



Early Learning Center Preschool & After School Care

At Pope's Place Preschool, we know that children learn best when they're actively engaged. We believe that all children are talented, capable and special, whether they are "special needs" or special because they are yours. You can depend on us to offer the best care to fit your child's specific needs.



Pope's Place is a Proud Participating Agency of United Way of Lewis County

Our Creative Curriculum

At Pope's Place Preschool we know children learn critical science, math, reading and writing concepts through hands-on, sensory-oriented activities.

Social/Emotional Development

- ❖ Sense of Self
- ❖ Pro-Social Behavior

Physical Development

- ❖ Gross Motor
- ❖ Fine Motor

Cognitive Development

- ❖ Learning and Problem Solving
- ❖ Logical Thinking
- ❖ Representation & Symbolic Thinking

Language Development

- ❖ Listening and Speaking
- ❖ Reading and Writing

Designing a high quality facility to accommodate the needs of children, parents, and staff requires comprehensive design planning. Pope's Place Preschool meets or exceeds Federal Head Start Guidelines standards with:

- ❖ Heated Floors for Constant Comfort
- ❖ Spacious 1088 sq. ft. Educational Room
- ❖ Full Ceiling Skylights Shown to Improve the Performance of the Children Inside
- ❖ Full Time Medical Staff on Campus
- ❖ Secured Facility
- ❖ Playground and Structure Built and Equipped for ALL types of Children
- ❖ All Meals and Snacks are Prepared in our Full Service Kitchen from Scratch
- ❖ Consistent, reliable Head Start Trained Teachers with an Extensive Tenure
- ❖ Accepting full time DSHS (Provider Number **568310**) and Private Pay
- ❖ Open Monday – Friday 6:00 am until 6:00 pm

Pope's Place Preschool provides a healthy, exciting learning environment for all young children. We understand the importance of the integration of children with special needs and typical children within the classroom. Our staff utilizes all curriculum's to develop children's social/emotional skills, cognitive, motor and literacy skills to prepare them for kindergarten.

Pope's Place Preschool is proud to provide The Rhythmic Arts Project (TRAP). The Rhythmic Arts Project empowers people with various disabilities to succeed in the world. We integrate drums and percussion instruments as creative learning tools that address life skills and enhance the mind, body and spirit.

Child

Date _____

Child's Name _____ DOB _____ Age _____

Ethnicity (please circle one)

Gender _____

Asian Pacific Islander African American Caucasian
Hispanic Native American Other _____

Has your child ever attended daycare or preschool before? _____

Are there any siblings in our programs? Yes No If yes, who? _____

Does your child have a nickname? _____ Primary Language: _____

Eye color: _____ Hair color: _____ Sex: _____ Height: _____ Weight: _____

Mother

Mother's Name _____ Social Security # _____

DOB _____ Home Phone _____

Mother's Work Phone _____ Mother's Cell Phone _____

Address _____

City _____ State _____ Zip _____

Employer _____ Phone _____

Email _____

Ethnicity (please circle one)

Asian Pacific Islander African American Caucasian
Hispanic Native American Other _____

Father

Father's Name _____ Social Security # _____

DOB _____ Home Phone _____

Father's Work Phone _____ Father's Cell Phone _____

Address _____

City _____ State _____ Zip _____

Employer _____ Phone _____

Email _____

Ethnicity (please circle one)

Asian Pacific Islander African American Caucasian

Hispanic

Native American

Other _____

Step-Father

Father's Name _____ Social Security # _____

DOB _____ Home Phone _____

Father's Work Phone _____ Father's Cell Phone _____

Address _____

City _____ State _____ Zip _____

Employer _____ Phone _____

Email _____

Ethnicity (please circle one)

Asian Pacific Islander

African American

Caucasian

Hispanic

Native American

Other _____

Step-Mother

Father's Name _____ Social Security # _____

DOB _____ Home Phone _____

Father's Work Phone _____ Father's Cell Phone _____

Address _____

City _____ State _____ Zip _____

Employer _____ Phone _____

Email _____

Ethnicity (please circle one)

Asian Pacific Islander

African American

Caucasian

Hispanic

Native American

Other _____

Family

Parents, legal guardians, siblings (ages), and others living in the home

1. _____ 2. _____

3. _____ 4. _____

5. _____ 6. _____

Health Insurance

Insurance Company _____

Group / ID Number _____

Physician

Physician _____ Clinic _____ Address _____

_____ Phone _____

Date of last physical examination (required information) _____

Dental Information

Dentist _____ Clinic _____

Address _____ Phone _____

Date of last dental exam _____

Health Needs

Does your child have any special healthcare concerns or diagnoses? _____

Medication

Current Medication: _____

How do you give medication to your child? _____

Allergies

Medication allergies and reactions _____

Food allergies and reactions _____

Eating and Nutrition

Special Diet _____

Explain special feeding methods: (Does food need to be blended, pureed or cut up into small pieces, etc?)

Favorite Foods _____

Least Favorite Foods _____

Is child able to feed self? _____ right or left handed? _____

Does your child drink from a sippy cup or regular cup or straw? _____

Does child use knives, forks, or other adaptive equipment? _____

How does child ask for food or drink? _____

Would you like your child to have snacks? _____

What time of day? _____

Toileting Habits

What kind of supervision, assistance, or adaptive equipment does child need in the bathroom? _____

Activities

Favorite activities _____

Can your child read? _____ If yes, what type of material do they like to read? _____

Are there any activities or skills you would like us to work on with your child? _____

Are there any special religious or cultural considerations we should be aware of? _____

General Behavior

Reaction to strangers and animals _____

Reaction to new environment _____

Fears _____

Likes _____

Dislikes _____

Specific unique habits _____

Other Information _____

The information I have given is accurate to the best of my knowledge and may be shared with all Pope's Place caregivers. I understand that all information is held in strict confidence by staff.

Parent/Guardian Signature Date

Preschool Director/Teacher Signature Date

PARENT HANDBOOK

I have been provided with a copy of the Pope's Place Preschool Handbook. I have reviewed the document and been given the opportunity to have my questions answered by a staff member.

Parent/Guardian Signature _____ **Date** _____

PERMISSION TO PHOTOGRAPH

I give permission for my child (please print name) _____ to be included in photographs, video, or slides to be used for educational purposes or to help promote our program, and which may appear in media such as newspapers, photo albums, television, internet, or classes for other parents and caregivers. _____ yes _____ no

If my child no longer participates in the programs at Pope's Place his/her photograph may still be used in the future _____ yes _____ no

(I will contact Pope's Place if I change my mind in the future.)

Parent/Guardian Name (please print) _____

Parent/Guardian Signature _____ **Date** _____

**PERMISSION FOR SUNSCREEN
AND HAND SANITIZER**

I consent to the use of sunscreen for my child when Pope's Place staff feels it is necessary for sunburn prevention. _____yes _____no

I consent to my child's use of hand sanitizer under the supervision of the staff to ensure proper hygiene. _____yes _____no

Parent/Guardian Signature _____ **Date** _____

CONSENT TO MEDICAL CARE AND TREATMENT OF MINOR CHILDREN

I _____ (the parent or legal guardian) hereby give my permission that my child, _____, may be given emergency treatment to include first aid and CPR by a qualified health care staff member at Pope's Place.

I also give my permission for my child to be transported by ambulance or emergency center for treatment.

I further authorize and consent to medical, surgery and hospital care, treatment and procedures to be performed for my child by my child's regular physician, or when the physician cannot be reached, by a licensed physician or hospital when deemed immediately necessary or advised by the physician to safeguard my child's health and I cannot be contacted. I waive my right of informed consent to such treatment.

Parent/Guardian Printed Name: _____

Parent/Guardian Signature: _____ **Date:** _____

Early Learning Center Rates 2019

Full-Time Preschool

\$750/month

Part-Time Preschool

\$425/month

School Age

\$400/month

We have full-time, part-time and school age slots. Our rates are flat-based rates. Your contracted amount will be based on which slot your student has, regardless of days attended each week. Our policy is a 3 days per week minimum.

Full-Time is based on minimum of 3 days per week and 5+ hours per day.

Part-Time Preschool is based on a minimum of 3 days per week and less than 5 hours per day.

If your child will be here for 10 hours or more, there is a \$15 per day fee.

Daily Rates for drop in's, extra days, extra hours; these hours need to be arranged in advance.

\$35.00 full day

\$20.00 half day

\$15.00 per day for 10+ hours

Registration Rate: \$100

Late Pick-up Fee (after 6pm): \$1 per minute

Pope's Place Child Care Agreement

Child's name:	First	Middle	Last
---------------	-------	--------	------

Mother/guardian name:	First	Middle	Last
-----------------------	-------	--------	------

Father/guardian name:	First	Middle	Last
-----------------------	-------	--------	------

Days and times my child will receive care:

Check days of care	<input type="checkbox"/>	Monday	<input type="checkbox"/>	Tuesday	<input type="checkbox"/>	Wednesday	<input type="checkbox"/>	Thursday	<input type="checkbox"/>	Friday	Start Date:
Arrival time											
Departure time											

Tuition Rate \$	Co-Pay \$	Date payment due:			
Per:		Source of payment:			
Hour	Day	Week	Month	Parent	Other (specify):

Due Date

I understand that my payment is due on the **FIRST** of each month. Daily Late fee if payment has not been received by the 5th. Your child may not attend until your bill is paid in full if payment is not received by the 10th of the month. _____(initial)

Non-Contracted Hours

Parent is to make arrangements for child care services with Preschool staff prior to the dates needed to be sure that space is available for services needed. Daily rates are stated on the following page and will be calculated at the end of each month and an invoice will be issued. Payment will be due upon receipt of invoice.

- Additional childcare fees are listed in the Early Learning Center Parent Handbook. **Please note the late pick-up fee of \$1/minute after 6pm.**
- If your childcare is subsidized through the Working Connection Program at DSHS and Pope's Kids Place does not receive payment, you are responsible for all charges accrued an any charges DSHS does not cover.
- If you are privately paying for child care services your balance is due upon the First of each month.

By signing this contract, I have read, understand and agree to comply with the policy and procedures and information for parents given to me by Pope's Place. I also agree to the terms set forth above with respect to the start date for childcare services, the monthly tuition/copay, and the contracted hours for childcare services.

Parent or guardian signature	Date	Parent or guardian signature	Date
------------------------------	------	------------------------------	------

I agree to provide child care services according to the above plan. I agree to promptly notify the parents or guardians of any changes to above information.

Authorized signature	Date
----------------------	------

Child Pick-Up Information

Child's Name: _____

Please list below the people who have ***Permission*** to pick up your child.

***Anyone picking up your child must have a picture ID.**

Persons Allowed to Pick Up Child:

Name	Phone	Relationship
1.		
2.		
3.		
4.		

Persons NOT Allowed to Pick Up Child:

Name	Phone	Relationship	Reason
1.			
2.			
3.			
4.			

Emergency Contacts

Primary Emergency Contact (other than parents or guardian):

Name:	
Phone:	
Relationship:	
Address:	

Secondary Emergency Contact (other than parents or guardian):

Name:	
Phone:	
Relationship:	
Address:	

Any Special Instructions on how to reach parents:
