

# 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!

## Field Trips

In order to help your kiddos enjoy their summer time, we will be going on field trips throughout the summer months! In addition to our weekly field trips, we will be exploring weekly themes this summer! This will always give your child something to look forward to when going to Community of Saints.

## 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 13 and runs through Thursday, August 25. I am looking forward to a fun-filled summer!

Sincerely,

Katie Hartz  
Director of Preschool/Lead Teacher





# Community of Saints Preschool: Daily Schedule



## Summer 2022



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 2022**



*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 select your child's classroom below:**

\_\_\_\_\_ Combined Preschool Classroom

**Please select your child's schedule below:**

(choose one)

\_\_\_\_\_ 5 days/week (Monday-Friday)

\_\_\_\_\_ 3 days/week (Monday-Wednesday-Friday)

\_\_\_\_\_ 2 days/week (Tuesday-Thursday)

**Please select your child's hours below:**

(choose one)

\_\_\_\_\_ Half days (8:30-12:00)

\_\_\_\_\_ School days (8:30-3:00)

\_\_\_\_\_ Full days (max. 10 hour day between the hours of 6:30AM and 6:00PM)

\_\_\_\_\_ Hours my child will be attending  
 \*fill out only if choosing full days\*

**Emergency Contacts/Authorized Pick Ups:**

You must list TWO emergency contacts authorized to take your child from Community of Saints as a backup if parent(s) or guardian(s) cannot be reached. *This may not include parent(s) or guardian(s) listed previously.* Please make sure to list someone your child is comfortable with.

<i>Name</i>	<i>Address</i>	<i>Phone #</i>	<i>Relationship to Child</i>
1	_____	_____	_____
2	_____	_____	_____

<b>Medical Information:</b>	<i>Name</i>	<i>Address</i>	<i>Phone #</i>
Doctor	_____	_____	_____
Dentist	_____	_____	_____
Hospital	_____	_____	_____

Please indicate any health concerns: \_\_\_\_\_

In the case of an emergency, the police or paramedics may take your child to the nearest hospital for medical treatment. There may be a charge for ambulance service. Your signature below authorizes program staff to use emergency services if necessary, and indicates your agreement to the above mentioned hospital policy.

**Parent/Guardian Signature:** \_\_\_\_\_

Should Poison Control need to be contacted, and upon their advice, we may administer Syrup of Ipecac to your child to counter-effect an ingestion of poison. Please sign below, hereby giving program staff permission to follow this policy.

**Parent/Guardian Signature:** \_\_\_\_\_

**Ethnic Affiliation (for statistical purposes only):**

- |  |   |   |                                |
|--|---|---|--------------------------------|
| <input type="checkbox"/> Caucasian       | <input type="checkbox"/> Latino/Hispanic  | <input type="checkbox"/> African American | <input type="checkbox"/> Asian |
| <input type="checkbox"/> Native American | <input type="checkbox"/> Pacific Islander | <input type="checkbox"/> Other            |                                |

Main Language(s) Spoken at Home: \_\_\_\_\_

**Policies and Releases:**

By signing this registration form, I grant permission to the Community of Saints Preschool Program to use names, pictures, and anecdotes for the purposes of educating the public about the services available. I also agree that I have received a copy of the program policies and agree to abide by these guidelines.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date





# Community of Saints Preschool Program: Tuition Rates



Summer 2022

Hours: 6:30 a.m. – 6:00 p.m.

Tuition is billed monthly for three months.

## Half Day Preschool 8:30-12:00

	<i>Monthly</i>
Five Days	\$330.00
Three Days	\$220.00
Two Days	\$165.00

## School Day Preschool 8:30-3:00

	<i>Monthly</i>
Five Days	\$530.00
Three Days	\$335.00
Two Days	\$240.00

## Full Day Preschool Package (*School Day Preschool + Morning and Afternoon Extended Care*)

	<i>Monthly</i>
Five Days	\$860.00
Three Days	\$543.00
Two Days	\$382.00

## Extended Preschool Day

	<i>Per Day</i>
Mornings 6:30-8:30	\$8.00
Afternoons 3:00-6:00	\$12.00

## Multiple Child Discount

*(within Preschool Program only)*

	<i>Monthly</i>
First Child	full price
2 <sup>nd</sup> Child	25% off
3 <sup>rd</sup> Child	75% off

**Scholarship Opportunities:** Please contact Community of Saints for more details.

- **Pathways I & Pathways II Scholarships:** As a Parent Aware four-star rated program, our families may qualify for a Pathways I or II Early Learning Scholarship awarded directly to eligible children. Families are eligible to receive up to \$8,500 per eligible child per year.
- **County Assistance:** Our preschool program is eligible to receive Ramsey County and Dakota County child care assistance for qualifying families.







# Community of Saints Preschool: Permission to Apply



Child's Name: \_\_\_\_\_

I/We consent that Community of Saints School be permitted to use the following products and the undersigned parent/guardian does hereby release Community of Saints School from any liability in connection with such use.

Community of Saints will apply the following to your child with your permission. Please indicate your permission by writing "YES" on line next to items it is ok to apply to your child when needed/necessary.

- \_\_\_\_\_ Sunscreen
- \_\_\_\_\_ Lotion or Vaseline
- \_\_\_\_\_ Chapstick

**SUNSCREEN POLICY:** Parents are responsible for applying sunscreen to their child prior to arrival at school. Parents should provide sunscreen for their children while at school during the spring and summer months for school staff to reapply later in the day. Parents must label the sunscreen bottle with the child's name. All sunscreen bottles will remain in our staff's care and is stored on-site (**no sprays please**). Additionally, parents may also encourage their child to wear a hat when playing outdoors.

As the parent or guardian of the above child, I give permission for the staff at Community of Saints Preschool to apply a sunscreen product on my child, as specified below, when he or she will be engaging in outdoor activities. I understand that sunscreen may be applied to exposed skin, including but not limited to the face, neck, tops of ears, nose, bare shoulders, arms and legs.

Additionally, I have checked and/or indicated below my directives regarding the type and application of sunscreen:

Staff may use the sunscreen that I am providing with this form:

Brand \_\_\_\_\_ SPF \_\_\_\_\_

In the event that my provided sunscreen is not available, I give permission to use any available sunscreen.

Please do not apply sunscreen to the following areas of my child's body:

\_\_\_\_\_

Parent/Guardian Printed Name(s): \_\_\_\_\_

Signature \_\_\_\_\_

Date: \_\_\_\_\_



# Community of Saints Preschool Program: Media Release Form



Name of Student(s): \_\_\_\_\_

I consent that Community of Saints School be permitted to use and publish for advertising, commercial or publicity purposes, the name and likeness of my child for any other lawful purpose whatsoever, including photographic portraits, pictures, reproductions, made through any medium, including electronic media, and the undersigned parent/guardian does hereby release Community of Saints School from any liability in connection with such use.

The undersigned parent/guardian acknowledges having read this release, having had the opportunity to consider and understand its terms and does hereby execute it voluntarily and with knowledge of its significance.

If you do not want your child's picture on the school website or for any other marketing purposes, please talk to your child(ren) about this decision and that they cannot participate in any of the pictures.

Please choose one of the following:

\_\_\_\_\_ Yes, I consent that Community of Saints School use photographs of my child(ren) for marketing and advertising purposes.

\_\_\_\_\_ No, my child is not able to participate in photographs to use for marketing and advertising purposes for the school.

Parent Name (Print): \_\_\_\_\_

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_



# Community of Saints Preschool: Health Care Summary



**MUST BE COMPLETED BY HEALTH CARE SOURCE**

Date of Enrollment: \_\_\_\_\_

Name of Child: \_\_\_\_\_

Birth Date: \_\_\_\_\_

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

Telephone: \_\_\_\_\_

Parent(s)/Guardian(s): \_\_\_\_\_

Signature of Parent(s)/Guardian(s): \_\_\_\_\_

\_\_\_\_\_

Date of Last Physical Examination: \_\_\_\_\_ How long have you been seeing this child? \_\_\_\_\_

How frequently do you see this child when he/she is not ill? \_\_\_\_\_

Does this child have any allergies (including allergies to medications)? \_\_\_\_\_

Is a modified diet necessary? \_\_\_\_\_

Is any condition present that might result in an emergency? \_\_\_\_\_

What is the status of the child's: Vision \_\_\_\_\_

Hearing \_\_\_\_\_

Speech \_\_\_\_\_

Please list below any important health concerns.

<u>Important Health Concerns</u>	<u>Followed by You</u>	<u>Followed by Other Med. Source</u>	<u>Requires Special Attention at School</u>

Other information helpful to the program: \_\_\_\_\_

Signature of Health Source: \_\_\_\_\_ Date: \_\_\_\_\_

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

**\*The most current immunization record must accompany this form\***