain: _____

Are there any health factors that you would like us to observe?

Please share any other health factors which would be helpful for your child's teacher to know:

BEHAVIOR AND DISCIPLINE

What do you see as your child's strengths? _____

What does your child like to do most? _____

Please share anything about your child's behavior that may be difficult for you or others to manage. _____

Has your child exhibited difficulty separating from you? Adapting to new situations? Do you anticipate your child will have separation issues at the beginning of the school year?

Please share any specific situations in which your child becomes tense, afraid, or angry: _____

In general, how do you limit or discipline your child? _____

Describe how you see your child in terms of independence or wanting/needing help with things such as dressing, washing, toileting, problem solving. _____

• TOILET TRAINING:

Is your child toilet trained except for occasional accidents? _____ (Children must be toilet trained to attend our program)

What words does your child use when he/she needs to use the bathroom? _____

Is there anything about your child's toileting habits, which the teachers should know?

• **SLEEPING:** Does your child take a nap? _____ What hours? _____ •

GROUP EXPERIENCES: Please share any previous experience(s) your child has had in playgroups, preschool, day care, Sunday school:

Group experience

Where

When

Was a parent/guardian included in any of these experiences? _____ If yes, please explain: _____

What do you hope your child will gain from this coming year at Cheyenne Hills Preschool? Please share your goals for your child:

Is there any other information you would like to share with us about your child?

EMERGENCY MEDICAL CONSENT FORM
MUST BE FILLED OUT COMPLETELY

Cheyenne Hills Preschool/Cheyenne Hills Church has my permission to administer first aide and/or obtain emergency medical treatment for my child, _____ (Full legal name) when I cannot be reached and/or when immediate medical attention is required for him/her.

Child's Information

Child's Full Name: _____ Address: _____
Date of Birth: _____ Age: _____

Parent/Guardian's Information

Parent's/Guardian's Name 1: _____ Address: _____
Phone Number (H): _____ Phone Number (C): _____
Parent's/Guardian's Name 2: _____ Address: _____
Phone Number (H): _____ Phone Number (C): _____

Child's Health Information

Health Conditions (e.g. Asthma, Diabetes): _____
Allergies (e.g. to Medications, Food): _____
Prescription Medications: _____
Date of Last Tetanus Injection/Booster: _____

Child's Medical Care and Insurance Information

Physician/Pediatrician: _____ Phone Number: _____
Dentist/Orthodontist: _____ Phone Number: _____
Insurance Company: _____
Policy/Group Number: _____ Policy Holder: _____

SIGNATURE OF PARENT/GUARDIAN

Signature _____ Date _____
Print Name _____

General Photo Release Form

I hereby grant Cheyenne Hills Preschool permission to take and use my child's photograph in connection with school activities and projects, for use in school displays, portfolios, publications, Facebook, Instagram and web site posts related to the preschool, without payment or any other consideration in perpetuity. These photographs are used for internal communication and projects, promoting the preschool and as shared content amongst preschool families.

I have read and understand the above. Please make your selection below:

- I **DO** grant permission for my child to be photographed
- I **DO NOT** grant permission for child to be photographed

Signature _____

Printed Name _____

Child's Name _____ Date _____

2018-2019 School Calendar

December						
S	M	T	W	T	F	S
						1
2	3	4	5	6	7	8
9	10	11	12	13	14	15
16	17	18	19	20	21	22
23	24	25	26	27	28	29
30	31					

January						
S	M	T	W	T	F	S
		1	2	3	4	5
6	7	8	9	10	11	12
13	14	15	16	17	18	19
20	21	22	23	24	25	26
27	28	29	30	31		

February						
S	M	T	W	T	F	S
					1	2
3	4	5	6	7	8	9
10	11	12	13	14	15	16
17	18	19	20	21	22	23
24	25	26	27	28		

March						
S	M	T	W	T	F	S
					1	2
3	4	5	6	7	8	9
10	11	12	13	14	15	16
17	18	19	20	21	22	23
24	25	26	27	28	29	30
31						

April						
S	M	T	W	T	F	S
	1	2	3	4	5	6
7	8	9	10	11	12	13
14	15	16	17	18	19	20
21	22	23	24	25	26	27
28	29	30				

May						
S	M	T	W	T	F	S
			1	2	3	4
5	6	7	8	9	10	11
12	13	14	15	16	17	18
19	20	21	22	23	24	25
26	27	28	29	30	31	

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•
• Presidents' Day
•



School Closed/ Holidays



Parent/Teacher Conferences (No School)



First and Last Day of School

**THIS IS YOUR COPY.
PLEASE REMOVE AND RETAIN FOR YOUR RECORDS**