

REGISTRATION INFORMATION: 2023-2024



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

Sandy Hill Preschool will open registration for families (currently enrolled) for the 2023-2024 school year on **TUESDAY, JANUARY 10th**. Registration for former families opens on **Thursday, January 12th**. Registration for new families opens on **Friday, January 27th, 2023**.

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 The registration fee is not credited towards tuition, nor will it be refunded if your child is withdrawn.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 2022-2023 **need to be current** to register for the 2022-2023 school year.

The monthly tuition fees for the 2022-2023 school year are as follows:

Beginning with Play	\$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
2 1/2 Year Old Class	\$80.00 (1 day/week: Mondays, 9:30-11:30 am, 8 children/class) \$150.00 (2 days/week: Mon/Wed, 9:30-11:30 am, 8 children/class) Must be two years old by April 1 st
3 Year Old Class	\$150.00 (2 days/week: Mon/Wed or Tues/Thurs, 9:30-11:30 am, 10 children per class) \$175.00 (3 days/week: Tues/Wed/Thurs, 12:30-2:30 pm, 10 children per class) Must be three years old by September 1 st
4 Year Old Class	\$175.00 (3 days/week: Tues/Wed/Thurs, 9:30-11:30 am, 10 children per class) Must be four years old by November 1 st
4 Year Old Class	\$175.00 (3 days/week: Tues/Wed/Thurs, 9:30-11:30 am, 12 children per class) \$175.00 (3 days/week: Tues/Wed/Thurs, 12:30-2:30 pm, 12 children per class) \$210.00 (4 days/week: Mon/Tues/Wed/Thurs, 9:30-11:30 am, 12 children per class) Must be four years old by September 1 st
5 Year Old Class	\$235.00 (4 days/week: Mon/Tues/Wed/Thurs, 9:00-11:30 am, 14 children per class) <i>Must be 5 years old by December 31st. Current students with birthdates falling between Sept.2nd & 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 1st of the month with tuition, Oct.-March, see class registration form for details.)

Lunch Bunch	\$30.00 (6 Installment Payments Oct.-March for 20 classes: offered Mon - Thurs. from 11:30—12:30 pm)
Extended Day Option	\$75.00 (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, 2023 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 1st and 2nd choice on the lines to the left of the checkbox (2nd class choice will only be utilized if 1st 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 st
<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

Student Referral Program

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

Student Information:

Child's Name _____ Nickname _____

Date of Birth _____ Child's Age Now _____ Male Female

Home 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 _____

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) _____

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.*

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



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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. ****

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: _____

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.

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.

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