

Dear Parents/Guardians:

It is a little scary because your baby is growing up so fast. But at preschool we have loads of fun while learning. Your child will be excited to come home and tell you all about their day. We learn the alphabet along with math such as number, colors, shapes, and etc. and also basic social studies and science all through hands-on activities. We also learn about religion and include daily prayers throughout the day. Preschool listens to a wide range of stories throughout the week. The children also get time to play with their friends in centers which include dramatic center, block center, transportation center, puzzle center, and manipulative centers. We also follow different schedules for the winter months and another one for the spring/fall; both schedules are attached.

In addition, we also have a preschool website where we provide the weekly academic schedule along with upcoming events and pictures of your children in preschool. The website is www.sjracademy.org and just click on preschool to see our webpage.

At preschool we always reinforce the children in a positive direction. Therefore, we have a few rules that we ask the children to follow which are:

1. Manners saying please, thank you, no thank you, your welcome
2. Having listening ears and looking eyes to show respect for the teachers.
3. Keeping our body parts to our self to show respect for our friends.
4. Having inside voices to show respect for our older friends who are learning and testing upstairs.
5. Have walking feet so no one gets hurt.

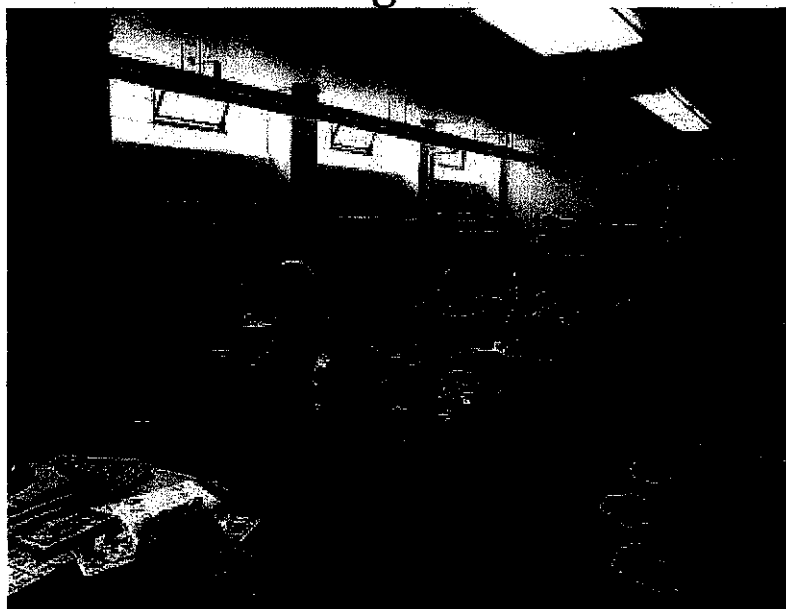
Each consequence is handled differently for each rule not followed. The reinforcement of the correct rule will be explained at the child's level. For example, if a child runs down the hall we would have them walk back down the hall. Another example of a discipline action would be if a child kicks, pushes, or hits other friends; the child would be placed in time-out for a couple of minutes for the child to think about what they did and what action would have been a better choice. Then once time is up, we ask the child why they were in time out to see if they understand why they were placed there and then we have he/she apologize to their friends for their actions.

Preschool is about having fun and we ALL make mistakes. Kids will be kids and accidents happen. As the old saying goes, we always learn from the mistakes we make.

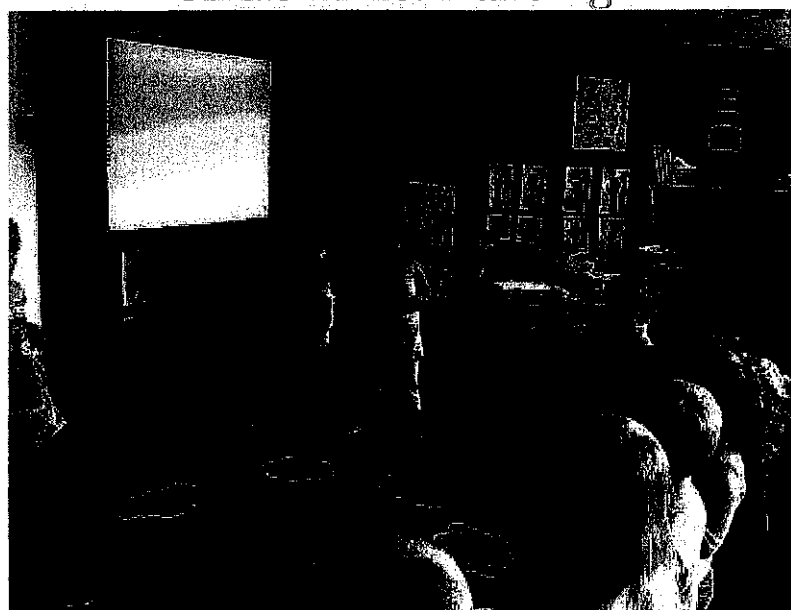
Schedule

- Arrival-8:30-9:00 (Free Play)
- Journals/name practicing-9:00-9:30
- Circle time- 9:30-10:00
- Snack time- 10:00-10:15
- Math-10:15-10:45
- Centers- 10:45-11:10
- Clean up 11:10-11:15
- Bathroom break-11:15-11:25
- Lunch-11:25-11:55/12:05
- Nap-12:05-1:10
- Clean up sleeping materials-1:10-1:20
- Alphabet/reading-1:20-1:44
- Snack/bathroom break-1:45-2:10
- Religion-2:10-2:35
- Dismissal-2:35-2:45

Eating Lunch



Circle Time: Dancing



Veteran's Day



Please return
completed
application to:
St. Joseph's
Preschool Program
Attn: Amanda Salovay
Preschool Director
25 W. 6th Street
Jim Thorpe, PA 18229

St. Joseph's Preschool Program

Application Form

Today's Date _____

Registering for the 20__-20__ school year.

STUDENT'S INFORMATION

Child's Last Name: _____ Child's First Name: _____

Date of Birth: _____ Social Security #: ____-____-____

Child's Primary Home Address: _____

Home Phone Number: (____) ____-____

Gender: Male Female

Age of Child: _____

PRESCHOOL AGE GROUP

3 year old 4 year old

PROGRAM TYPE

3 day (Tu,W,Th) 5 day

(The program day begins at 8:15am every morning and ends at 2:45pm every afternoon.)

PARENT OR GUARDIAN INFORMATION

1. Last Name: _____ First Name: _____

Relationship to child: _____

Address: _____

Employer: _____

Work Phone #: (____) ____-____ Cell #: (____) ____-____

E-mail Address: _____

2. Last Name: _____ First Name: _____

Relationship to child: _____

Address: _____

Employer: _____

Work Phone #: (____) ____-____ Cell #: (____) ____-____

E-mail Address: _____

SIBLINGS

Name	Gender	Age
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OTHER HOUSEHOLD MEMBERS

Name	Relationship to Child	Gender	Age
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OTHER HOUSEHOLD INFORMATION

Parent's Marital Status: Married Separated Divorced Single Deceased

Any divorce or custody situation? NO YES

If yes, please explain: _____

Please list any other household situations that our staff should be aware of while working with your child: _____

PLAY, SOCIALIZATION, AND EMOTIONAL DEVELOPMENT

How does your child get along with other children?

Excellent Good Fair Poor Unsure

What other group experience has your child had?

None Daycare Sunday School Other _____

How does your child show affection? _____

Does your child usually accept new people easily? Yes No Unsure

What nervous habits does your child exhibit (if any)? _____

When does your child usually show these nervous habits? _____

How does your child behave when he/she is mad/angry? _____

Does your child have any fears? Yes _____ No

What technique(s) are used to discipline your child? _____

What is your child's usual reaction to discipline? _____

Please give any further information which you feel would help us better understand your child: _____

Physical Development/Health History

Does your child have any food dislikes or eating problems? Yes No

If so, please explain: _____

What is your child's usual waking time? __:__AM

Child's usual bedtime? __:__PM

Does your child currently nap at home? Yes No

Approximate Time(s) and length of nap(s): _____

Does your child have any physical handicaps/impairments? Yes No

If so, please explain: _____

Does your child take any medication(s)? Yes No

****other than over-the-counter medications****

If so, please list name of medication(s) and reason for taking: _____

Does your child have allergies? Yes No

If so, list allergens and typical reaction to these: _____

Is your child receiving any professionally prescribed treatment? Yes No

Illnesses your child has had:

Chicken Pox Measles Scarlet Fever Mumps Other

Vaccinations: Name

Date Given

Vaccinations: Name	Date Given

Emergency Contact Information

List any persons to be contacted in the event of an emergency and we are unable to reach the parents.

NOTE: Please only use local contacts for pick-ups.

Last Name: _____ First Name: _____ Phone #: (____) ____ - ____

Last Name: _____ First Name: _____ Phone #: (____) ____ - ____

Last Name: _____ First Name: _____ Phone #: (____) ____ - ____

Physician: _____ Address: _____

Phone #: (____) ____ - ____

Dentist: _____ Address: _____

Phone #: (____) ____ - ____

Tuition

Tuition: \$17.00 per day/per child (Reference the Payment Policy Form)

AGREEMENT

By signing below, I acknowledge the following:

1. I have read the St. Joseph's Preschool Program Handbook and I understand and agree with the policies, procedures, and regulations set forth in the handbook. Specifically, but not limited to, the Discipline Policy, Payment Policy, and Fee Schedule. In addition, in the event of an emergency and the emergency contacts listed above are unable to be reached, I hereby authorize the Director consent to administer emergency treatment on behalf of my child, upon the advice of the attending physician or dentist.
2. All employees of St. Joseph's Preschool Program and St. Joseph Regional Academy are mandated reporters and are legally obligated to notify Department of Health and Human Services in the event a situation arises that may be questionable.

I, the undersigned, believe the above information to be true and correct to the best of my knowledge. I also agree to provide St. Joseph's Preschool Program with updated information as needed while my child is enrolled in the Preschool Program.

Signature of Parent/ Guardian

Date

