

# Welcome to Summer Safari!



Dear Preschool Parent(s),

I am very excited to welcome each and every one of you to Community of Saints Preschool Summer Safari Program! Our summer preschool program is for children ages 3 and 4 who will be in preschool in the fall. As you and your child prepare for a fun summer, I wanted to give you a brief overview of our summer program...

## A Typical Day

Although it is summer, our staff is dedicated to providing your child with an outstanding education! We will be incorporating curriculum each and every day to ensure that your child is learning while having fun. We will continue to have circle time and story time along with small group work and plenty of large muscle activity!

## Weekly Calendar

To help you keep everything organized, we will provide a Weekly Calendar board that will let you know what is going on in Preschool each day along with times of activities and what to bring if anything.

## Breakfast, Lunch, & Snacks

Breakfast will be provided each day for your child. Breakfast starts promptly at 8:30 and ends at 9:00. If your child arrives after 9:00, we will be unable to provide breakfast for him/her. Community of Saints will have a self-serving snack in the morning and afternoon. A calendar will be sent home as each child is responsible to bring in a snack at least once every month. ***A cold lunch must be brought from home every day unless otherwise noted in the calendar.*** Please do not pack anything that may need to be heated up for your child's lunch.

## What to Bring Each Day

Your child should ***always*** have the following items at preschool...an extra pair of clothes, a blanket (for nap time), and a lotion brand of sunscreen labeled with your child's name.

## Quiet Time/Nap

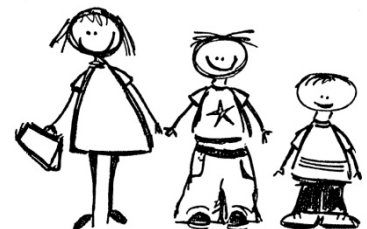
Every preschooler is required to lie down and rest for at least 30 minutes. This does not mean that they have to go to sleep. Any children who are still awake after 30 minutes will be allowed to go into another classroom and do quiet activities such as reading, coloring, or puzzles.

In closing, I would like to thank you for choosing Community of Saints Preschool. I am so excited to get to know your child and build a relationship with him/her. We are committed to providing your child with hands-on, positive learning experiences in a creative, loving school environment. If you ever have any questions or concerns, please feel free to contact me at school (651) 457-2510 ext. 109 or by email [khartz@communityofsaints.org](mailto:khartz@communityofsaints.org).

Summer Safari starts on Monday, June 8. I am looking forward to a fun-filled summer!

Sincerely,

Katie Hartz  
Director of Preschool/Lead Teacher





# Community of Saints Preschool: Daily Schedule



## Summer 2021



630 Preschool Opens

(630-730) Small Group Activity Offered (Art, Math, Science, Literacy, Religion)

730-815 Child Initiated Activities

815-820 Clean Up

820-830 Bathroom/Wash Hands

830-900 Breakfast

905-920 Circle Time & Prayers

920-930 Writing/Fine Motor Skill Activities

930-940 Independent Reading Activities

940-1000 Outside Play or Gym/Large Muscle

1000-1010 Bathroom

1010-1030 Weekly Theme Discussion/Story Time

1030-1045 Morning Snack/Cooking Project

1045-1100 Child Initiated Activities

(1100-1130) Small Group Activities Offered (Art, Math, Science, Literacy, Religion)

1100-1150 Child Initiated Activities

1150-1200 Clean Up and Goodbye to half-day students

1200-1210 Transition Game & Bathroom

1215-1245 Lunch

1245-100 Bathroom/Teeth Brushing

100-115 Quiet Story Time, Yoga and/or Meditation

115-245 Naptime/Quiet Time

245-300 Wake Up, Quiet Free Play, and Goodbye to full-day students

300-315 Transition & Bathroom

315-330 Afternoon Snack

330-415 Outside Play or Gym/Large Muscle

415-430 Circle & Story Time

430-530 Child Initiated Activities

(430-500) Small Group Activities (Art, Math, Science, Literacy, Religion)

530-600 Clean Up & Goodbye

Please note:

- The Preschool schedule allows time and support for transitions from one activity to the next.
- Music, art, science, social studies, religion, language and literacy are incorporated into the daily curriculum

**\*Schedule will be followed every day making adjustments for field trip days, special school events and special on-site guests \***



**Community of Saints Regional Catholic School**  
**Preschool Registration Form**  
**Summer**



*A \$125.00 non-refundable fee must accompany this registration.*

Date: \_\_\_\_\_ School Last Attended: \_\_\_\_\_

Child's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
 (First) (Last)

Mother/Guardian:

Father/Guardian:

First Name: \_\_\_\_\_

First Name: \_\_\_\_\_

Last Name: \_\_\_\_\_

Last Name: \_\_\_\_\_

Address: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Home Phone: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Place of Employment: \_\_\_\_\_

Place of Employment: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Email: \_\_\_\_\_

**Contract Information:**

**Start Date:** \_\_\_\_\_

Please indicate the schedule of care your child will need on a weekly basis. This will be considered your contracted hours and you will be billed accordingly. If your child is attending half-day preschool (8:30-12:00) or full day preschool (8:30-3:00), please indicate the days and times within the following contract information. You may schedule your child between the hours of 6:30 and 6:00 as needed.

**Please fill in times below for your child's weekly schedule.**

<i>Day</i>	<i>Arrival Time</i>	<i>Pick Up Time</i>
Monday		
Tuesday		
Wednesday		
Thursday		
Friday		





# EMERGENCY INFORMATION

Student: \_\_\_\_\_  
*Last Name First M.I.*

Birthdate: \_\_\_\_\_

Home Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Mother's Name: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Place of Employment: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

Father's Name: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Place of Employment: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

Physician's Name \_\_\_\_\_

Physician's Phone \_\_\_\_\_

Clinic & Address \_\_\_\_\_

Health Concern(s) \_\_\_\_\_

Allergies      Asthma      Diabetes      Seizures

*Please list any allergies or medications.*

*Please circle all that apply.*

**Please list people below who are authorized to pick up your child if you can't be reached  
\*complete addresses are required\***

<i>Print Name</i>	<i>Address</i>	<i>Phone Number</i>	<i>Relationship to Child</i>