

# REGISTRATION INFORMATION: 2024-2025



420 S. Sandy Hill Rd. Coatesville, PA 19320 • 610-857-1922

Sandy Hill Preschool will open registration for families (currently enrolled) for the 2024-2025 school year on **TUESDAY, JANUARY 9<sup>th</sup>**. Registration for former families opens on **Thursday, January 11<sup>th</sup>**. Registration for new families opens on **Friday, January 26<sup>th</sup>, 2024**.

A completed registration form accompanied by a registration fee is required for us to register your child in preschool. The registration fee is not credited towards tuition, nor will it be refunded if your child is withdrawn. Tuition payments for 2023-2024 **need to be current** to register for the 2024-2025 school year.

## The monthly tuition fees for the 2024-2025 school year are as follows:

<b>Beginning with Play</b>	\$85.00/10 week session (1 day/week on Wednesdays, 9:45-10:45 am, 10 children per class) For ages 18 mos. - 3 years old
<b>2 1/2 Year Old Class</b>	\$80.00 (1 day/week: Mondays, 9:30-11:30 am, 8 children/class) \$155.00 (2 days/week: Mon/Wed, 9:30-11:30 am, 8 children/class) Must be two years old by April 1 <sup>st</sup>
<b>3 Year Old Class</b>	\$155.00 (2 days/week: Mon/Wed or Tues/Thurs, 9:30-11:30 am, 10 children per class) \$180.00 (3 days/week: Tues/Wed/Thurs, 12:30-2:30 pm, 10 children per class) Must be three years old by September 1 <sup>st</sup>
<b>4 Year Old Class</b>	\$180.00 (3 days/week: Tues/Wed/Thurs, 9:30-11:30 am, 10 children per class) Must be four years old by November 1 <sup>st</sup>
<b>4 Year Old Class</b>	\$180.00 (3 days/week: Tues/Wed/Thurs, 9:30-11:30 am, 12 children per class) \$180.00 (3 days/week: Tues/Wed/Thurs, 12:30-2:30 pm, 12 children per class) \$215.00 (4 days/week: Mon/Tues/Wed/Thurs, 9:30-11:30 am, 12 children per class) Must be four years old by September 1 <sup>st</sup>
<b>5 Year Old Class</b>	\$240.00 (4 days/week: Mon/Tues/Wed/Thurs, 9:00-11:30 am, 14 children per class) <i>Must be 5 years old by December 31<sup>st</sup>. Current students with birthdates falling between Sept.2nd &amp; Dec.31st must receive staff recommendation prior to registration. Please see Preschool Director if you have any questions regarding this class.</i>

## ENRICHMENT CLASS OPTION ADD ONS:

*(payments listed below are billed the 1<sup>st</sup> of the month with tuition, Oct.-March, see class registration form for details.)*

Lunch Bunch	\$35.00 (6 Installment Payments Oct.-March for 20 classes: offered Mon - Thurs. from 11:30—12:30 pm)
Extended Day Option	\$80.00 (6 Installment Payments Oct.-March for 20 classes: offered Tues- Thurs. from 11:30—2:30 pm, includes Lunch Bunch) <i>*for our 4 and 5 yr old students only, who are enrolled in an AM class</i>

**\*\* Please include \$65 registration fee (nonrefundable) with completed registration form\*\***

**Late registrations- The registration fee after July 1, 2024 will be \$70**

**\*\* Please submit a copy of your child's immunization records before the first day of class \*\***

# REGISTRATION FORM

Please indicate your choice of session - Please check 2 options and specify 1<sup>st</sup> and 2<sup>nd</sup> choice on the lines to the left of the checkbox (2<sup>nd</sup> class choice will only be utilized if 1<sup>st</sup> class choice is full):

	Birthdate
<input type="checkbox"/> 2 ½ Year Old Class.....Monday Mornings..... 9:30-11:30	Two by April 1st
<input type="checkbox"/> 2 ½ Year Old Class.....Monday/Wednesday Mornings.....9:30-11:30	Two by April 1st
<input type="checkbox"/> Three Year Old Class..... Monday/Wednesday Mornings.....9:30-11:30	Three by Sept. 1st
<input type="checkbox"/> Three Year Old Class.....Tuesday/Thursday Mornings..... 9:30-11:30	Three by Sept. 1st
<input type="checkbox"/> Three Year Old Class.....Tues/Wed/Thurs Afternoons.....12:30-2:30	Three by Sept. 1 <sup>st</sup>
<input type="checkbox"/> Four Year Old Class.....Tues/Wed/Thurs Mornings.....9:30-11:30	Four by Nov. 1st
<input type="checkbox"/> Four Year Old Class.....Tues/Wed/Thurs Afternoons.....12:30-2:30	Four by Sept. 1st
<input type="checkbox"/> Four Year Old Class.....Mon/Tues/Wed/Thurs Mornings.....9:30-11:30	Four by Sept. 1st
<input type="checkbox"/> Five Year Old Class.....Mon/Tues/Wed/Thurs Mornings.....9:00-11:30	Five by Dec. 31st

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## Student Referral Program

I was referred by: \_\_\_\_\_  Road Sign  Website  Newspaper  Facebook  
 Other- \_\_\_\_\_

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## Student Information:

Child's Name \_\_\_\_\_ Nickname \_\_\_\_\_

Date of Birth \_\_\_\_\_ Child's Age Now \_\_\_\_\_  Male  Female

School District in which your child resides \_\_\_\_\_

Main Phone ( ) \_\_\_\_\_ New Student: Yes No Returning Family:  Yes  No

Address \_\_\_\_\_

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

Address (if different) \_\_\_\_\_ Phone Number \_\_\_\_\_

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

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

Address (if different) \_\_\_\_\_ Phone Number \_\_\_\_\_

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

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For Office Use Only

Date Rec'd \_\_\_\_\_ Amount Paid \_\_\_\_\_ Check or Receipt # \_\_\_\_\_ Rec'd By \_\_\_\_\_  
 Month/Day/Year

**Student Information (con't.)**

Other Persons in Household:

\_\_\_\_\_ Step-parent

\_\_\_\_\_ Grandparent

Other \_\_\_\_\_

Siblings (names and birthdates) \_\_\_\_\_  
\_\_\_\_\_

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**General Information To Help Us Know Your Child**

Does your child:

Have any unusual fears? \_\_\_\_\_

Need assistance with routine bathroom procedures? \_\_\_\_\_

Prefer using which hand?  Left  Right

Attend Sunday school?  Yes  No If yes where? \_\_\_\_\_

Does your child have any known, diagnosed special needs (ex. ADHD, Autism, Speech etc.)?  Yes  No

If yes, please explain \_\_\_\_\_

Is your child currently receiving any services (speech, occupational therapy, etc.)?  Yes  No

If yes, who is providing the service \_\_\_\_\_

*\*This information will help us better serve your child. If there are any updates throughout the school year (additional services, IEP updates, etc.), please notify the Preschool Director.*

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**I give permission for our address and phone number to be included in the Preschool Directory.**

Yes  No

• I would like to receive the preschool newsletter as:  
 Paper copy  email: \_\_\_\_\_

• For inclement weather or special announcements (ex: no heat / electric / preschool events), please provide us with your email address. This will be one more means Sandy Hill Preschool can use to notify you should there be cancellation of classes or early dismissals.

Please use this e-mail address \_\_\_\_\_

# ALLERGY POLICY



420 S. Sandy Hill Rd., Coatesville, PA 19320 • 610-857-1922

I, \_\_\_\_\_, acting for myself and my child(ren) hereby indemnify and hold harmless the Sandy Hill Preschool (and its staff members) from any claim or liability for food allergy reactions, related to my child(ren)'s consumption of food provided by the Preschool.

\_\_\_\_\_  
Student's Name

\_\_\_\_\_  
Parent's Signature

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

\_\_\_\_\_  
Sandy Hill Preschool Director's Signature

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

**\*\*Only if your child has a food allergy please fill out and sign the form below. \*\***

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**All families are required to provide snack for their child everyday they have class. All of our classrooms are Nut Free Zones (with the exception of Lunch Bunch.) However, please provide some information about your child's allergy below.**

Please make note of any known food allergies and/or environmental allergies that your child might have: \_\_\_\_\_

If your child has any allergies, please provide special instructions as to treatment to a reaction: \_\_\_\_\_

\_\_\_\_\_  
Parent/Guardian's Signature \_\_\_\_\_ Date: \_\_\_\_\_

\_\_\_\_\_  
Sandy Hill Preschool Director's Signature \_\_\_\_\_ Date: \_\_\_\_\_

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# PHOTOGRAPHS/ VIDEOTAPING



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Occasionally the preschool staff or approved visitors take pictures of or videotape the children. These pictures are used to publicize and promote Sandy Hill Preschool activities or events. Pictures may appear in local newspapers, brochures, or on our web site or Facebook page (*children's names will never be included in our publications*). No additional notice may be given of picture-taking sessions.

The form below is for parental approval/release for photographs. Please sign and date where indicated below. No photos or videos will be taken of children whose parents do not grant permission.

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Please check only ONE box.

- IN SCHOOL AND OUTSIDE PROMOTION** (Examples: cubbies, placemats, wall posters, PowerPoint presentations at open houses, website, newspapers, public and private SHP Facebook page, etc.) I do give permission for my child to be photographed or videotaped while at the preschool or on preschool field trips for purposes of promoting the preschool and its activities.
  
- IN SCHOOL ONLY** (Examples: cubbies, placemats, wall posters, PowerPoint presentations at open houses, Private SHP Facebook Page). I do give permission for my child to be photographed or videotaped while at the preschool or on preschool field trips for purposes of promoting the preschool and its activities.

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Please check only ONE box.

- In addition to the above, I give permission for my child to be videotaped for our annual Christmas and Moving Up Ceremony Videos to be shared via a Private YouTube link. If this is unchecked, your child will not be included in these memorable videos.
  
- I do not wish to have my child involved in the Christmas Program or Moving Up Ceremony Videos.

Child's Name \_\_\_\_\_

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

**Emergency Information**

Child's name \_\_\_\_\_ Date of birth (M/D/Y) \_\_\_\_\_

Parent/guardian #1 \_\_\_\_\_  
Phone numbers (H) \_\_\_\_\_ (W) \_\_\_\_\_ (C) \_\_\_\_\_  
E-mail address \_\_\_\_\_

Parent/guardian #2 \_\_\_\_\_  
Phone numbers (H) \_\_\_\_\_ (W) \_\_\_\_\_ (C) \_\_\_\_\_  
E-mail address \_\_\_\_\_

**Emergency contacts (other than parent/guardian):**

Emergency contact #1 \_\_\_\_\_ Relationship \_\_\_\_\_  
Phone numbers (H) \_\_\_\_\_ (W) \_\_\_\_\_ (C) \_\_\_\_\_

Emergency contact #2 \_\_\_\_\_ Relationship \_\_\_\_\_  
Phone numbers (H) \_\_\_\_\_ (W) \_\_\_\_\_ (C) \_\_\_\_\_

**Who will be allowed to pick up your child (other than parent/guardian)?**

"Pick-up" Person #1 \_\_\_\_\_ Relationship \_\_\_\_\_  
Phone numbers (H) \_\_\_\_\_ (W) \_\_\_\_\_ (C) \_\_\_\_\_

"Pick-up" Person #2 \_\_\_\_\_ Relationship \_\_\_\_\_  
Phone numbers (H) \_\_\_\_\_ (W) \_\_\_\_\_ (C) \_\_\_\_\_

"Pick-up" Person #3 \_\_\_\_\_ Relationship \_\_\_\_\_  
Phone numbers (H) \_\_\_\_\_ (W) \_\_\_\_\_ (C) \_\_\_\_\_

**Medical Information:**

Physician \_\_\_\_\_ Phone \_\_\_\_\_

Dentist \_\_\_\_\_ Phone \_\_\_\_\_

Preferred Hospital in case of an emergency \_\_\_\_\_

Does your child have any special medical needs? \_\_\_\_\_

Does your child have any allergies? \_\_\_\_\_

Does your child have any food allergies? \_\_\_\_\_

Please list and explain any medication your child may need or use on a regular basis.

\_\_\_\_\_

\_\_\_\_\_  
Signature of parent or guardian

\_\_\_\_\_  
Date