



PRESCHOOL SOLUTIONS

1406 Kings Highway
Sugar Loaf, NY 10918
845-234-6077

School Year 2017-2018

Weekly Classes Offered

2 year olds

Monday, Wednesday

9:30 am-11:45 pm (1 or 2 days)

Policies

Registration: Before beginning, we must have your registration form, registration fee, last month's tuition, and medical statement (form attached). After August 1st, last month's tuition is non-reimbursable. Medical statements are a well visit doctor's appointment that includes child's immunizations, test results, allergies, medications, special diets, and any other medical information you would like us to know about your child. Medical statements expire every year and we need a copy in every child's folder, every school year. Please remember to notify us if your contact information changes during the school year. September's tuition is due the beginning of September when classes start.

Attendance: Please notify staff at 845-234-6077 if your child will be absent. We will supply you a calendar with holidays and days off at the beginning of the school year.

Snow closings: We will let you know where to listen for closures due to inclement weather. In the event of snow starting during school hours, we ask you keep in contact with us for an emergency closing.

Remember:

2 hour delayed opening due to snow: Classes start at 10:30 am.

3 hour delayed opening due to snow: No morning classes.

Early dismissal due to snow: No PM classes.

Slippers: We ask all children to remove their shoes and wear slippers throughout the day.

Snack: Please keep in mind that Preschool Solutions is a **PEANUT FREE ZONE**. For morning class please send your child in with a healthy snack and water or juice daily. On days that your child may attend the Lunch Bunch program, please send them with lunch as well. PLEASE: No soda or candy bars. We strongly encourage foods that support organization such as cut up veggies, fruit, whole grain granola bars, cheese and crackers. If your child has any allergies, please notify staff immediately.

Health: Please keep your child home under the following circumstances (we all want to stay well!)

1. Fever, diarrhea, or vomiting within 24 hours
2. Conjunctivitis (child must be on medicine 24 hours before returning to class)
3. Active signs of illness including uncontrolled coughing or sneezing, difficulty breathing, lethargy.
4. If your child shows any signs of illness during class we will contact you immediately to bring your child home. We must have on record the name and number of someone who is available to pick up your child if you cannot. They must bring a picture ID.

Clothing: Please send your child in comfortable clothing. Socks should be worn. Slippers are needed for in class.

Birthdays: Parties may be arranged in advance with your child's teacher.

Locked Doors: To insure security to your children, we lock the classroom doors from inside the classrooms. Our teachers and staff are on a county wide email notification system, but please feel free to contact us if you receive emergency information.

Pick up: Any individual coming into the classroom must bring identification. Under no circumstances will a child be released to an individual who we are not familiar with and are not on the authorized pick up list. Parents must provide a note if someone other than an authorized person is picking up. That person must have ID.

Toileting: We understand that most 2 year olds are not completely toilet trained. Please send in diapers for your child if they are not trained.

Payments

Cost is as follows:

1 days	Monthly Cost: \$110	Yearly Tuition: \$1100
2 days	Monthly Cost: \$210	Yearly Tuition: \$2100

Payments are due the 1st of each month. Checks are made out to Preschool Solutions (PSS). There is a yearly non-refundable \$40 registration fee. Remember, last month tuition and registration fee due upon registration. September tuition is due the beginning of September. Withdrawal before August 1st reimburses tuitions minus registration fee. Please also note that there is a \$10 late fee added to any payment received after the 10th of the month.

PRESCHOOL SOLUTIONS
PO BOX 25, 615 ROUTE 32, SUITE 5
HIGHLAND MILLS, NY 10930
845-234-6077

REGISTRATION FORM:

School Year 20__ -20__

_____: **2 Year Old 9:30 am-11:45 pm**

Please circle one:

1 day 2 days

OFFICE USE ONLY:

Reg. Fee: \$40 Waived: _____

Cash: _____

Check #: _____ C.C. Appr.: _____

Last Month's September's
Tuition: \$ _____ Tuition:(Due Sept.)\$ _____

Cash: _____ Cash: _____

Check #: _____ Check #: _____

C.C. Appr.: _____ C.C. Appr.: _____

Child's name: _____ Sex: M F

Date of birth: _____ Nickname: _____

Child lives with: (names) _____

Address: _____

Home phone: _____ Cell phone: _____

Work phone: _____

School District: _____

Email for newsletter and updates: _____

Child's physician: _____ Phone: _____

Childhood diseases: _____

Allergies or dietary restrictions: _____

Medications taken regularly: _____

Emergency contacts

1. Name: _____ Relationship: _____

Phone: _____

2. Name: _____ Relationship: _____

Phone: _____

3. Name: _____ Relationship: _____

Phone: _____

Adults authorized to pick up your child

1. Name: _____ Relationship: _____

Phone: _____

2. Name: _____ Relationship: _____

Phone: _____

Is this your child's first experience away from you? _____

Is your child potty trained? _____

Does your child have any fears we should know about? _____

What is the best way to comfort your child? _____

Are there any activities that make your child uncomfortable? _____

What toys/activities does your child love? _____

What would you like your child to gain from this preschool experience? _____

Do you have any concerns that you would like us to know about? _____

I have read and understand the policies

Signature

Date

I accept full responsibility for my child's transportation

Signature

Date

I understand tuition is due regardless of my child's absence, vacations, holidays, or emergency closings

Signature

Date

I give permission to Preschool Solutions to obtain any emergency treatment for my child if I cannot be contacted immediately

Signature

Date

I give permission for my child to be photographed and to use the photographs for (check all that apply)

Website___

Advertising___

Bulletin board___

Newspaper___

Signature

Date

I understand I must provide transportation for off-site field trips

Signature

Date