



Bridges & Beyond Preschool

Application for Enrollment 2017- 2018

Child's name _____ DOB _____

Class Choice based on student's age by August 31, 2017

***Classes start at 9:00 a.m. and end at 12:00 p.m. ***

TWO's _____ Tuesday & Thursday

Three's _____ Monday/Wed/Friday

Four's _____ Monday - Thursday

Four's _____ Monday - Friday

*Transitional Kindergarten _____ Mon - Fri Classes start at 12:30 p.m. and end at 3:30 p.m. *

Family Information: Mother/Guardian _____

Home Phone _____ Cell _____

Address _____

Workplace & phone _____

Father/Guardian _____ Home Phone _____

Address _____

Workplace & phone _____

Email address for correspondence _____

Please include non-refundable Registration Fee (Registration Fee is equal to one month's tuition) with your application. Checks can be made out to Bridges & Beyond Preschool.

Information about your child:

_____ Please initial if you give permission for photographs of your child to be used in our literature, social media and website. Children will not be identified by name.

Does your child have nay known allergies? _____no _____yes, if so, explain_____

Does your child have any special needs that our staff should know about in order to make his/her group experience more meaningful? _____no _____yes, if so, explain

Has your child ever had a developmental evaluation? _____

Additional Information _____

Medical Form - Emergency/Medical Information

****Please complete and return this form along with a current copy of your child's Immunization Records. Thank you. ****

Name: _____ DOB _____

Medications _____

Allergies*/Medical Conditions _____

Reaction Symptoms _____

Treatment Information _____

****if applicable, an Allergy Action Plan Form needs to be completed****

Mother _____ Home Phone _____

Work Phone _____ Cell Phone _____

Father _____ Home Phone _____

Work Phone _____ Cell Phone _____

Pediatrician _____ Phone _____

Dentist _____ Phone _____

Please list two other people we might contact in the case of an Emergency:

Name _____ Phone _____

Name _____ Phone _____

Emergency Medical Treatment for your child.

_____ Please initial to confirm that your child has medical coverage.

Please provide insurance information _____

Alternate Pick – Up Form

Child's Name _____

The following people are Authorized to pick up my child in the event of my absence. An authorized person must present a valid Driver's License before we release your child.

Name _____ Phone _____

Relationship to Child _____

Name _____ Phone _____

Relationship to Child _____

Name _____ Phone _____

Relationship to Child _____

Name _____ Phone _____

Relationship to Child _____

X

Parent Signature

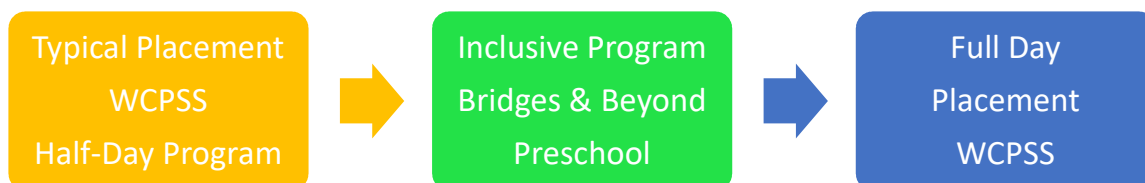


Inclusion Agreement

Bridges & Beyond Preschool is an Inclusive Preschool Setting. Children with developmental delays and children who are developing typically learn alongside each other, a practice that research shows benefits children. This program is designed to meet the needs of a broader spectrum of developmental levels and learning styles than the typical half-day program preschool. Some of the practices that we have implemented are small group sizes, focused learning "rooms" rather than "centers", a variety of visual modifications and a staff dedicated to and with ongoing training in the values and practices of inclusive classrooms. Our students are exposed to experiences that lead to the valuable development of qualities like helping, acceptance, empathy and self-esteem.

Bridges cannot, however, guarantee that we can meet the needs of all children. For example, if a child has been evaluated and found eligible for a full-day placement with a public school system, the child needs a more structured setting than what Bridges & Beyond Preschool provides. It is imperative that all prior evaluations are submitted so that we are more likely to meet a student's needs.

Diagram of an example of the continuum of services in preschools:



Some **challenging behaviors** that may occur in a preschool setting are hitting, pushing, throwing, leaving the class and those that reflect an inability to cope in a classroom environment (screaming, hiding, disruptive sensory-seeking actions, refusal to participate or the inability to engage, excessive focus on an object, ritualistic behaviors, etc.). We are dedicated to **helping children learn appropriate ways of interacting** and adjusting to a new environment.

In the case that a child's behavior begins to interfere with the safety of peers, himself or other adults, or with meeting the needs of the group, the following steps will be taken:

1 - Concerns will be communicated with parents and teacher will use appropriate strategies to facilitate classroom success (i.e. parent suggestions, redirection, sensory outlets, predictable routines, classroom modifications, clear expectations and possible reward systems and alternate activities).

2- A parent/teacher conference will be held to discuss any continuing concerns. If, together, they feel additional support may be beneficial, the following steps will be taken:

- a) Depending on the county in which you reside, a **parent will need to request a screening** from Project Enlightenment, your pediatrician or other qualified professional.
- b) If further testing is warranted, a **referral to Preschool Services** (in your residing county) will be made.
- c) **While evaluations** and/or support services **are pursued** OR if a family chooses not to pursue evaluations, we will do everything possible to keep your child in class with his/her peers. **If we cannot guarantee the safety of others** during this time, the following steps will be taking:
 1. **A parent will be called and the child will need to be picked up Immediately if they have hurt another** child or adult. (Other behaviors warranting leaving school are at the discretion of Bridges Staff).

2. **After 3 incidents, a student may not return to school until** the evaluation process is complete, any recommendations have been followed through on, and/or other terms have been agreed upon. (In this case, tuition payment is required in order to hold a student's spot.) In this situation and for the safety of others, those who decline the evaluations will not be able to bring their child back Bridges & Beyond Preschool.
3. A student in this situation may be allowed to attend school with a **one-on-one assistant**. Parents are responsible for the assistant's pay and the cost of a background check. Bridges would be happy to assist in the hiring process and/or a family member/friend can serve as the assistant, provided they agree to (and pay for) a background check.

After reading the above Inclusion Agreement, on all pages, please sign below to indicate that you have read and understand.

X

Parent Signature

Date

Liability Release Form

Child's Name _____ DOB _____

Address _____

Phone _____ Cell _____

Parent's Names _____

Email _____

IF PARENTS CANNOT BE CONTACTED PLEASE NOTIFY:

Name _____ Phone _____

Doctor's Name _____ Phone _____

I/We hereby assume all risk of personal injury for all the years my child is attending or participating in Bridges & Beyond Preschool program and all related activities. I/We give permission to the preschool to call a doctor or paramedic for medical care should an emergency arise. It is understood that a conscientious effort will be made to locate the child's parent(s) or guardian. However, if a parent or guardian cannot be contacted, I/We authorize medical treatment for my child.

I/We hereby release Bridges & Beyond Preschool, Director and Staff from any and all liability arising from claims for injuries or damages that either individually or on behalf of our child, that might occur while any of these individuals are performing any of their duties.

X

Parent/Guardian & Date

Bridges & Beyond Preschool Financial Contract

Please Initial beside each policy to indicate Agreement

_____ Registration fees are **nonrefundable**

_____ **Annual** tuition amount is broken into nine equal payments due on Aug 1st, Sept 1st, Oct 1st, Nov 1st, Dec 1st, Jan 1st, Feb 1st, March 1st, April 1st.

_____ Tuition is due on the first of each month. After the 5th, a **late fee** of \$10.00 is added. (if the 1st falls on a weekend or holiday, tuition will be accepted the following day of attendance).

_____ If tuition is not received by the 15th, a student's slot is no longer guaranteed.

_____ If tuition is not received within 30 days, a student may not return to school.

_____ I am required to give a **30-day notice** of withdrawal in order to receive any balance due, if any is due.

Student's Name _____

Parent's Signature _____

Date _____