

# *Elbert* Preschool Registration

Thank you for choosing Elbert Preschool, we look forward to providing a fun and educational experience for your child.

Enclosed you will find the forms that we will need in order to complete the registration process. In addition the following information is required prior to admitting your child into our program.

- Registration packet
- Signed and Dated physical examination form
- Copy of birth certificate
- Copy of current immunization record

A snack will be provided for your child each day by the school. You are encouraged to bring in a special snack for your child when we celebrate their birthday.

## Colorado Preschool Program (CPP) Grant Information

We wanted to take this opportunity to get some information out regarding the above mentioned CPP grant. Elbert Preschool is allotted eight slots to preschoolers who attend preschool four days per week. Four day per week preschoolers are those children who turn 4 by June 1<sup>st</sup>. The CPP grant makes it easier for families to send their child to preschool since it funds any tuition expenses.

The children who receive CPP funding are monitored throughout their school years. It has been shown throughout the state of Colorado that attending a high-quality preschool program helps ensure school readiness. **Preschool is more than letters or numbers. The ability to regulate social, emotional, and cognitive behaviors is a critical school readiness skill. Current research shows that self-regulation has a stronger association with academic achievement than IQ or entry-level reading or math skills.** CSAP scores and other assessment tools/scores of students who received CPP funding are also looked at as they advance from grade to grade.

Receiving the CPP Grant is based on a needs basis with many factors to consider. I would be happy to visit with you concerning what factors are considered to receive the CPP grant. It is very important that when completing the Elbert Preschool enrollment application that all questions be answered completely and honestly.

Our enrollment fluctuates year to year. There are some years when our enrollments are low and most children who attend Elbert Preschool automatically receive CPP funding. Other years, our enrollment is quite high and decisions need to be made about CPP funding; again, filling out the enrollment application completely and accurately would help with the selection process

**Elbert School District 200**  
**SCHOOL ENROLLMENT FORM**

Please print neatly and complete all blanks. Use N/A if not applicable.

Student's **LEGAL** Full Name: \_\_\_\_\_  
Last First Middle (Suffix)

Name student prefers: \_\_\_\_\_

Birthdate: \_\_\_\_/\_\_\_\_/\_\_\_\_ Age: \_\_\_\_\_ Social Security Number \_\_\_\_-\_\_\_\_-\_\_\_\_ Gender: Male  Female   
Mo Day Year

Birthplace: \_\_\_\_\_ Grade Entering: \_\_\_\_\_ Home Phone #: \_\_\_\_\_

Address: \_\_\_\_\_  
Street # Street Name PO Box

\_\_\_\_\_ City State Zip Student's Cell Phone Student's Email Address

Last school attended if not Elbert School: \_\_\_\_\_  
Name Address

\_\_\_\_\_ City State Zip

District of Residence: \_\_\_\_\_

Continuously enrolled in a school in the United States? Yes  No  If no, date most recently enrolled: \_\_\_\_\_

Continuously enrolled 3 years in Colorado public school? Yes  No  If no, please explain: \_\_\_\_\_

**Ethnicity** (Check one)

Is this student Hispanic/Latino?

- No not Hispanic/Latino  
 Yes student is Hispanic/Latino

**Race** (Check one or more)

- American Indian or Alaska Native  
 Asian  
 Black or African-American  
 Native Hawaiian/Other Pacific Islander  
 White

Language(s) Spoken: \_\_\_\_\_  
What language(s) does your child speak with you at home?

**Notice:** UNLESS OTHERWISE INDICATED IN WRITING BY THE INDIVIDUAL COMPLETING THIS FORM, THE FATHER, MOTHER, GUARDIAN, DAYCARE PROVIDER, AND EMERGENCY CONTACTS LISTED ON THIS FORM ARE AUTHORIZED TO REMOVE THE STUDENT FROM SCHOOL DURING THE SCHOOL DAY.

Student living with (circle one): Both Father Mother Father/Stepmother Mother/Stepfather Guardian Foster Other: \_\_\_\_\_

**Father/Guardian** \_\_\_\_\_  
Last Name First Name

Address (if different than student's) \_\_\_\_\_

\_\_\_\_\_ email address: \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Ext. \_\_\_\_\_ Cell Phone \_\_\_\_\_

Employer \_\_\_\_\_ Occupation \_\_\_\_\_

**Mother/Guardian** \_\_\_\_\_  
Last Name First Name

Address (if different than student's) \_\_\_\_\_

\_\_\_\_\_ email address: \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Ext. \_\_\_\_\_ Cell Phone \_\_\_\_\_

Employer \_\_\_\_\_ Occupation \_\_\_\_\_

Daycare Provider \_\_\_\_\_ Phone \_\_\_\_\_  
(Other than parent) Name/Address

Emergency Contact #1 \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

Emergency Contact #2 \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

Emergency Contact #3 \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

Co-guardian (any other adult having custodial rights who may request copies of student records and/or school materials):

Name: \_\_\_\_\_ Address: \_\_\_\_\_

Instructions regarding co-guardian \_\_\_\_\_

Brothers/Sisters living at home? Please list names, date of birth, and school attending if applicable:

Name: \_\_\_\_\_ DOB: \_\_\_\_\_ School Attending: \_\_\_\_\_

Name: \_\_\_\_\_ DOB: \_\_\_\_\_ School Attending: \_\_\_\_\_

Name: \_\_\_\_\_ DOB: \_\_\_\_\_ School Attending: \_\_\_\_\_

Student requires special support (SpEd, G&T, ILP, 504, etc.) \_\_\_\_\_ Active IEP: Yes  No

Has student ever been retained? Yes  No  What grade? \_\_\_\_\_ Has this student ever been expelled or suspended? Yes  No

Is the student currently under expulsion? Yes  No  If Yes, from where? \_\_\_\_\_

Was any school considering disciplinary action because of this student's behavior? Yes  No  If Yes, where? \_\_\_\_\_

Does the student have a criminal background? Yes  No  If Yes, please explain: \_\_\_\_\_

If either parent/guardian is active Military, indicate which branch? Army  Air Force  Marines  Navy  Other  \_\_\_\_\_

Physician: \_\_\_\_\_ Phone #: \_\_\_\_\_

Hospital Preference: \_\_\_\_\_ Health Insurance: \_\_\_\_\_ Policy #: \_\_\_\_\_

Does this child have Medicaid? Yes  No  If yes, Medicaid Number: \_\_\_\_\_ Effective Date: \_\_\_\_\_

Expiration Date: \_\_\_\_\_ County Number: \_\_\_\_\_ Permission to administer first aid? Yes  No

Conditions limiting physical activity at school: \_\_\_\_\_ Medications: \_\_\_\_\_

Allergies: \_\_\_\_\_ Dietary restrictions: \_\_\_\_\_

Prosthetic devices needed: \_\_\_\_\_ Wears glasses/contacts: \_\_\_\_\_

Immunizations in the past year: \_\_\_\_\_ Has had Chicken Pox: Yes  No  Chicken Pox Vaccine: Yes  No

Type and Date

**Emergency Closing** – In the event of an emergency closing, school may be dismissed earlier than normal. No child may remain at school after an emergency closing. The district will attempt to contact all parents/guardians through its automated system. This system has limits and is only as good as the phone numbers provided to the district. Therefore, it is critical the district knows where your child should go.

I want my child to:  Go home on their regular bus route  Is allowed to drive him/herself & siblings home if applicable.

Alternate instructions: \_\_\_\_\_

I grant permission for the District to use photo/videos of my child on the District's Web Site: Yes  No

I grant permission for my child to participate in school field trips, community outings, fundraisers, assemblies, etc., sponsored by the District: : Yes  No

All blanks and check boxes must be completed prior to signature. Enrollment of any student is contingent upon verification of the above information.

**THE ABOVE INFORMATION IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE**

I authorize school staff to seek emergency care for my child if and when necessary. All efforts will be made to contact parents or physician and emergency contacts. All emergency costs are at the expense of the family. I authorize the school to share this information with emergency services.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

**Elbert Preschool Colorado Preschool Program Intake Application** Date of Application \_\_\_\_\_

Child's last name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_

Date of birth: \_\_\_\_\_ Sex: M \_\_\_\_\_ F \_\_\_\_\_ Lives in Dist. 200? Y \_\_\_\_\_ N \_\_\_\_\_

Address: \_\_\_\_\_ (Street)

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

How long at this address? \_\_\_\_\_

Phone Numbers: Home: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_

Mother/Guardian: \_\_\_\_\_ (name)

Mother's age and martial status at time of child's birth: \_\_\_\_\_ (age) Married: Y \_\_\_\_\_ N \_\_\_\_\_

Mother's date of birth: \_\_\_\_\_ Mother's Last Grade Completed: \_\_\_\_\_

Father/Guardian: \_\_\_\_\_ (name)

Father's age and martial status at time of child's birth: \_\_\_\_\_ (age) Married: Y \_\_\_\_\_ N \_\_\_\_\_

Father's date of birth: \_\_\_\_\_ Father's Last Grade Completed: \_\_\_\_\_

Current Parental Status: \_\_\_\_\_ Married \_\_\_\_\_ Separated \_\_\_\_\_ Divorced \_\_\_\_\_ Foster \_\_\_\_\_ Guardian

Primary Language of Father: English \_\_\_\_\_ Spanish \_\_\_\_\_ Other \_\_\_\_\_ (State Language) \_\_\_\_\_

Mother: English \_\_\_\_\_ Spanish \_\_\_\_\_ Other \_\_\_\_\_ (State Language) \_\_\_\_\_

Child: English \_\_\_\_\_ Spanish \_\_\_\_\_ Other \_\_\_\_\_ (State Language) \_\_\_\_\_

Do you have any concerns about your child's language? (Describe) \_\_\_\_\_

Does the child have a disability? Y \_\_\_\_\_ N \_\_\_\_\_ Suspected \_\_\_\_\_ On an IEP? \_\_\_\_\_

Do you have any concerns about your child's development (Describe) \_\_\_\_\_

Was the child referred to this program? Y \_\_\_\_\_ N \_\_\_\_\_ If yes, by whom? \_\_\_\_\_

Has your child ever been in foster care? Y \_\_\_\_\_ N \_\_\_\_\_

Does the child receive Medicaid? Y \_\_\_\_\_ N \_\_\_\_\_ Number: \_\_\_\_\_

Does the child have health insurance? Y \_\_\_\_\_ N \_\_\_\_\_

Number of persons living in the household? \_\_\_\_\_

Please list the people living in the home:

Name: \_\_\_\_\_ DOB \_\_\_\_\_ Relation to Child: \_\_\_\_\_

Name: \_\_\_\_\_ DOB \_\_\_\_\_ Relation to Child: \_\_\_\_\_

Name: \_\_\_\_\_ DOB \_\_\_\_\_ Relation to Child: \_\_\_\_\_

Name: \_\_\_\_\_ DOB \_\_\_\_\_ Relation to Child: \_\_\_\_\_

Name: \_\_\_\_\_ DOB \_\_\_\_\_ Relation to Child: \_\_\_\_\_

Name: \_\_\_\_\_ DOB \_\_\_\_\_ Relation to Child: \_\_\_\_\_

**Household income. Circle one from each column:**

**Household size:**

**Income:**

- |   |                    |
|---|--------------------|
| 1 | Less than \$18,000 |
| 2 | \$18,000-\$25,000  |
| 3 | \$25,000-\$32,000  |
| 4 | \$32,000-\$38,000  |
| 5 | \$38,000-\$44,000  |
| 6 | \$44,000-\$51,000  |
| 7 | \$51,000-\$57,000  |
| 8 | \$57,000-\$63,000  |
| 9 | Above \$63,000     |

Are any of the following family situations affecting your child? Please check all or any that apply:

Health \_\_\_\_\_ Divorce \_\_\_\_\_ Job Change \_\_\_\_\_ Recent Unemployment \_\_\_\_\_ Homelessness \_\_\_\_\_

Separation \_\_\_\_\_ Other \_\_\_\_\_

Has there been a family history of any of the following: Please check all or any that apply:

Alcoholism \_\_\_\_\_ Abuse \_\_\_\_\_ Drug Dependence \_\_\_\_\_ Emotional Problems \_\_\_\_\_

Learning Problems \_\_\_\_\_ Significant Parental Health Issues \_\_\_\_\_

If yes, please explain:

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**Health History**

Did the mother or child have any health problems during this pregnancy? Y \_\_\_\_\_ N \_\_\_\_\_

If yes, please describe: \_\_\_\_\_

Were there any complications during the delivery Y \_\_\_\_\_ N \_\_\_\_\_

If yes, please describe: \_\_\_\_\_

Did the mother receive regular prenatal care? Y \_\_\_\_\_ N \_\_\_\_\_

During the pregnancy, did the mother smoke, drink alcohol or take drugs? Y \_\_\_\_\_ N \_\_\_\_\_

Please specify: \_\_\_\_\_

Was the child's birth more than three weeks early or three weeks late? Y \_\_\_\_\_ N \_\_\_\_\_

Please specify: \_\_\_\_\_

What was the weight of the child at birth? \_\_\_\_\_

Is the child's mother pregnant now? Y \_\_\_\_\_ N \_\_\_\_\_

**Illnesses/Concerns**

Has the child ever:

- been hospitalized Y \_\_\_\_\_ N \_\_\_\_\_
- had a serious accident Y \_\_\_\_\_ N \_\_\_\_\_
- had a serious illness Y \_\_\_\_\_ N \_\_\_\_\_
- had a serious disease Y \_\_\_\_\_ N \_\_\_\_\_
- had any surgeries Y \_\_\_\_\_ N \_\_\_\_\_

If yes, please describe: \_\_\_\_\_

- Does the child have any chronic health problems? Y \_\_\_\_\_ N \_\_\_\_\_
- Does the child have any difficulty with their eyes? Y \_\_\_\_\_ N \_\_\_\_\_
- Does the child have any difficulty with hearing? Y \_\_\_\_\_ N \_\_\_\_\_
- Does the child have any difficulty with speech? Y \_\_\_\_\_ N \_\_\_\_\_
- Does the child have any allergies/asthma? Y \_\_\_\_\_ N \_\_\_\_\_
- Is there a history of ear infections? Y \_\_\_\_\_ N \_\_\_\_\_
- Does the child have any dental problems? Y \_\_\_\_\_ N \_\_\_\_\_

Please list:

Medications child is taking on a regular basis: \_\_\_\_\_

**Social**

What opportunities has your child had to play with other children his age: (Describe) \_\_\_\_\_

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How far away is your child's nearest playmate? \_\_\_\_\_

Is the child toilet trained? Y \_\_\_\_\_ N \_\_\_\_\_

Do you have any concerns about your child's behavior? Y \_\_\_\_\_ N \_\_\_\_\_

Please explain: \_\_\_\_\_

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**Immunizations**

Are the child's immunizations current? Y \_\_\_\_\_ N \_\_\_\_\_

Please provide a copy of the child's immunization records.

**General Comments:** \_\_\_\_\_

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\_\_\_\_\_  
Signature of parent/guardian

\_\_\_\_\_  
Date

## Student Pick-Up

For the safety of your child, other than parents, we will only release students to people that are on this list. If your situation changes and someone new will be picking your child up, please come in ahead of time and make sure their name and phone number is on this page.

**The following people may pick up my child from Elbert Preschool.**

**Name:**

**Phone #:**

**Address:**

1.

2.

3.

4.

5.

6.

7.

## Permission to Publish Photographs

I grant permission for the Elbert Preschool/Elbert School District to use photos of my child for the following purposes: **(please check all that apply)**

Classroom/School Displays \_\_\_\_\_

Yearbook \_\_\_\_\_

District Website \_\_\_\_\_

Newspaper/Television Media \_\_\_\_\_

**ATTACHMENT D 2010-2011 FAMILY ECONOMIC DATA SURVEY**

Last Name(s) of Family \_\_\_\_\_

Mailing Address, City, Zip Code \_\_\_\_\_

Telephone Number \_\_\_\_\_

**INSTRUCTIONS:** Complete the application, sign your name, and return application to school.

**1. STUDENT INFORMATION: PRINT each child's name, school and grade. (Use a separate application for each foster child)**

Names of all children in school (First and Last)	School name	Grade	Check if no income	Provide student Income and Frequency of Pay
			<input type="checkbox"/>	\$ _____ <input type="checkbox"/> monthly <input type="checkbox"/> bi-weekly <input type="checkbox"/> 2x/month <input type="checkbox"/> weekly
			<input type="checkbox"/>	\$ _____ <input type="checkbox"/> monthly <input type="checkbox"/> bi-weekly <input type="checkbox"/> 2x/month <input type="checkbox"/> weekly
			<input type="checkbox"/>	\$ _____ <input type="checkbox"/> monthly <input type="checkbox"/> bi-weekly <input type="checkbox"/> 2x/month <input type="checkbox"/> weekly
			<input type="checkbox"/>	\$ _____ <input type="checkbox"/> monthly <input type="checkbox"/> bi-weekly <input type="checkbox"/> 2x/month <input type="checkbox"/> weekly

**2. Supplemental Nutrition Assistance Program (SNAP) /Food Distribution Program on Indian Reservations (FDPIR)**  
(Enter number and skip to part 6) Case Number: \_\_\_\_\_

**3. Foster Child, check here:**  If this application is for a child who is the legal responsibility of a welfare agency or court, list the amount of the child's personal use income and the frequency: \$ \_\_\_\_\_ / \_\_\_\_\_ (Write "0" if the child has no personal use income). Complete information and skip to part 6.

**4. If the child you are applying for is homeless, migrant, or a runaway call [your school, homeless liaison, migrant coordinator at phone #]**

**5. All Household Members, other than those listed above**

List all current gross income and check how often it was received.

First and Last Name	Check if no income	Earnings from work before deductions, or unemployment	Welfare, child support, alimony	Pensions, retirement, Social Security	Other
	<input type="checkbox"/>	\$ _____ <input type="checkbox"/> monthly <input type="checkbox"/> bi-weekly <input type="checkbox"/> weekly <input type="checkbox"/> 2x/month	\$ _____ <input type="checkbox"/> monthly <input type="checkbox"/> bi-weekly <input type="checkbox"/> weekly <input type="checkbox"/> 2x/month	\$ _____ <input type="checkbox"/> monthly <input type="checkbox"/> bi-weekly <input type="checkbox"/> weekly <input type="checkbox"/> 2x/month	\$ _____ <input type="checkbox"/> monthly <input type="checkbox"/> bi-weekly <input type="checkbox"/> weekly <input type="checkbox"/> 2x/month
	<input type="checkbox"/>	\$ _____ <input type="checkbox"/> monthly <input type="checkbox"/> bi-weekly <input type="checkbox"/> weekly <input type="checkbox"/> 2x/month	\$ _____ <input type="checkbox"/> monthly <input type="checkbox"/> bi-weekly <input type="checkbox"/> weekly <input type="checkbox"/> 2x/month	\$ _____ <input type="checkbox"/> monthly <input type="checkbox"/> bi-weekly <input type="checkbox"/> weekly <input type="checkbox"/> 2x/month	\$ _____ <input type="checkbox"/> monthly <input type="checkbox"/> bi-weekly <input type="checkbox"/> weekly <input type="checkbox"/> 2x/month
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	<input type="checkbox"/>	\$ _____ <input type="checkbox"/> monthly <input type="checkbox"/> bi-weekly <input type="checkbox"/> weekly <input type="checkbox"/> 2x/month	\$ _____ <input type="checkbox"/> monthly <input type="checkbox"/> bi-weekly <input type="checkbox"/> weekly <input type="checkbox"/> 2x/month	\$ _____ <input type="checkbox"/> monthly <input type="checkbox"/> bi-weekly <input type="checkbox"/> weekly <input type="checkbox"/> 2x/month	\$ _____ <input type="checkbox"/> monthly <input type="checkbox"/> bi-weekly <input type="checkbox"/> weekly <input type="checkbox"/> 2x/month
	<input type="checkbox"/>	\$ _____ <input type="checkbox"/> monthly <input type="checkbox"/> bi-weekly <input type="checkbox"/> weekly <input type="checkbox"/> 2x/month	\$ _____ <input type="checkbox"/> monthly <input type="checkbox"/> bi-weekly <input type="checkbox"/> weekly <input type="checkbox"/> 2x/month	\$ _____ <input type="checkbox"/> monthly <input type="checkbox"/> bi-weekly <input type="checkbox"/> weekly <input type="checkbox"/> 2x/month	\$ _____ <input type="checkbox"/> monthly <input type="checkbox"/> bi-weekly <input type="checkbox"/> weekly <input type="checkbox"/> 2x/month

**6. Signature: (Adult MUST sign)**

An adult household member must sign the application

*I certify (promise) that all information on this application is true and that all income is reported. I understand that the school will receive funds based on the information I give. I understand that school officials may verify (check) the information. I understand that if I purposely give false information, the district could lose funding, and I may be prosecuted.*

Sign here: X \_\_\_\_\_ Date \_\_\_\_\_

**Do Not Write Below This Line. School Use Only**

Annual Income Conversion: Weekly x 52; Every 2 Weeks x 26; Twice A Month x 24; Monthly x 12

Total Income: \_\_\_\_\_ Per:  Week,  Every 2 Weeks,  Twice A Month,  Month,  Year Household size: \_\_\_\_\_  
Eligibility: Yes \_\_\_\_\_ (Type \_\_\_\_\_) SNAP: \_\_\_\_\_ Date Withdrawn: \_\_\_\_\_ Declined survey \_\_\_\_\_

Determining Official's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Confirming Official's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

The Physical Examination Record must be renewed each year.

Physical Exam for Physician/Authorized Provider to complete:

Child's Name: \_\_\_\_\_ Child's date of birth: \_\_\_\_\_

Height: \_\_\_\_\_ Weight: \_\_\_\_\_

Hearing: \_\_\_\_\_ Vision: \_\_\_\_\_

	Normal	Concern		Normal	Concern
Head:	_____	_____	Abdomen:	_____	_____
Eyes:	_____	_____	Bowel:	_____	_____
Ears:	_____	_____	Bladder:	_____	_____
Oral/dental:	_____	_____	Neurological:	_____	_____
Chest:	_____	_____	Back/Spine:	_____	_____
Cardiac:	_____	_____	Arms/Legs:	_____	_____
Respiratory:	_____	_____	Skin:	_____	_____
Psycho/Social:	_____	_____	Metabolic:	_____	_____
Other:	_____	_____			

Any Immunizations given? Yes\_\_ No\_\_

If yes: DTP\_\_ OPV\_\_ HIB\_\_ MMR\_\_ Hep B\_\_ Varicella\_\_  
Hep A\_\_ Pneumococcal\_\_ Other\_\_\_\_\_

Any health, growth or developmental concerns/limitations preschool staff should be aware of? Yes\_\_ No\_\_

If yes, what\_\_\_\_\_

Any activity/participation restrictions preschool staff should be aware of? Yes\_\_ No\_\_

If yes, what\_\_\_\_\_

Any medications/procedures required during the preschool day? Yes\_\_ No\_\_

If yes, what\_\_\_\_\_

This child has been examined and is released to attend preschool.

Date: \_\_\_\_\_

Authorized Provider Signature: \_\_\_\_\_ Title: \_\_\_\_\_

Authorized Provider/Stamp

## Elbert Preschool Tuition

**4 Days a week: \$150.00 per month**

**2 Days a week: \$75.00 per month**

Tuition is due the first week of each month. You are responsible to get your tuition in each month even if your child is not in school that week. If there is a problem, please make arrangements with Mrs. Schafer or Mrs. Anderson. We have the "Family Economic Data Survey" form available to fill out. If you qualify for this program then your tuition will be reduced. **To be considered for the Colorado Preschool Program Grant (available to 4 day a week preschoolers only), this form must be filled out.**

Tuition will be collected **8** times during the school year. The first day of school tuition will be collected for August/September (one month tuition). There after we will collect tuition the first week of October, November, December, January, February, March and April. April's tuition will cover both April and May. We do not make adjustments for missed days due to illness.

If a long-term emergency arises, please talk to Mrs. Schafer or Mrs. Anderson. Tuition is turned into Mrs. Schafer or Mrs. Anderson and a receipt will be placed in your parent pocket.

Students who receive the Colorado Preschool Program grant will have their Preschool tuition waived. Eligibility for this program is determined in the Fall of each school year based on your Preschool application.

### Preschool Supplies

Qty 2 - rolls of paper towels

Qty 1 - box of Kleenex

Qty 1 - package of Crayola watercolor paints (please no RoseArt)

Qty 1 - box of sandwich sized zip-lock baggies

Qty 1 - 5 lb. bag of flour (last name beginning A-M)

Qty 1 - box of food coloring (last name beginning A-M)

Qty 1 - box of salt (last name beginning N-Z)

Qty 1 - container of Alum or Cream of Tarter (last name beginning N-Z)

Qty 1 - backpack