



Ms. Natalie's Preschool

Parent Handbook 2020 - 2021

Tuition: 4 – 5-Year-Old Preschool Class: Mon /Wed /Fri 8:45am – 10:45am \$130/month

3 – 4-Year-Old Preschool Class: Tues/Thurs 8:45am – 10:45am \$95/month

At the time of registration, you will pay a \$60 non-refundable registration fee. Once your registration fee is paid, your child's spot will be saved for the school year.

Tuition payment is due the first day of class each month. A \$10 late fee will be applied for each additional day tuition is not paid. If tuition is not paid by the second week of the month, your child will not be able to attend preschool until tuition is paid in full, this includes late payments.

All payments can be made through Venmo @natalie-whall

Drop off: Parents/Guardians please accompany your child to class. You will enter through the front door. I will open my door 5 minutes before class starts and you are welcome to drop your child off at that time. Please pay special attention when driving through the neighborhood. Parents and children will be walking to and from their cars and we want to avoid any accidents. Also please be respectful of my neighbors. Do not block their driveways and follow the road out of the neighborhood. Please let me know ahead of time if you are running late.

Pick up: Parents/Guardians can pick up your child at the front door. Please be on time. I will charge a \$10 late fee to any parent/guardian who is more than 5 minutes late. If you need to pick up your child early, please let me know I will try and have them ready for you to pick up. Please pay special attention when driving through the neighborhood. Parents and children will be walking to and from their cars and we want to avoid any accidents. Please be respectful of the neighbors. Do not block their driveways and follow the road out of the neighborhood. If you arrive early you are welcome to park and wait in the church parking lot across the street, that way we can be extra mindful of the neighbors.

If you are unable to pick up your child, please let me know, ahead of time, who will be picking your child up. I will ask for the driver's ID and will make sure it matches the name that you give me. Be aware that everyone on your emergency contact are authorized to pick up your child. If I have not met the person before I will ask for their ID and make sure it matches the name on the emergency contact list.

Please Bring: All children should bring a backpack with an extra change of clothes in case of accidents. I will provide your child with all the school supplies they need (crayons, scissors, glue, etc.) but may ask you to supply recyclable items (paper towel rolls, baby food jars, etc.) as they are needed for craft projects. Children should wear clothes that are comfortable to play in and can be easily removed so the child can use the bathroom.

Yearly Schedule: We follow the Jordan School District's traditional calendar for elementary schools. Ms. Natalie's Preschool Calendar will show an updated list of all days off. In the event of a major snowstorm, I will follow Fox Hollow Elementary's snow day policy. If the school declares a snow day, then the preschool will be closed for the day.

Children Absences: No deduction or refund will be given for absences.

Teacher Absences: I try not to take any additional days off, but in case of an emergency or illness, I can take up to three days off a year per class. If I must cancel class parents/guardians will be notified at least one hour before class begins. If I need to take any additional days off, accommodations, including substitute teachers and/or refunds will be made

Potty Training: All children should be potty trained before the first day of school. This means that they should be able to communicate when they need to use the bathroom and should be able to use the toilet and wash hands without any assistance from an adult

I know that some children, especially younger 3-year-old's, can have a hard time potty training so please let me know if you have any questions or concerns. Children are expected to flush the toilet, wash their hands, and be able to pull up their pants. It helps if parents are practicing this at home.

Accidents do happen and children should not be embarrassed by them. If a child does have an accident they can change into their extra set of clothes and I will clean and sanitize the area. Parents will be called to pick up their child if they do not have extra clothes to change into.

Illnesses: Please keep your child home if they are sick. The law requires that children exhibiting any of the following symptoms in the last 24 hours be excluded from school: Strep throat (the child can return to school after they have been on antibiotics for over 24 hours), Diarrhea, Vomiting, Draining rash, Eye discharge or Conjunctivitis (pink eye), Fever of 101F or greater (a child must be fever free for 24 hours without medication before they can return), or Lice. Please let us know immediately if your child is exposed to or contracts a contagious disease. If a child becomes sick during school, I will notify the parents/guardians and you will be required to pick your child up.

Immunizations: Your child must be up to date on all immunizations. Please bring a copy of your child's current immunizations. If your child is not immunized, you will need to bring an immunization exempt form provided by the Utah Health Department. Children who are not up to date on their immunizations will not be able to attend class.

Medical Emergencies: In the event of a medical emergency I will call 911 and then the parents will be notified. I am CPR and First Aid certified and will assist the child until medical personnel arrives.

Medication: A parent/guardian needs to fill out a medication release form before any medication will be administered to a child. Please see the teacher if you need a copy of this form. All medication will be inaccessible to children.

If a child needs medication during school hours, it must be supplied by a parent. I will not supply over-the-counter medication to children, and I will not administer medication without a note from a doctor.

All over-the-counter and prescription medications supplied by parents must:

- (a) be labeled with the child's full name,
- (b) be kept in the original or pharmacy container,
- (c) have the original label (d) have child-safety caps.

Parent Volunteers: Parents are always welcome in the classroom. Volunteering can be as simple as reading a book to the class or teaching the kids a new song. You can also help bring supplies for activities we do throughout the year. Please let the teacher know if you would be interested in helping in the classroom.

Birthday Celebrations: We love to celebrate the children's birthdays. In class, the kids will sing Happy Birthday, and the child will get to choose a small present from our Birthday Bag. If your child has a summer birthday, we will celebrate their birthday on their half birthday. Parents are welcome to bring a small, store bought, treat or a class gift to share with the other children in the class. Please let the teacher know beforehand.

Holiday Celebrations: We will have activities that center around some of the major Holidays like Halloween, Thanksgiving, and Christmas. Some of the activities include art projects, songs, and class parties. The children are welcome to dress up for our Halloween Party, I just ask that they do not bring any weapons, or masks to school. Parents are welcome to volunteer for any class parties. I will have signup sheets asking for some supplies for crafts and games. The Holidays are also a great time to have parents/guardians come to class and share some of their favorite Holiday traditions with the class. For example, I have had parents come talk to my class and teach them about Chinese New Year.

August 2020						
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16	17	18	19	20	21	22
23	24	25	26	27	28	29
30	31					

September 2020						
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October 2020						
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November 2020						
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December 2020						
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January 2021						
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February 2021						
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Mach 2021						
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April 2021						
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May 2021						
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16	17	18	19	20	21	22
23	24	25	26	27	28	29
30	31					

June 2021						
S	M	T	W	T	F	S

July 2021						
S	M	T	W	T	F	S

The dates follow the Jordan School Districts traditional elementary school calendar and are tentative. They will be updated as Jordan School District updates their calendar for the upcoming school year.

4 and 5-year-old class: Monday/Wednesday/Friday, 8:45 – 10:45: Class begins August 31, Last Day of Class May 28

3 and 4-year-old class: Tuesday/ Thursday, 8:45 – 10:45: Class begins September 1, Last Day of Class May 27

Days Highlighted in Red are days off.



Enrollment Agreement

Student Information

Child's Full Name: _____

Date of Birth: ____/____/____

Preferred Name: _____

Male / Female (Circle One)

Childs Full Address: _____
Street Address /P.O.Box/Apartment Number

City / State / ZIP

Parent / Guardian Information

Parent 1 / Guardian 1 Name: _____ Relationship to Child: _____

Address (If different from Childs): _____

Phone Number: _____
Cell Home Work

Email: _____

Parent 2 / Guardian 2 Name: _____ Relationship to Child: _____

Address (If different from Childs): _____

Phone Number: _____
Cell Home Work

Email: _____

Emergency Contact Information

The names on this list are authorized to pick up your child. They may be called in an emergency if we cannot contact the parents/guardians. They are also allowed to pick up your child without prior approval from the parent/guardian. They must have their picture ID and the name on the ID must match the name on the emergency contact list before the child will be realized to them.

Name: _____ Name: _____ Name: _____

Phone #: _____ Phone #: _____ Phone #: _____

Relationship: _____ Relationship: _____ Relationship: _____

Address: _____ Address: _____ Address: _____

Out of State Emergency Contact: _____
name/phone number/address

_____ Check if you do not have an out of state emergency contact



Enrollment Agreement

Child Health Assessment

Child's Full Name: _____

Date of Birth: ___/___/___

Check All That Apply:

Does your child have any known allergies or sensitivities to:

Medication No ___ Yes ___ (If Yes, Please List) _____

Food No ___ Yes ___ (If Yes, Please List) _____

Other No ___ Yes ___ (If Yes, Please List) _____

Illness or Medical Conditions:

Does your child have any of the following:

Asthma No ___ Yes ___

Visual Impairment No ___ Yes ___

Diabetes No ___ Yes ___

Developmental Delays No ___ Yes ___

Seizures No ___ Yes ___

Physical Impairment No ___ Yes ___

Heart Problems No ___ Yes ___

Behavioral or Emotional Problems No ___ Yes ___

Hearing Impairment No ___ Yes ___

Other: _____

List any additional health information or special instructions you feel we need to be aware of: _____

List any regular medications your child takes: _____

Name of Child's Medical Provider: _____

Parent/Guardian Signature: _____

Date: _____



Enrollment Agreement

Tuition and Financial Agreement:

The following agreement is between Ms. Natalie's Preschool LLC and (parent/guardian) _____.

I agree to enroll my child (child's legal name) _____ at Ms. Natalie's Preschool LLC for the 2020-2021 school year. My child will be enrolled in the following class:

Circle one: 4 – 5-year-old Class: Monday/Wednesday/Friday from 8:45am – 10:45am

3 – 4-year-old-Class: Tuesday/Thursday from 8:45am – 10:45am

Monthly Tuition: I agree to pay the rate of \$_____per month. I understand that tuition is due the 1st day of class at the beginning of each month. (parent/guardian Initial) _____

Late Payment Fee: I agree to pay a late fee of \$10 a day for each additional day tuition is not paid. I understand that if tuition is not paid by the second week of the month my child will not be able to attend school until tuition is paid in full, including all late fees. (parent/guardian Initial) _____

Registration Fee: I agree to pay a \$60 registration fee at the time of enrollment. (parent/guardian Initial) _____

Child Absences: I understand that there will not be a deduction or refund given for children absences.

(parent/guardian Initial) _____

Teacher Absences: I understand that in the case of an illness or emergency Ms. Natalie may take up to 3 days off a year per class. I understand that I will be notified at least one hour before class begins if class is canceled. I understand that if the teacher needs to take additional days off, accommodations, including a substitute teacher and/or refunds will be made. (parent/guardian Initial) _____

Parent/Guardian Signature: _____

Date: _____



Enrollment Agreement

Parent Handbook: I have received a copy of the Parent Handbook and I have read and understand the policies and procedures in it. I agree to abide by the policies and procedures therein.

Parent/Guardian Signature: _____

Date: _____

Permission to Photograph: I will be taking pictures of the children as they are learning and playing this year. I would love to post these pictures on my website, msnataliespreschool.com, so that you and your family can get a glimpse at your child's world at preschool. I will never include the child's name with the photo's I post.

_____ YES, I give permission for my child's photo to be used on the website nataliespreschool.com

_____ NO, I do not give my permission for my child's photo to be used on the website nataliespreschool.com

Medical Acknowledgments:

Medication: I will provide written permission for the teacher to administer medication with written instructions from the child's health care provider, as permitted by local childcare licensing regulations. I will complete and sign authorization forms. I will provide the medication in its original container with the pharmacist's label for prescriptions.

Parent/Guardian Signature: _____

Date: _____

Immunizations: I will provide Ms. Natalie's Preschool with updated immunization information or an exemption letter from the state for my child.

Parent/Guardian Signature: _____

Date: _____

Emergencies: In case of an emergency, I authorize the teacher to:

- (a) Administer first aid and/or CPR to my child
- (b) Transport my child via ambulance or other emergency medical service to a local hospital or other urgent care facility at my expense
- (c) Obtain any emergency medical, surgical, or dental necessary by medical authorities at my expense
- (d) Transport my child to a local emergency shelter in the event of an emergency evacuation of the preschool

Parent/Guardian Signature: _____

Date: _____



Enrollment Agreement

I understand that accidents and injuries may happen while my child is at Ms. Natalie's Preschool. I agree to hold harmless Ms. Natalie's Preschool LLC for any injury and accident that occurs while my child is in their care. I understand that Ms. Natalie's Preschool assumes no responsibility for any bills that are incurred as a result of these accidents or injuries, I agree to pay all. In acceptance of our child in the school and its program, I hereby indemnify and agree to hold harmless from all claims of whatever nature which may be made by the above child or by his or her parent, guardian or representative. This indemnification shall include any damages which Ms. Natalie's Preschool LLC, its owner may sustain as a result of any claim made in behalf of the above children, including court costs and attorney's fees incurred in defending, such claims, or enforcing this indemnification agreement.

Parent/Guardian Signature: _____

Date: _____

I have read, understand, and accept all the terms in the Agreement. I will promptly update any information provided in this Agreement if any information changes. Ms. Natalie's Preschool reserve the right to alter policies and/or program at any time. The terms of the Agreement. Including the tuition and fees, are subject to change.

Parent/Guardian Signature: _____

Date: _____



Tell Me About Your Child

Child's Name: _____

1. Does your child have a nickname that you would prefer for us to teach him or her to read/write?

2. Who does your child live with at home? _____

3. What language/s are spoken at home? _____

4. Is there anything about your child's home life you would like for me to know? _____

5. How would you describe your child's personality? _____

4. What are some things your child is interested in? _____

5. What makes your child happy? _____

6. What upsets your child? _____

8. What are you hoping your child gains from their preschool experience the most? _____

9. How does your child feel about starting preschool? _____

10. Is there anything else you want me to know about your child? _____
