

# *St. George's Preschool*

Dear Parents:

An informative Parent Meeting has been planned for you to attend on Friday, September 9<sup>th</sup> at 9:00 a.m. This meeting will take place at the school and will be approximately two hours. T/TH parents will begin in the church and MWF & Pre-K parents will begin in the classrooms. We will switch mid-way through the morning.

To ensure that your child will realize maximum benefits from our program, we need you to understand our goals, procedures, policies, and basic philosophy. We want to get acquainted with you and we want you to have this chance to get acquainted with us.

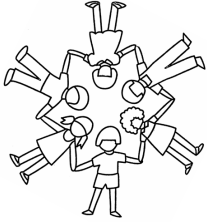
**Reservations for Permanent Spaces in Extended Day can be made in Lower Softley Hall at 8:15 a.m.**

**We consider it imperative that at least one parent attend this meeting** and it is a required obligation on the signed admission form for our school. Even if your child has previously attended St. George's or has had a sibling attend, this is an opportunity for you to meet the teachers and learn about the classroom programs. The programs may have changed. We are notifying you of this date in advance so that you may arrange for child care.

Sincerely,

Cherie McSweeney  
Director

808 Foothill Blvd. • La Cañada Flintridge • California 91011  
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# *St. George's Preschool*

## **DISASTER PREPAREDNESS**

Our preschool is currently equipped with individual classroom and office emergency packs containing first aid supplies; individual classrooms have specified bins that will be filled with the comfort kits that you will return with this packet. Emergency equipment and food (PEANUT FREE) supplies are stored in large barrels; 20 cases of water and five portable toilets are available for use. Other supplies include: blankets, plastic sheeting, a patient trauma kit, dust masks, lanterns, and canopies. For added safety, all windows have been installed with safety glass.

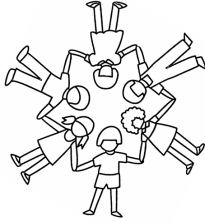
Outlined below is the current evacuation and dismissal plan in the event of a major earthquake:

- All children will be evacuated to the upper playground after the trembling stops and will remain there until released to parent or guardian.
- The gate located at the upper playground will be locked. Parents will enter the school through the gate near the office where you will be asked to fill out a dismissal form. A staff member will bring your child to you.

### **SAMPLE EMERGENCY DISMISSAL FORM**

Signature of person taking the child: \_\_\_\_\_  
Date: \_\_\_\_\_ Time: \_\_\_\_\_  
Destination: \_\_\_\_\_  
Route planned: \_\_\_\_\_  
\_\_\_\_\_  
Mode of transportation: \_\_\_\_\_  
Condition of child: \_\_\_\_\_  
Released by: \_\_\_\_\_

**If you feel that you can be available to help in the event of an emergency, please contact Cherie McSweeney, Director, in the school office. Thank you.**



# *St. George's Preschool*

## ITEMS FOR COMFORT KIT

In order to provide added protection and comfort for your child in the event of an earthquake or disaster, we ask that each child bring the following "PERSONAL COMFORT KIT" to supplement the emergency equipment at school.

SUPPLIES SHOULD BE PUT IN A ONE GALLON ZIPLOCK FREEZER BAG AND CLEARLY MARKED WITH YOUR CHILD'S FIRST AND LAST NAME.

Please include the following in the disaster kit:

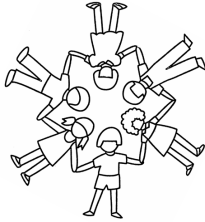
- 10 - Band-Aids (held together with a rubber band)
- 1 - space blanket (available at sporting goods stores)
- 1 - knit cap and \*mittens (like for skiing)
- 1 - photograph of child's family (for comfort)
- medications that your child needs daily should be included. Please provide enough for 3 days and nights (directions must be included.)

**\*\*\* Do not send any food or beverages in the kit. \*\*\***

***Please remember that we must have the disaster/comfort kit at the school before your child can begin the school year with us.***

\* new

Thank you for your cooperation.



# *St. George's Preschool*

## **EXTENDED DAY PROCEDURES**

Extended day is available on a permanent or a drop-in basis. Prior reservations must be made according to the procedure outlined below. Please do not hesitate to contact the preschool office if you need any clarification regarding this information. (See next page)

### **HOURS AND RATES:**

PICK UP TIME IS NO LATER THAN 2:30 P.M.  
\$15.00/session (*late pick-up fee is \$10.00*)

***THERE IS NO EXTENDED DAY THE FIRST TUESDAY OF EACH MONTH DUE TO STAFF MEETINGS.***

If you have to cancel, please call the school at (818) 790-3842 x. 12 **BEFORE 8:30 A.M. THE DAY OF THE RESERVATION** or you will be charged for that day. This will give someone else the chance to utilize the space.

A child attending extended day needs to bring a lunch and reusable tote bag CLEARLY LABELED WITH HIS/HER NAME.

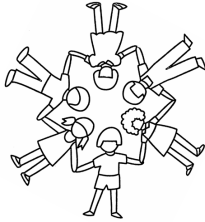
If you would like to have your child stay for one or more extended days on a permanent basis, please plan to make these reservations the day of our parent meeting. Teachers will be available at 8:15 a.m. on Friday, September 9<sup>th</sup> in Lower Softley Hall to accept your requests.

In order to accommodate as many children as possible, we ask that you select ONE permanent day position. If you would like additional days, we ask that you sign the appropriate waiting lists.

If you receive a permanent extended day position and find that you need to cancel this reservation more than four consecutive times, your child's name will be removed from the extended day reservation list and his/her place will be given to a child from the extended day waiting list.

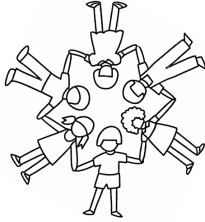
Extended day positions are also available on a drop-in basis. Call the office or check the NOTEBOOK (located on the counter outside the office) in the morning. Approximately eighteen spaces are available on a daily basis. If you would like to have your child stay for extended day, sign his/her name on the appropriate date in the notebook or call the office to reserve the date. Remember only if your child's name is on the left hand side of the page, is there a spot reserved for him/her and we will expect him to stay for our program. If your child's name is on the right hand side of the paper we will call you if a space becomes available.

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# *St. George's Preschool*

- Extended day is available on a permanent or a drop in basis and prior reservations must be made. Approximately eighteen spaces are available daily with four of those spaces open on a drop in basis.
- The extended day reservations notebook is kept on the counter outside the office during the school day.
- Permanent extended day positions will be assigned from the reservations made on parent orientation morning.
- If you would like your child to stay for lunch on a random day, sign his/her name on the appropriate date in the notebook. Remember only if your child's name has a number beside it on the left hand side of the page there is a place reserved for him/her and we will expect him/her to stay for our program.
- The Wait List column is for names to be contacted should someone in the left hand column of Permanent or Drop-In spaces cancel. We will not expect the children from the wait list for lunch unless they have been contacted by the school.
- Cancel your reservation for extended day by 8:30 a.m. or you will be charged** for that day. Call the school at 790-3842 **before 8:30 a.m.** on the day that you have reserved or, if you know in advance that you will not need the reservation, cross out your child's name for that day.
- If you have a permanent extended day reservation and find that you need to cancel this reservation more than four consecutive times, your child's name will be removed from the reservation list and his/her place will be given to a child from the permanent extended day waiting list.
- If your child is ill and you call to let us know that they will not be at school, please inform us that your child was also scheduled for lunch.
- Children attending extended day need to bring a lunch and reusable tote bag. **Clearly label** lunch boxes, totes, and other personal items with names. Do not send medications and do not use glass containers. **Do not send any Peanut products.** Cut grapes, hot dogs and carrots lengthwise and into small pieces. Please keep nutrition in mind.
- When you pick up your child from extended day remember to sign out and to take home your child's belongings.
- The lists for extended day reservations are usually put out around four and six weeks in advance. It is very difficult to be specific about exact dates.
- Extended day charges for September will be included on the billing statement due at the first of October. Tuition is always for the current month and extended charges for the previous month.



# *St. George's Preschool*

Dear Parents:

In order to ensure the safety of your child in our preschool program, we will require identification of anyone arriving to pick up your child who is not familiar to us. Please make this policy known to those who will be responsible for taking your child from the school.

When someone other than the regular people are picking up your child, please fill out the **PERMISSION TO PICK UP MY CHILD** slip of paper found by the sign-in sheet.

## **EXAMPLE:**

**PERMISSION TO PICK UP MY CHILD**  
**\*\*\*(IF DOESN'T PICK UP ON A REGULAR BASIS)\*\*\***

I give permission for: \_\_\_\_\_

To pick up: \_\_\_\_\_

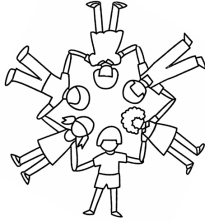
Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Thank you.

Sincerely,

Cherie McSweeney  
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# *St. George's Preschool*

## **IMPORTANT NOTICE**

In an effort minimize the risk of injury during play our school, the staff has compiled a list of recommendations regarding proper attire for school.

### **DO**

Always wear socks

Wear athletic shoes

Wear T-shirts

Wear shorts or pants with easy fasteners or elastic

Wear "skort" dresses or skirts

### **AVOID**

Hanging or loose cords or ties on sweatshirts, pants, jackets, shoes.

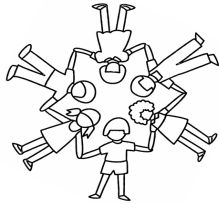
Crocs, sandals, jellies, cowboy boots or open-toed shoes.

Extra long shoelaces.

All jewelry: rings, necklaces, neck chains

Unnecessary accessories: buckles, large belts, suspenders, long dresses

**PLEASE CLEARLY LABEL ALL CLOTHING WITH YOUR CHILD'S NAME, ESPECIALLY ST. GEORGE'S T-SHIRTS AND SWEATSHIRTS. LOST ITEMS ARE EASILY RETURNED IF LABELLED.**



*Please Return by July 1st.*  
**St. George's Preschool**

<b>Child's Name:</b>	<b>Door:</b>	<b>Year:</b>
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**FORMS CHECKLIST**

<b>Form Title:</b>	<b>Parent Check</b>	<b>Office Check</b>
Form Checklist (this form)		
Identification and Emergency Form		
Disaster Pick-Up Identification Form		
Consent Form		
Verdugo Hills Hospital Form		
Physician's Form		
Child's Health History Form		
Admission Agreement		
Admission Policy		
Mandatory Parent Participation Form		
Parent's Rights Form		
Personal Rights Form		
Personal Questionnaire		
Photo Release Form		
*Turned In: Earthquake Kit		

**For Office Use Only:**

All Immunizations Current		
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<b>Checked By:</b>	<b>Date:</b>
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**IDENTIFICATION AND EMERGENCY INFORMATION  
CHILD CARE CENTERS/FAMILY CHILD CARE HOMES  
To Be Completed by Parent or Authorized Representative**

CELL PHONE NUMBERS	
Mom's Cell Phone:	
Dad's Cell Phone:	

CHILD'S NAME	LAST	MIDDLE	FIRST	SEX	TELEPHONE ( )
ADDRESS	NUMBER	STREET	CITY	STATE	ZIP
FATHER'S NAME	LAST	MIDDLE	FIRST	BIRTHDATE	
HOME ADDRESS	NUMBER	STREET	CITY	STATE	ZIP
MOTHER'S NAME	LAST	MIDDLE	FIRST	BUSINESS TELEPHONE ( )	
HOME ADDRESS	NUMBER	STREET	CITY	STATE	ZIP
PERSON RESPONSIBLE FOR CHILD	LAST NAME	MIDDLE	FIRST	HOME TELEPHONE ( )	BUSINESS TELEPHONE ( )

**ADDITIONAL PERSONS WHO MAY BE CALLED IN AN EMERGENCY**

NAME	ADDRESS	TELEPHONE	RELATIONSHIP

**PHYSICIAN OR DENTIST TO BE CALLED IN AN EMERGENCY**

PHYSICIAN	ADDRESS	MEDICAL PLAN AND NUMBER	TELEPHONE ( )
DENTIST	ADDRESS	MEDICAL PLAN AND NUMBER	TELEPHONE ( )

IF PHYSICIAN CANNOT BE REACHED, WHAT ACTION SHOULD BE TAKEN?

CALL EMERGENCY HOSPITAL       OTHER      EXPLAIN: \_\_\_\_\_

**NAMES OF PERSONS AUTHORIZED TO TAKE CHILD FROM THE FACILITY**

(CHILD WILL NOT BE ALLOWED TO LEAVE WITH ANY OTHER PERSON WITHOUT WRITTEN AUTHORIZATION FROM PARENT OR AUTHORIZED REPRESENTATIVE)

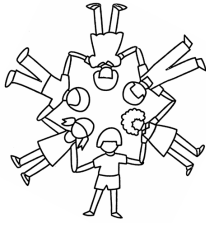
NAME	RELATIONSHIP

TIME CHILD WILL BE CALLED FOR

SIGNATURE OF PARENT OR AUTHORIZED REPRESENTATIVE	DATE
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**TO BE COMPLETED BY FACILITY DIRECTOR/ADMINISTRATOR/FAMILY CHILD CARE HOMES LICENSEE**

DATE OF ADMISSION	DATE LEFT
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# St. George's Preschool

## DISASTER INFORMATION

This form is the form that will be used in the event of a disaster.  
Please fill it out accurately and **completely**.

### Child's Information:

_____		_____	
Child's Name		Child's Birthdate	
_____		_____	
Mother's Name		Father's Name	
( _____ ) _____ - _____	( _____ ) _____ - _____		
Mothers Cell Phone #	Father's Cell Phone #		
( _____ ) _____ - _____	( _____ ) _____ - _____		
Mothers Work Phone #	Father's Work Phone #		
_____	_____	_____	( _____ ) _____ - _____
Address	City	Zipcode	Home Phone #
_____			
Child's Allergies (Medical or Food)			

### Emergency Contacts: \*\*Two **LOCAL** contacts (other than parents) must be listed here\*\* **\*\*\*Within 10 miles\*\*\***

1) _____	_____	( _____ ) _____ - _____	
Name	Relationship	Cell Phone #	
_____	_____	( _____ ) _____ - _____	
Address	City	Zipcode	Home Phone #
2) _____	_____	( _____ ) _____ - _____	
Name	Relationship	Cell Phone #	
_____	_____	( _____ ) _____ - _____	
Address	City	Zipcode	Home Phone #
_____		_____	
Signature		Date	



# VERDUGO HILLS HOSPITAL

## AUTHORIZATION FOR TREATMENT OF A MINOR

I, or we, the undersigned parents of \_\_\_\_\_, a minor, do hereby authorize St. George's Preschool to act as agent for the undersigned to consent to any x-ray examination, anesthesia, medical or surgical treatment, diagnosis, and hospital care which is deemed advisable by, and is rendered under the care of, the general or special supervision of any physician or surgeon licensed under the provisions of the Medical Practice Act on the staff of Verdugo Hills Hospital whether such diagnosis or treatment is rendered at the office of said physician or at said hospital.

It is understood that this is an authorization given in advance of any specific diagnosis, treatment or hospital care being required, but is given to provide the authority and power on the part of the aforesaid agent(s) to give specific consent to any and all such diagnosis, treatment or hospital care which the aforementioned physician in the exercise of his best judgment may deem advisable. This authorization is given pursuant to the provisions of Section 25.8 of the Civil Code of the State of California.

I (we) hereby authorize any hospital which has provided treatment to the above-named minor pursuant to the provisions of Section 25.8 of the Civil Code of California to surrender physical custody of such minor to my (our) above-named agent upon the completion of treatment. This authorization is given pursuant to Section 1283 of the Health and Safety Code of California.

This authorization shall remain in effect one (1) year from this date unless sooner revoked in writing, delivered to the said agent and to the hospital.

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

Mother: \_\_\_\_\_

\*Legal Guardian: \_\_\_\_\_

*\*Copies of legal guardianship must accompany this form.*

Child's Date of Birth: \_\_\_\_\_ Date of Last Tetanus Shot: \_\_\_\_\_

Medical Allergies: \_\_\_\_\_

### INSURANCE INFORMATION

Name of Insured: \_\_\_\_\_ Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Insurance Company: \_\_\_\_\_ Policy/Group Number: \_\_\_\_\_

Insurance Company Address: \_\_\_\_\_

Employer's Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

Family Physician: \_\_\_\_\_ Telephone: \_\_\_\_\_

Authorized Agent *(must be over 18 years of age)* Name: \_\_\_\_\_ St. George's Preschool

Address: \_\_\_\_\_ 808 Foothill Blvd., La Canada, CA 91011 Telephone: (818) 790 - 3842 x. 12

### INSTRUCTIONS FOR COMPLETION OF THIS FORM

- If medical treatment becomes necessary, the agent must bring to the hospital his/her copy of the form, or other means of identification.
- The agent must be over 18 years of age.
- More than one minor in the same family may be listed on this form.
- Legal custody as the result of divorce or separation does not require copies of letters of guardianship. If only one parent signs as the result of divorce, etc., write "Legal Custody" after the name of the parent signing.
- If you have a physician of preference, be sure to provide the name to the agent.

**PHYSICIAN'S REPORT—CHILD CARE CENTERS**  
**(CHILD'S PRE-ADMISSION HEALTH EVALUATION)**

**PART A – PARENT'S CONSENT (TO BE COMPLETED BY PARENT)**

\_\_\_\_\_, born \_\_\_\_\_ is being studied for readiness to enter  
(NAME OF CHILD) (BIRTH DATE)

\_\_\_\_\_. This Child Care Center/School provides a program which extends from \_\_\_\_\_ : \_\_\_\_\_  
(NAME OF CHILD CARE CENTER/SCHOOL) a.m./p.m. to \_\_\_\_\_ a.m./p.m. , \_\_\_\_\_ days a week.

Please provide a report on above-named child using the form below. I hereby authorize release of medical information contained in this report to the above-named Child Care Center.

\_\_\_\_\_  
(SIGNATURE OF PARENT, GUARDIAN, OR CHILD'S AUTHORIZED REPRESENTATIVE)

\_\_\_\_\_  
(TODAY'S DATE)

**PART B – PHYSICIAN'S REPORT (TO BE COMPLETED BY PHYSICIAN)**

Problems of which you should be aware:

Hearing: \_\_\_\_\_ Allergies/medicine: \_\_\_\_\_  
Vision: \_\_\_\_\_ insect stings: \_\_\_\_\_  
Developmental: \_\_\_\_\_ food: \_\_\_\_\_  
Language/Speech: \_\_\_\_\_ asthma: \_\_\_\_\_  
other: \_\_\_\_\_

Other (Include behavioral concerns): \_\_\_\_\_

Comments/Explanations: \_\_\_\_\_

MEDICATION PRESCRIBED/SPECIAL ROUTINES/RESTRICTIONS FOR THIS CHILD: \_\_\_\_\_

**IMMUNIZATION HISTORY: (Fill out or enclose California Immunization Record, PM-298.)**

VACCINE	DATE EACH DOSE WAS GIVEN				
	1st	2nd	3rd	4th	5th
POLIO (OPV OR IPV)	/ /	/ /	/ /	/ /	/ /
DTP/DTaP/DT/Td (DIPHTHERIA, TETANUS AND [ACELLULAR] PERTUSSIS OR TETANUS AND DIPHTHERIA ONLY)	/ /	/ /	/ /	/ /	/ /
M/MR (MEASLES, MUMPS, AND RUBELLA)	/ /	/ /			
HIB MENINGITIS (HAEMOPHILUS B) <small>(REQUIRED FOR CHILD CARE ONLY)</small>	/ /	/ /	/ /	/ /	
HEPATITIS B	/ /	/ /	/ /		
VARICELLA (CHICKENPOX)	/ /	/ /			

**\*ST. GEORGE'S PRESCHOOL REQUIRES ALL CHILDREN TO HAVE A TB TEST.\***

TYPE:	DATE GIVEN:	DATE READ:	mm indur:	IMPRESSION:
<input type="checkbox"/> PPD-Mantoux <input type="checkbox"/> Other				<input type="checkbox"/> Positive <input type="checkbox"/> Negative

I have \_\_\_\_\_ have not \_\_\_\_\_ reviewed the above information with the parent/guardian.

Physician: \_\_\_\_\_ Date of Physical Exam: \_\_\_\_\_  
Address: \_\_\_\_\_ Date This Form Completed: \_\_\_\_\_  
Telephone: \_\_\_\_\_ Signature \_\_\_\_\_

Physician Physician's Assistant Nurse Practitioner

# CHILD'S PREADMISSION HEALTH HISTORY—PARENT'S REPORT

CHILD'S NAME	SEX	BIRTH DATE
FATHER'S NAME	DOES FATHER LIVE IN HOME WITH CHILD?	
MOTHER'S NAME	DOES MOTHER LIVE IN HOME WITH CHILD?	
IS /HAS CHILD BEEN UNDER REGULAR SUPERVISION OF PHYSICIAN?		DATE OF LAST PHYSICAL/MEDICAL EXAMINATION

**DEVELOPMENTAL HISTORY** (\*For infants and preschool-age children only)

WALKED AT*	BEGAN TALKING AT*	TOILET TRAINING STARTED AT*
MONTHS	MONTHS	MONTHS

**PAST ILLNESSES — Check illnesses that child has had and specify approximate dates of illnesses:**

	DATES		DATES		DATES
<input type="checkbox"/> Chicken Pox		<input type="checkbox"/> Diabetes		<input type="checkbox"/> Poliomyelitis	
<input type="checkbox"/> Asthma		<input type="checkbox"/> Epilepsy		<input type="checkbox"/> Ten-Day Measles (Rubeola)	
<input type="checkbox"/> Rheumatic Fever		<input type="checkbox"/> Whooping cough		<input type="checkbox"/> Three-Day Measles (Rubella)	
<input type="checkbox"/> Hay Fever		<input type="checkbox"/> Mumps			

SPECIFY ANY OTHER SERIOUS OR SEVERE ILLNESSES OR ACCIDENTS

DOES CHILD HAVE FREQUENT COLDS? <input type="checkbox"/> YES <input type="checkbox"/> NO	HOW MANY IN LAST YEAR?	LIST ANY ALLERGIES STAFF SHOULD BE AWARE OF
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**DAILY ROUTINES** (\*For infants and preschool-age children only)

WHAT TIME DOES CHILD GET UP?*	WHAT TIME DOES CHILD GO TO BED?*	DOES CHILD SLEEP WELL?*
DOES CHILD SLEEP DURING THE DAY?*	WHEN?*	HOW LONG?*
DIET PATTERN: (What does child usually eat for these meals?)		WHAT ARE USUAL EATING HOURS?
BREAKFAST		BREAKFAST _____
LUNCH		LUNCH _____
DINNER		DINNER _____

ANY FOOD DISLIKES?	ANY EATING PROBLEMS?
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IS CHILD TOILET TRAINED?*	IF YES, AT WHAT STAGE:*	ARE BOWEL MOVEMENTS REGULAR?*	WHAT IS USUAL TIME?*
<input type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> YES <input type="checkbox"/> NO	
WORD USED FOR "BOWEL MOVEMENT"*		WORD USED FOR URINATION*	

PARENT'S EVALUATION OF CHILD'S HEALTH

IS CHILD PRESENTLY UNDER A DOCTOR'S CARE?	IF YES, NAME OF DOCTOR:	DOES CHILD TAKE PRESCRIBED MEDICATION(S)?	IF YES, WHAT KIND AND ANY SIDE EFFECTS:
<input type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> YES <input type="checkbox"/> NO	
DOES CHILD USE ANY SPECIAL DEVICE(S):	IF YES, WHAT KIND:	DOES CHILD USE ANY SPECIAL DEVICE(S) AT HOME?	IF YES, WHAT KIND:
<input type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> YES <input type="checkbox"/> NO	

PARENT'S EVALUATION OF CHILD'S PERSONALITY

HOW DOES CHILD GET ALONG WITH PARENTS, BROTHERS, SISTERS AND OTHER CHILDREN?

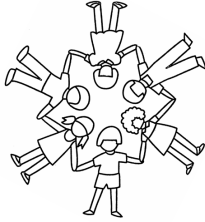
HAS THE CHILD HAD GROUP PLAY EXPERIENCES?

DOES THE CHILD HAVE ANY SPECIAL PROBLEMS/FEARS/NEEDS? (EXPLAIN.)

WHAT IS THE PLAN FOR CARE WHEN THE CHILD IS ILL?

REASON FOR REQUESTING DAY CARE PLACEMENT

PARENT'S SIGNATURE	DATE
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# *St. George's Preschool*

## ADMISSION AGREEMENT

We welcome you and your child to St. George's Preschool. We look forward to knowing you better. Our school hours are 9:00 a.m. until 12:00 noon. Extended day, which runs until 2:30 p.m., is optional and prior reservations may be made on Parent Orientation day or thereafter in the office.

St. George's, with minor exceptions, follows the calendar of the La Canada school system and observes approximately the same holidays and vacations. A calendar listing vacations and school events is distributed to parents at the parent meeting.

Our fee schedule is as follows:

2 mornings per week (TTh, threes) -	\$255.00 per month
3 mornings per week (MWF, fours) -	\$355.00 per month
5 mornings per week (PreK) -	\$495.00 per month

Extended day fee schedule:

PICK UP TIME IS 2:30 P.M.	\$15.00 per session
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Tuition for the school year is divided into ten monthly payments. Monthly tuitions statements are sent by email at the beginning of each month. Parents will be notified at least 30 days prior to any rate change.

The **LAST months payment is due by June 1<sup>st</sup>. This payment is non-refundable and cannot be applied to any other month.** Subsequent payments are due on the **FIRST** of **EACH MONTH** and are considered delinquent after the **FIFTH** of the month. **A LATE CHARGE OF \$20.00** will be assessed for payment received after the **FIFTH** of the month.

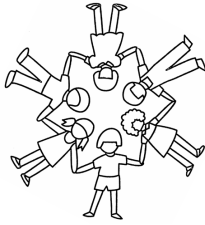
St. George's Preschool reserves the right to dismiss a child from enrollment in the school for the following reasons:

1. Noncompliance of request for state requirements of immunizations and emergency information.
2. Repeated delinquency of tuition payments without willingness to discuss a payment plan with the school's director.
3. Children who exhibit special needs beyond the training or physical limitations of the school.

I have read and agree to the admission agreement of St. George's Preschool.

Parent's signature: \_\_\_\_\_ Date: \_\_\_\_\_

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# St. George's Preschool

## ADMISSION POLICY OF ST. GEORGE'S PRESCHOOL

Signature \_\_\_\_\_ Date \_\_\_\_\_

St. George's Preschool is licensed by the State of California Department of Social Services, accredited through the National Association of Episcopal Schools and is a nonprofit organization sponsored by St. George's Episcopal Church. The school does not discriminate with regard to race, religion, or national origin.

The purpose of the school is to provide a half-day program for children ages' three to five. The staff creates a positive environment that encourages each child to develop a healthy self-concept. St. George's provides a warm and nurturing atmosphere in which growth takes place in the areas of social, emotional, physical, and intellectual development. Within appropriate boundaries, individual choice is encouraged to allow each child to actively participate and learn about their world.

### AGE:

In order to enter St. George's Preschool in September, a student must be three years old on or before December 2<sup>nd</sup>.

### ADMISSION PRIORITIES:

Each student seeking admission to the school will be assigned an admission priority. Students will be accepted into the school based on priorities in the order listed below:

1. Returning students
2. Children of parish members\*
3. Siblings of current students
4. Siblings of former students
5. All other students

### CALENDAR (\*NEW PROCEDURE)

The registration process for the **2012-2013** school year will follow the calendar described below:

#### Tuesday/Thursday Program:

**\*September 26, 2011** – Tours begin for prospective **new** students. **A registration waiting list will begin at this time.**

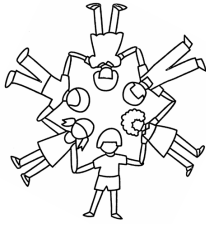
**\*January 9, 2012 – January 13, 2012** – Registration for all students with Priority Status.

**\*January 16, 2012** – Registration for all students beginning with the registration waiting list.

#### MWF and Pre-Kindergarten Program:

**\*January 30 – February 3, 2012** – Priority Registration for all returning students.

**\*February 6, 2012** – Registration for new students in the MWF and Pre-Kindergarten program.



# *St. George's Preschool*

## **\*REGISTRATION FEES**

For all enrolling students a \$150.00 (non-refundable) registration fee is required. This fee includes one St. George's Preschool T-Shirt and Tote Bag in the Fall, a Yearbook in the Spring plus Admission costs.

## **WAITING LIST**

Once classes are full a waiting list will be maintained for each class (for example – 5-day Pre-K, 3-day fours, 2-day threes) for the duration of the current school year.

## **SCHOOL CLOSURE**

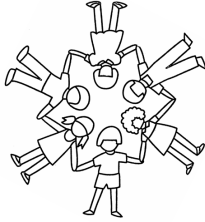
The school will be closed if unsafe conditions occur. Such as power outage, extremely high winds, no water or other unforeseen occurrences at no reduction in tuition fees.

## **SCHOLARSHIPS**

Scholarships are available at the discretion of the Rector and the Director of the school. Information is available from the school's Director.

\*A parish\*\* member is defined as those (with children of preschool age) who are active members of the Church - those who attend services on Sundays with regularity and who contribute to the financial support of the parish for **AT LEAST ONE YEAR PREVIOUS TO THE BEGINNING OF THE CURRENT SCHOOL YEAR AND CONTINUE TO REMAIN ACTIVE THROUGHOUT THE CHILD'S ENROLLMENT IN THE SCHOOL.**

\*\*Transfers from other Episcopal parishes are considered.



# *St. George's Preschool*

## **MANDATORY PARENT ORIENTATION AND DRAGON FAIRE PARTICIPATION AGREEMENT**

1. I understand the Parent Orientation Meeting is very informative and allows me to be aware of any changes in school policy and classroom guidelines.
2. I agree to attend the Parent Orientation Meeting held on the first Friday after Labor Day and the Child Orientation Hour on the date scheduled the following week.
3. I understand the Preschool's sole fundraiser, the Dragon Faire, raises substantial funds each year to support the School. Past Dragon Faire funds have been used to purchase such things as new playground equipment, new classroom equipment, air-conditioning, supplies and special programs.
4. In addition to meeting my tuition obligations, I acknowledge my responsibility to contribute to the Preschool by participating in the preparation and running of the Dragon Faire by:
  - I agree to one adult family member working one two-hour shift **on** the day of Dragon Faire (**April 28, 2012**). If I can not work the day of the Dragon Faire I will find a suitable adult replacement.
  - I understand I am responsible for selling/purchasing two books of 50/50 Dragon Faire Raffle tickets (\$80.00 value.)

**I understand I am required to participate in the above activities.**

**Child's name:** \_\_\_\_\_

**Parent's Signature:** \_\_\_\_\_

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

## CHILD CARE CENTER NOTIFICATION OF PARENTS' RIGHTS

### PARENTS' RIGHTS

As a Parent/Authorized Representative, you have the right to:

1. Enter and inspect the child care center without advance notice whenever children are in care.
2. File a complaint against the licensee with the licensing office and review the licensee's public file kept by the licensing office.
3. Review, at the child care center, reports of licensing visits and substantiated complaints against the licensee made during the last three years.
4. Complain to the licensing office and inspect the child care center without discrimination or retaliation against you or your child.
5. Request in writing that a parent not be allowed to visit your child or take your child from the child care center, provided you have shown a certified copy of a court order.
6. Receive from the licensee the name, address and telephone number of the local licensing office.

Licensing Office Name: Department of Social Services

Licensing Office Address: 1000 Corporate Center Dr #200B, Monterey Park, CA 91754

Licensing Office Telephone #: 1 (323) 981 - 3370

7. Be informed by the licensee, upon request, of the name and type of association to the child care center for any adult who has been granted a criminal record exemption, and that the name of the person may also be obtained by contacting the local licensing office.
8. Receive, from the licensee, the Caregiver Background Check Process form.

**NOTE: CALIFORNIA STATE LAW PROVIDES THAT THE LICENSEE MAY DENY ACCESS TO THE CHILD CARE CENTER TO A PARENT/AUTHORIZED REPRESENTATIVE IF THE BEHAVIOR OF THE PARENT/AUTHORIZED REPRESENTATIVE POSES A RISK TO CHILDREN IN CARE.**

*For the Department of Justice "Registered Sex Offender" database, go to [www.meganslaw.ca.gov](http://www.meganslaw.ca.gov)*

### ACKNOWLEDGEMENT OF NOTIFICATION OF PARENTS' RIGHTS (Parent/Authorized Representative Signature Required)

I, the parent/authorized representative of \_\_\_\_\_, have received a copy of the "CHILD CARE CENTER NOTIFICATION OF PARENTS' RIGHTS" and the CAREGIVER BACKGROUND CHECK PROCESS form from the licensee.

\_\_\_\_\_  
St. George's Preschool  
Name of Child Care Center

\_\_\_\_\_  
Signature (Parent/Authorized Representative)

\_\_\_\_\_  
Date

**NOTE: This Acknowledgement must be kept in child's file and a copy of the Notification given to parent/authorized representative.**

*For the Department of Justice "Registered Sex Offender" database go to [www.meganslaw.ca.gov](http://www.meganslaw.ca.gov)*

**PERSONAL RIGHTS****Child Care Centers**

Personal Rights, See Section 101223 for waiver conditions applicable to Child Care Centers.

- (a) Child Care Centers. Each child receiving services from a Child Care Center shall have rights which include, but are not limited to, the following:
- (1) To be accorded dignity in his/her personal relationships with staff and other persons.
  - (2) To be accorded safe, healthful and comfortable accommodations, furnishings and equipment to meet his/her needs.
  - (3) To be free from corporal or unusual punishment, infliction of pain, humiliation, intimidation, ridicule, coercion, threat, mental abuse, or other actions of a punitive nature, including but not limited to: interference with daily living functions, including eating, sleeping, or toileting; or withholding of shelter, clothing, medication or aids to physical functioning.
  - (4) To be informed, and to have his/her authorized representative, if any, informed by the licensee of the provisions of law regarding complaints including, but not limited to, the address and telephone number of the complaint receiving unit of the licensing agency and of information regarding confidentiality.
  - (5) To be free to attend religious services or activities of his/her choice and to have visits from the spiritual advisor of his/her choice. Attendance at religious services, either in or outside the facility, shall be on a completely voluntary basis. In Child Care Centers, decisions concerning attendance at religious services or visits from spiritual advisors shall be made by the parent(s) or guardian(s) of the child.
  - (6) Not to be locked in any room, building, or facility premises by day or night.
  - (7) Not to be placed in any restraining device, except a supportive restraint approved in advance by the licensing agency.

THE REPRESENTATIVE/PARENT/GUARDIAN HAS THE RIGHT TO BE INFORMED OF THE APPROPRIATE LICENSING AGENCY TO CONTACT REGARDING COMPLAINTS, WHICH IS:

NAME

Department of Social Services - Community Care Licensing Division - Los Angeles Child Care East

ADDRESS

1000 Corporate Center Dr. #200B

CITY

Monterey Park, CA

ZIP CODE

91754-7600

AREA CODE/TELEPHONE NUMBER

(323)981-3350

TO: PARENT/GUARDIAN/CHILD OR AUTHORIZED REPRESENTATIVE:

**PLACE IN CHILD'S FILE**

Upon satisfactory and full disclosure of the personal rights as explained, complete the following acknowledgment:

**ACKNOWLEDGMENT:** I/We have been personally advised of, and have received a copy of the personal rights contained in the California Code of Regulations, Title 22, at the time of admission to:

(PRINT THE NAME OF THE FACILITY)

St. George's Preschool

(PRINT THE ADDRESS OF THE FACILITY)

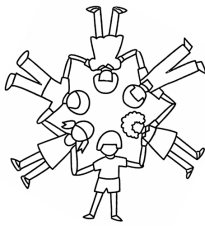
808 Foothill Blvd., La Canada, CA 91011

(PRINT THE NAME OF THE CHILD)

(SIGNATURE OF THE REPRESENTATIVE/PARENT/GUARDIAN)

(TITLE OF THE REPRESENTATIVE/PARENT/GUARDIAN)

(DATE)



# St. George's Preschool

Child's name: \_\_\_\_\_ Door & Days: \_\_\_\_\_

Birth date: \_\_\_\_\_ Today's Date: \_\_\_\_\_

**Please help us to become better acquainted with your child by completing the following questionnaire.**

1. Birth (circle):            Normal            Premature            Complications

2. Parents in child's present family (circle):

Father: biological adoptive step foster

Mother: biological adoptive step foster

3. Status of parent's in child's present family (circle):

living together    separated    divorced

4. Other children in present family:

Name:

Sex:

Age:

Relationship:

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5. Other persons in present household (indicate if relative, household help, boarder, friend):

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6. Child's interests and activities at home:

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7. Does your child play with other children? (how often):    yes    no

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8. Does your child attend another school on alternate days?    yes    no

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9. Does your child have babysitters? (how often):    never            seldom            frequently

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10. Does your child have any pets? (if so, what):

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11. Does your child have a special reading time? \_\_\_\_\_

12. Does your child have responsibilities at home? (pick-up toys, make bed, feed pet, clear table etc):

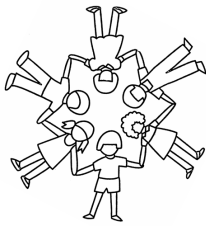
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2011-2012



# *St. George's Preschool*

13. Guidance and behavior (circle): easily managed   fairly managed   somewhat difficult   very difficult

14. Do you have any concerns about your child's present behavior?

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15. What are you doing about these concerns?

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16. Are there any special circumstances in the family which may be a factor in your child's behavior at school? (illness, death, separation, new baby, recent move, etc.)

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17. Additional comments:

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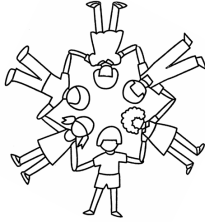
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Signature of parent filling out this form: \_\_\_\_\_



# *St. George's Preschool*

## **USE OF PICTURES FOR 2011-2012 SCHOOL YEAR**

**Please sign and return this form to allow St. George's Preschool to use pictures of your child as described below.**

St. George's Preschool will, from time to time, photograph the students while engaged in school related activities. The pictures may be used in local newspapers for advertisement or community related stories, as well as on our website.

**\*NAMES ARE NEVER LISTED IN THE NEWSPAPER OR ONLINE\***

**I DO GIVE MY PERMISSION** for my child's photograph to appear in:

(Check all that apply)

LOCAL NEWSPAPERS

OUR SCHOOL WEBSITE

**Child's name:** \_\_\_\_\_

**Parent signature:** \_\_\_\_\_

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

**I DO NOT GIVE MY PERMISSION.**