



Island Foundation
Private Education Programs

Island Preschool

After School Care Program

Holiday Care

Summer Care

Admission Packet

_____ Admission Form

_____ Discipline & Guidance Policy

_____ Physician's Statement of Health

_____ Immunization Record

_____ Emergency Card

_____ Policy Agreement

_____ Tuition Agreement

Parent Handbook-please keep for your records

Parent email address: _____

Child's T-Shirt Size: _____ XS (2-4) _____ S (6-8) _____ YM (10-12)
_____ YL _____ other



**Island Foundation Private Education Programs
ENROLLMENT RECEIPT
&
TUITION AGREEMENT
2009-2010**



Child's last name _____, First name _____
 Age of child on Aug. 31, 2009 _____
 Assigned Classroom: _____

Please mark **Preschool** choice: _____ Part-Time Options: _____
 Full Day M-F 7:30-6:00 \$540 mo _____ Three Day M-W-F 7:30-2:30 \$330 mo _____ w/ASC \$405 mo _____
 School Day M-F 7:30-2:30 \$435 mo _____ Two Day T-Th 7:30-2:30 \$275mo _____ w/ASC \$325 mo _____

After School Care Only Monthly Tuition: \$160 first child, \$128 for second and subsequent children

I, _____, the parent or legal guardian of _____, agree to pay the annual registration fee, annual material fee, and tuition in the following amounts and manner.

sign X Parent's signature _____

<p><u>PRESCHOOL PROGRAM</u> REGISTRATION FEE \$100 per year (non-refundable)</p> <p>PAID: ___/___/___ CASH _____ CHECK# _____ RECEIPT# _____ RCVD. BY _____</p>	<p><u>PROGRAM TUITION</u></p> <p><u>Preschool</u> <i>Annual fee:</i></p> <p>9 payments _____ 2 payments _____ 1 payment _____</p>	<p><u>PRESCHOOL PROGRAM</u> MATERIAL FEE M-F full day: \$325 PER YR and \$140 for M-F school day. MATERIAL FEE M-W-F: \$110 PER YR MATERIAL FEE T-TH: \$75 PER YR</p> <p>PAID: ___/___/___ CASH _____ CHECK# _____ RECEIPT# _____ RCVD. BY _____</p>	<p><u>HOLIDAY CARE REGISTRATION</u> \$15.00 per year</p> <p>PAID: ___/___/___ CASH _____ CHECK# _____ RECEIPT# _____ RCVD. BY _____</p>
<p><u>AFTER SCHOOL CARE PROGRAM</u> REGISTRATION FEE: \$75.00 per year (non-refundable)</p> <p>PAID: ___/___/___ CASH _____ CHECK# _____ RECEIPT# _____ RCVD. BY _____</p>	<p><u>Preschool w/ ASC</u> <i>Annual fee:</i></p> <p>9 payments _____ 2 payments _____ 1 payment _____</p>	<p><u>Preschool AFTER CARE PROGRAM</u> MATERIAL FEE: \$ 75 per year M-W-F \$ 50 per year T-TH</p> <p>PAID: ___/___/___ CASH _____ CHECK# _____ RECEIPT# _____ RCVD. BY _____</p>	<p><u>SUMMER CARE REGISTRATION</u> \$125.00 per year</p> <p>PAID ___/___/___ CASH _____ CHECK# _____ RECEIPT# _____ RCVD. BY _____</p>
	<p><u>ASC</u> <i>Annual fee:</i></p> <p>9 payments _____ 2 payments _____ 1 payment _____</p>		<p><u>DROP-IN CARE REGISTRATION</u> \$15.00 per year</p> <p>PAID ___/___/___ CASH _____ CHECK # _____ RECEIPT# _____ REC'D BY _____</p>

- Only one Registration fee per child is due annually. Students enrolled in more than one program will be billed for the highest applicable registration fee.
- Materials fee is per program. If your child is enrolled in both Preschool and ASC, material fees for both programs are due.

ADMISSION INFORMATION

Operation Name <i>Island Foundation PEP</i>		Director's Name <i>Heather Harkins</i>	
Child's Full Name		Child's Date of Birth	Child's Home Telephone No.
Child's Home Address			
Date of Admission		Date of Withdrawal	
Parent's or Guardian's Name		Address (if different from child's address)	
List telephone numbers below where parents/guardian may be reached while child will be in care:			
Mother's Telephone No.	Father's Telephone No.	Guardian's Telephone No.	Cell Phone No
Give the name, address and phone number of person to call in case of an emergency if parents / guardian cannot be reached:			Relationship
I hereby authorize the childcare operation to allow my child to leave the childcare operation ONLY with the following persons. Please list name & telephone number for each. Children will only be released to a parent or a person designated by the parent/guardian after verification of ID.			

CHECK ALL THAT APPLY: I hereby give do not give - consent for my child to be transported and supervised by the operation's employees:

1. **TRANSPORTATION:** for emergency care on field trips to and from home to and from school

2. **FIELD TRIPS:** I hereby give do not give - my consent for my child to participate in Field Trips:
Parent's Comments:

3. **WATER ACTIVITIES:** I hereby give do not give - my consent for my child to participate in Water Activities:
 sprinkler play splashing/wading pools swimming pools water table play

4. **RECEIPT OF WRITTEN OPERATIONAL POLICIES:**
I acknowledge receipt of the facility's operational policies including those for discipline and guidance.

5. **I UNDERSTAND THAT THE FOLLOWING MEALS WILL BE SERVED TO MY CHILD WHILE IN CARE:**
 None Breakfast AM Snack Lunch PM Snack Supper Evening Snack

6. **MY CHILD IS NORMALLY IN CARE ON THE FOLLOWING DAYS AND TIMES:**

<input type="checkbox"/> Mondays	from:	to:
<input type="checkbox"/> Tuesdays	from:	to:
<input type="checkbox"/> Wednesdays	from:	to:
<input type="checkbox"/> Thursdays	from:	to:
<input type="checkbox"/> Fridays	from:	to:
<input checked="" type="checkbox"/> Saturdays	from:	to:
<input checked="" type="checkbox"/> Sundays	from:	to:

AUTHORIZATION FOR EMERGENCY MEDICAL ATTENTION:
In the event I cannot be reached to make arrangements for emergency medical care, I authorize the person in charge to take my child to:

Name of Physician:	Address:	Ph.#:
Name of Emergency Medical Care Facility:	Address:	Ph.#:

I give consent for the facility to secure any and all necessary emergency medical care for my child.

Signature - Parent or Legal Guardian

List any special problems that your child may have, such as allergies, existing illness, previous serious illness, injuries and hospitalizations during the past 12 months, any medication prescribed for long-term continuous use, and any other information which caregiver's should be aware of:

Child daycare operations are public accommodations under the Americans with Disabilities Act (ADA), Title III. If you believe that such an operation may be practicing discrimination in violation of Title III, you may call the ADA Information Line at (800) 514-0301 (voice) or (800)-514-0383 (TTY).

W.H.

ADMISSION INFORMATION

SCHOOL AGE CHILDREN:

My child attends the following school:

Name of School and Address School Ph.#

CHECK ALL THAT APPLY:

His / her immunization record is on file at the school and all required immunizations and/or tuberculosis test are current. Vision and Hearing screening records are also on file.

My child has permission to: walk to and from school, ride a bus, and/or be released to the care of his/her sibling(s) under 18 years old.

Name of sibling(s): _____

IMMUNIZATION RECORD:

I have provided the childcare operation with a copy of my child's most current immunization record.

ADMISSION REQUIREMENT: If your child does not attend pre-kindergarten or school away from the child-care operation, one of the following must be presented when your child is admitted to the child-care operation or within one week of admission. Please check only one option:

1. HEALTH-CARE PROFESSIONAL'S STATEMENT: I have examined the above named child within the past year and find that he / she is able to take part in the day care program.

Health Care Professional's Signature Date

2. A signed and dated copy of a health care professional's statement is attached.

3. Medical diagnosis and treatment conflict with the tenets and practices of a recognized religious organization, which I adhere to or am a member of; I have attached a signed and dated affidavit stating this.

4. My child has been examined within the past year by a health care professional and is able to participate in the day care program. Within 12 months of admission, I will obtain a health care professional's signed statement and will submit it to the child-care operation.

Name and address of health care professional: _____

sign X _____

Signature - Parent or Legal Guardian Date

VISION	R 20/ _____	L 20/ _____	<input type="checkbox"/> PASS <input type="checkbox"/> FAIL
SIGNATURE _____		DATE _____	
HEARING	1000 Hz	2000 Hz	4000 Hz
R	_____	_____	_____
L	_____	_____	_____
			<input type="checkbox"/> PASS <input type="checkbox"/> FAIL
SIGNATURE _____		DATE _____	

sign X _____

Signature – Parent or Legal Guardian Date

Admission Form Supplement
Island Foundation Private Education Programs

Special Permission Items

Please indicate yes or no:

I give permission for my child, _____, to participate in the following as specified:

_____ to participate in classroom parties

_____ to have photos taken by teacher and other parents at school functions

_____ to have such photos used for newsletters, brochures, newspaper, website or advertising for Island Foundation

_____ to have bug sprayed applied to my child

_____ to have sunblock applied to my child

_____ for Island Foundation Private Education Program staff to administer minor first aid with band-aids, antibiotic cream, ice pak, anti-itch ointment or skin antiseptic cleansers as deemed necessary.

X Signature of Parent _____ Date _____

Nutrition

I have received a copy of the nutritional guidelines for children and understand that the Island Foundation Private Education Programs are not responsible for the nutritional value of the lunch I provide for my child.

X Signature of Parent _____ Date _____

Receipt of Policies

I have received the Private Education Programs Parent Handbook and agree to comply with the policies and guidelines therein. In addition, I understand that participation in any PEP program does not guarantee enrollment in Seashore Learning Center.

X Signature of Parent _____ Date _____

Revisions to Handbook/Policies

Amended 02/23/2009

- Nutritious lunches
- TB testing
- Contact licensing



**Island Foundation Private Education Programs
TUITION POLICY AGREEMENT 2009-2010**

I agree to make _____ monthly payments of \$ _____ beginning ____/____/____.

ISLAND FOUNDATION POLICY AGREEMENT

Please read each item and initial

_____ I am aware that all monthly fees are due on the 1st of each month. A late fee of \$5 per day will be assessed for payment not received by the 5th of each month unless it falls on a Sat/Sun/holiday in which case payment will be due on the next business day.

_____ I am aware that \$30 will be charged for any returned check that results in non-payment.

_____ I am aware that a written two-week notice is required prior to withdrawal from the program.

_____ I am aware that tuition must be current in all PEP programs in order to enroll in any other PEP program.

_____ I am aware that if my payment is 30 days past due, my child may be refused the opportunity to participate in any PEP program and the slot may be offered to another family.

_____ I am aware that if my account is more than 30 days past due, it may be sent to collections.

_____ I am aware that I am responsible for payment of services provided by any Island Foundation program and that payment is due BEFORE services are provided. I agree that I will be responsible for any collection fees and/or attorney fees necessary to bring my account current.

I have read and agree to the above Tuition Policy of the Island Foundation Private Education Programs.

X

Parent/Guardian Signature

Date

Island Preschool Supplies List

Child's name _____

Please check off:

- 1. An extra set of clothing, including socks and underwear in a **SMALL** backpack.
- 2. 1 plain child's toothbrush, a tube of toothpaste all placed in small plastic bag.
- 3. 1"- 2" vinyl, foldable mat for nap, along with a small blanket and/or travel size pillow. A small cuddly to sleep with is also fine. All items must fit inside cubby.
- 4. 1 child size lunch bag or lunch box.
- 5. 1 box of each zip lock or slider bags: gallon size, quart size, and sandwich size
- 6. 2 boxes of facial tissue
- 7. 1 container of moist wipes
- 8. 1 container of Clorox wipes
- 9. 1 container of Lysol spray
- 10. Sunscreen /labeled with name
- 11. Bug Spray / labeled with name

****Please LABEL child's name on ALL items that come to school this year, including: extra clothing, jackets, items for show and tell, lunch boxes, etc. (NO toys from home are to come to school to play with.)****

Parent Handbook Reminders

Dress Code for preschool:

Red, white, yellow, or blue tops (plain, t-shirt, or collared)

Blue or khaki bottoms

Tennis shoes with socks; **NO** sandals or flip flops allowed

Blue Preschool T-shirt for field trips (available for purchase)

Lunch Reminders:

- Heat-ups must be limited to one-minute or less.
- No food sent in an unopened can.
- Fruit must be ready to eat. Please have fruit already sliced or peeled if that is how your child chooses to eat it.
- Please do not send candy in lunches.

Please be sure and read the parent handbook carefully. Books can be obtained at the office building or on our website www.islandfoundation.com

Thank you,
Heather Harkins
PEP Director
949-1530

**Island Foundation Private Education Programs
Tuition & Fees Schedule 2009-2010
PEP Director: Heather Harkins 949-1530**

PRESCHOOL

Full Day Monday thru Friday 7:30 – 6:00

Registration Fee.....	\$100 (per year)
Materials Fee.....	\$325(per year)
Annual Tuition.....	\$4860
9 Monthly Payments.....	\$540

School Day Monday thru Friday 7:30-2:30

Registration Fee	\$100 (per year)
Materials Fee.....	\$140 (per year)
Annual Tuition.....	\$3915
9 Monthly Payments.....	\$ 435

Part-Time Options

Three Day Mon-Wed-Fri 7:30-2:30

Registration Fee.....	\$100 (per year)
Materials Fee... *.....	\$110 (per year)
Annual Tuition.....	\$2970
9 Monthly Payments.....	\$330
With After School Care	\$405

Two Day Tues-Thurs 7:30-2:30

Registration Fee	\$100 (per year)
Materials Fee ... *.....	\$75 (per year)
Annual Tuition	\$2475
9 Monthly Payments	\$ 275
With After School Care	\$325

* Materials Fee for part-time after school care\$50

Second and subsequent children enrolled in Preschool receive a 15% discount on tuition.

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**Island Foundation Private Education Program
Tuition & Fees Schedule 2009-2010
PEP Director: Heather Harkins 949-1530**

After School Care

At dismissal time from IPS, SLC, & SMA until 6:00pm

Registration Fee	\$ 75 (per year)
Materials Fee	\$140 (per year)
Monthly Tuition	\$160 1 st child; \$128 2 nd & subsequent

Drop-in Care

Registration Fee.....	\$15 per year
Daily Tuition.....	\$25 per day

Holiday Care

Registration Fee.....	\$15 per year
Daily Tuition.....	\$25/day 1 st child; \$15 2 nd & subsequent

Summer Care 2010

Registration Fee.....	\$125 per year
Tuition.....	\$125 1 st child/\$110 2 nd & subsequent WEEKLY
Summer Drop-In.....	\$30 per day

Summer Care is open to all children ages 3-13 (students are not required to be SMA, SLC or IPS students). Care will be provided June 1 through August 6, 2010. Note: Summer care will not be provided on July 4.

Registration fee is per child. Students will be billed for the highest applicable registration fee. Students who change programs during the year may apply the previously paid fee to any new registration fee.

Materials fee is per program. If your child is enrolled in both Preschool and After School Care, you pay both materials fees.

After School Care, Drop-In and Holiday Care are available to children enrolled at SLC, SMA and IPS who have not yet reached their 14th birthday.