

River Mist Preschool

(M-F 8:30 am-4:30 pm)

2441 County Road 225

Durango, CO 81301

(970) 385-4098

ENROLLMENT PACKET

River Mist offers enrollment to all children, regardless of race, sex, religion or creed and does not discriminate against children or their families on the basis of any of these.

This enrollment packet must be completed in full and returned with a registration fee before the child may begin attending any of the River Mist programs. River Mist has a full day full year early childhood program for children ages 1-5.

***Registration/Deposit:* There is a fall registration fee of \$65.00 due September first, or upon enrollment. The summer registration fee is \$35.00 due June first or upon enrollment. If our enrollment is full and a family would like to hold a place for their child on our waiting list the registration fee will be collected as a nonrefundable deposit. Upon receipt of this deposit the family will be informed of any openings as they become available, and the child will have priority enrollment based on the order in which the deposit was received. If a family withdraws for summer but wishes to return in the fall we will collect the enrollment fee and put the child on a fall waitlist, but we do not guarantee September enrollment.**

***Tuition:* Tuition is charged as a flat monthly rate dependent on the enrollment option selected. The monthly cost has been prorated for the year and will be the same each month regardless of absences or holidays when the school is closed. Please see our Policies and Procedures for more information. Tuition is due on the first day of the month, and a late fee of \$50.00 will be collected for tuition not paid by the 5th of the month. Enrollment options and coinciding monthly rates are listed below.**

Tuition Rates:

	<u>Ages 1-3 (Toddlers)</u>	<u>Ages 3-5 (Preschool)</u>
2 days	\$440.00	\$424.00
3 days	\$660.00	\$634.00
4 days	\$880.00	\$845.00
5 days	\$1100.00	\$1056.00
Extra Days (Daily Rate)	\$55.00	\$53.00
Drop in (not enrolled)	\$65.00	\$63.00

School Hours: We are open from 8:30 am until 4:30 pm Monday through Friday. Students are not allowed on the property until 8:30 am. Please make every effort to contact us if you are going to be late to retrieve your child. River Mist closes at 4:30 pm. A fee of \$2.00 per minute will be collected for late pick-ups.

Holidays & Closures: We will be closed Labor Day, Memorial Day, Thanksgiving week, two weeks for the winter holiday and New Year, one week for Spring Break and one week for Summer Break. We will assess the need for service on other holidays and provide it accordingly. River Mist will also be closed one day per season or 4 days per year for staff in service work. These days will be posted at the beginning of the school year. Tuition is the same every month regardless of school closings.

Absences: If your child misses a day it will not be deducted from your tuition. If your child goes on vacation with you while school is in session their absences will not be deducted from tuition. No make up days will be provided. In the case that a child is ill for more than two weeks or there is a severe family emergency reduction of tuition may be negotiated. If you receive tuition assistance from the Department of Human Services they will cover 5 absences per month per child. If your child is absent more than 5 days in a month you will be billed for the

excess absences. Any days that you receive services from River Mist that are not paid for by DHS you will be billed for.

Legal Fees: Any fees incurred for the collection of your past due bill will be your expense and paid by you to the collection agent or the court system.

Change in Enrollment or Withdrawal: If you would like to change your child's days of enrollment, we require two weeks advanced notice. If for any reason you wish to withdraw your child from our program, we require two weeks written notice. ***No tuition that has been paid will be refunded under any circumstances.***

Payment Agreement: I have read and agree to the policies stated above. I agree to pay tuition in full by the first of each month or pay a late fee of \$50.00 after the 5th if the director has not verified special arrangements. I also agree to pay a registration fee as explained above. I understand that the late pick up fee is \$2.00 per minute and will pay this as well as call the school to make arrangements if I will be late. I will give two weeks advanced notice in writing if I plan to change enrollment or withdraw my child for any reason.

Parent/Guardian

Signature _____ Date _____

Parent Handbook - Policies and Procedures

Please read our Parent Handbook/Policies and Procedures carefully and feel free to discuss them with our staff.

I have thoroughly read and clearly understand the policies and procedures of River Mist Preschool. I agree to respect the Policies and Procedures, terms and conditions set forth in the Parent Handbook and this enrollment packet.^[1]_[SEP]

Parent/Guardian Signature _____

Date _____

Initial next to each policy below to indicate your understanding and agreement.

- I am aware that River Mist will be closed Labor Day, Memorial Day, Thanksgiving Week, 2 weeks in December/January, 1 week in the spring and 1 week in the summer and 4 days for in-service.**

- I will pay the same monthly tuition before the 5th of every month regardless of absences, holidays or any day when River Mist is closed.** _____
- I will apply sun block to my child's exposed skin before or upon arrival at River Mist.** _____
- I will actively contribute to the enrichment of River Mist by providing 2 hours of volunteer time every 6 months or \$50.00.** _____ (

Family Events^[SEP]:

- Please read about our family events in our Parent Handbook.**
- (I understand that any time when I am at River Mist with my child other than during his or her scheduled enrollment, I am entirely responsible for my child and his or her actions.**^[SEP]
- Parent/Guardian Signature**

_____ **Date** _____

INTAKE APPLICATION^[1]_{SEP}

This information must be updated with any change of occupation or residence.

Child's Name _____ **Enrollment Date** _____

Desired Days of Enrollment _____

Date of Birth _____ **Age** _____ **Room/Group** _____

Person(s) Responsible for Child _____

Mother/Guardian's name _____

Home Telephone _____ **Business Telephone** _____

Home Address _____

Occupation _____

Business Address/Location _____

Email _____

Father/Guardian's name _____

Home Telephone _____ **Business Telephone** _____

Home Address _____

Occupation _____

Business Address/Location _____

Email _____

(River Mist needs a written copy of a court order to deny access to any legal parent or guardian)

***Please note any special instructions for reaching parents/guardians while child is at River Mist.** _____

Would you like your names and phone numbers to be included on our River Mist phone list? YES/NO ^[]_{SEP} Are you interested in carpooling? YES/NO.

EMERGENCY CONTACT LIST

(2 contacts required, please copy page for more than 3 contacts. We recommend listing everyone who might possibly need to pick up your child.)

NAME _____

ADDRESS _____

PHONE NUMBER _____

RELATIONSHIP TO CHILD _____

PLEASE CIRCLE ONE:

Can pick up anytime

Pick up for emergency only

NAME _____

ADDRESS _____

PHONE NUMBER _____

RELATIONSHIP TO CHILD _____

PLEASE CIRCLE ONE:

Can pick up anytime

Pick up for emergency only

NAME _____

ADDRESS _____

PHONE NUMBER _____

RELATIONSHIP TO CHILD _____

PLEASE CIRCLE ONE:

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River Mist Preschool

SEP Child's Pre-Admission Family and Social History SEP

Child's Full Name _____ **Date of Birth** _____

Nickname if child has one _____

Is child adopted? Yes/No. Does the child know he or she is adopted? _____

Marital Status of Parents: _____

Who does the child live with? _____

Are there any custody or visiting arrangements _____

Occupation of mother/guardian and hours of employment or class schedule _____

Occupation of father/guardian and hours of employment or class schedule _____

Siblings of Child

Name _____ **Date of Birth** _____

Name _____ **Date of Birth** _____

Name _____ **Date of Birth** _____

List other members of household or close relations. Include name and relationship.

Please indicate the following about the child being enrolled:

Has the child attended any other early childhood programs? (if so please indicate name of program and dates attended _____

Play activities the child enjoys _____

Books and stories _____

Foods _____

Naptime Routine _____

Anything else we should know about the child? _____

Parent/ Guardian Signature:

Date:

PARTNERSHIP WITH FAMILIES

SEP We are interested in knowing more about our children's families and how you will enrich our community.

What are your interests and hobbies? _____

What delights you in life? _____

What is your priority for your child's education? _____

What is your opinion of the importance of early childhood education? _____

What is your opinion of the importance of primary and secondary education? _____

After having read the options for partnership with families in the Parent Handbook and discussing any questions you may have with our staff, how will you be involved at River Mist? (We encourage any and all adult family members to participate) Check any options below that interest you.

At River Mist with the children: Days and times that work for you _____

Off hours at River Mist: What type of work are you interested in? _____

From home: committee work/fundraising/grant writing/parent organization other _____

I am planning on receiving a bill of \$50.00 every six months instead of donating time.

Please talk with our staff and see our Monthly Calendar for coordinating parent participation.

Every family must meet the volunteer requirement whether you receive assistance or not. DHS will not pay the \$50.00 volunteer fee.

- We require a minimum of 2 hours of volunteer time from each family or \$50.00 every six months- extra time or funding is accepted with much appreciation and recognized in our monthly newsletter.

HEALTH INFORMATION

If your child has any special needs that require any sort of special attention from our staff or involving our center it is imperative that we know this well in advance of his or her enrollment so that we can be prepared to meet those needs. We contract with a registered nurse who will help us determine if we can meet your child's needs and is available as a resource for families. ^[SEP] Does your child have any known allergies? If so please list allergy and prescribed routine. _____

Is your child currently taking any medications? If so please list.

Any known medication reactions. _____

Does your child follow a special diet? Please explain. _____

Does your child have any chronic health problems? Please explain. _____

Does your child have any mental or physical condition requiring the facility's special attention? Please explain. _____

Name of Child's Dentist _____ Phone _____
Address _____

I understand that there may be children at River Mist that are not immunized. I will not hold River Mist responsible for any communicable illnesses contracted.
Parent/Guardian Signature _____ Date _____

EMERGENCY INFORMATION

Name of Child's Physician/Physician to contact in emergency _____
Phone _____ Address _____

In an emergency it is the intention of River Mist staff to call the hospital or 911,
unless otherwise requested in writing.

I _____ give my permission to River Mist to call a
doctor for emergency medical, dental, or surgical care for my child,
_____ should an emergency arise. It is understood that
reasonable effort will be made to locate me before emergency action will be taken,
but if this is not possible I will accept the expenses of emergency medical treatment
or care.

Parent/Guardian Signature _____ Date _____

PERMISSION FOR EMERGENCY TRANSPORTATION

I give permission for my child to be transported from the premises of River Mist in
the company of a responsible adult or ambulance, if necessary in the event of an
emergency.

[L] [SEP] Parent/Guardian
Signature _____ Date _____

SUNBLOCK & BUG REPELLENT PERMISSION

We ask that you apply sun block to your children before school. We will reapply as
necessary. Children over 4 years of age may apply sunscreen to themselves under
the direct supervision of a staff member. Please supply sunscreen for your child,
labeled with his or her first and last name. If you do not supply sunscreen River
Mist staff will use the sunscreen we have on stock. I give River Mist permission to
apply sun block to my child's exposed skin. I also give River Mist Staff permission
to apply a natural bug repellent to my child.

Parent/Guardian Signature _____ Date _____

FIELD TRIP PERMISSION

I give my child permission to go on walking field trips with the River Mist staff. I
further understand that permission to go on field trips via automobile will be
requested on a case-by-case basis. [L] [SEP]

Parent/Guardian Signature _____ Date _____

RIVER WADING PERMISSION (ages 3-5 only)

When the Florida River is low, I give my child permission to wade in the Florida River under the direct supervision of the River Mist Staff.^[SEP]

Parent/Guardian Signature _____ Date _____

COT AUTHORIZATION

If my child is under two years old, I give him or her permission to sleep in a standard cot at River Mist.^[SEP]

Parent /Guardian
Signature _____ Date _____

PERMISSION FOR IMAGE RELEASE

I give River Mist Preschool permission to photograph or video my child to use for promotional purposes. I understand that their image may be used in newspaper or magazine articles, TV, or internet web sites.

Signature _____ Date _____

(Scroll down for Physician Report Form. This form and an immunization record and/or signed immunization waiver are required by or on the first day of your child's attendance.)

Child's Pre-Admission Health Evaluation: Physicians Report

[SEP] The child's parent or guardian must first sign the request approval below and then have the physician's report signed and dated within the last 6 months prior to enrollment. The physicians report must be turned in on or before the child's first day of attendance at River Mist.

_____ born _____ is being evaluated for readiness to enter River Mist Learning Community. This facility provides programs that extend from 7:30 am until 5:30 pm, 5 days a week. The daily activities include vigorous outdoor play, and play with groups of a maximum of 25 children. The schedule includes a nutritious morning and afternoon snack. There is also a scheduled naptime of approximately 2 hours following lunch or 30 minutes of rest for children who do not nap.

Request approval of parent/guardian

[SEP] Signature of
Parent/Guardian _____ **Date** _____

Physician's Report

Please provide a report on the above named child. [SEP] Above named child IS ___ IS NOT ___ physically and emotionally able to participate in the above described program.

Comments: _____

Child's physical conditions requiring special attention in the early childhood facility

Medication prescribed or special routines that should be included in the care plan for child's activities.

Past Illnesses –please check those the child has had and give approximate dates:

Chicken Pox _____ Rubeola _____ Rubella _____
Rheumatic Fever _____ Asthma _____ Hay Fever _____
Diabetes _____ Mumps _____ Epilepsy _____
Whooping Cough _____ Poliomyelitis _____ Other _____

Vision _____ Hearing _____
Signature of Physician _____ Date of Exam _____

***Please provide record of immunizations.**