

LIGHTHOUSE PRESCHOOL Registration Packet

378-4885 / 425 Spring Street / PO Box 946 / Friday Harbor / Washington

Student's Name: _____ New Student/Returning Student (circle one)

Class (circle one) 3yr old (*by 8/31*) 4yr old (*by 8/31*)

Welcome! We are so glad you plan to enroll your child at Lighthouse Preschool. We consider it an honor to be part of your child's growth.

To enroll your child in Lighthouse for the school year, please do the following:

- Read the Lighthouse Preschool Handbook and familiarize yourself with our program, procedures, and policies.
- Complete and sign all registration forms. Office Use
 - Enrollment Form _____
 - Student Information Form (2 pages) _____
 - Teacher's Questionnaire _____
 - Registration Agreement _____
 - WA State Certificate of Immunization (CIS) or Cert. of Exemption (COE) _____
 - ***new enrollees only***
 - ***Please note that applications will NOT be accepted without a completed WA State Certificate of Immunization (CIS) new enrollees only or, Cert. of Exemption (COE) required annually.***
- Pay all required registration fees.
 - \$50 non-refundable Registration Fee _____
 - Tuition Deposit (Nonrefundable)
 - Your Tuition Deposit is one-half of your child's monthly fee and will constitute your child's June tuition payment for this school year. To determine the amount for your child's Tuition Deposit see page 2 Enrollment Form. **Your first full month's tuition payment will be due on the first day of school.**
- Once registration opens, please return all forms and fees in person to the Friday Harbor Presbyterian Church Administration office at 425 Spring Street. Please be aware that classes are filled on a first-come, first-served basis. **Only fully completed Registration Packets will be accepted.**
- Scholarships are available through The Family Umbrella Group (familyumbrellagroup.org)
- Lighthouse Preschool is open to all children. No child will be discriminated against because of race, creed, or religion. Thank you for your interest in our program. If you have any questions please call 378-4885 (Preschool) or 378-4544 (FH Presbyterian Church) for more information.

For office use only

Date Received: _____ Received by _____

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ENROLLMENT FORM

Child's Name: _____ Male / Female

Date of Birth: _____ Age as of 08/31 (circle One) 3yr 4yr

Home Address _____

Mailing Address (if different): _____

Home Phone: _____

Child divides time between two or more homes: YES/NO (circle one)

Parent: _____ Parent: _____

Home Phone: _____ Home Phone: _____

Work Phone: _____ Work Phone: _____

Cell Phone: _____ Cell Phone: _____

E-Mail Address: _____ E-Mail Address _____

Please mark appropriate class below:	CLASS (Age, Days, Times)	2022-2023 Tuition	Amount due at registration (\$50.00 registration fee plus Tuition Deposit*)
	3 years old by 08/31 Mondays - Thursdays 8:30am – 11:00am	\$325/month	*\$162.50 + \$50.00 = \$212.50
	4 years old by 08/31 Monday – Thursday 8:30am – 12:30pm	\$365/month	*\$182.50 + \$50.00 = \$232.50
	*This is a combined age group class. The additional 1.5 hours is reserved for Pre-K students who turn 4 years old before 8/31.		

I am applying for financial assistance through The Family Umbrella Group.

YES NO

Parent/Guardian Signature _____ Date _____

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STUDENT INFORMATION FORM

Child's Name: _____ "Nickname" _____

Date of Birth: _____

Home Address: _____

Parent: _____ **Parent:** _____

Home Phone: _____ Home Phone: _____

Work Phone: _____ Work Phone: _____

Cell Phone: _____ Cell Phone: _____

E-Mail: _____ E-Mail: _____

(Additional parent information may be attached if needed.)

Emergency Contact: _____

Relation to Child: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

People authorized to pick up your child at school:

	<u>Name</u>	<u>Relationship to Child</u>	<u>Phone Number(s)</u>
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____

Allergies, Health Issues & Restrictions (i.e. asthma, food/pet allergies, etc...):

Medical Release:

In the event of an emergency, I agree to permit Lighthouse Preschool to secure the attention of a physician for my child. I understand that I or the Emergency Contact person on this form will be notified immediately at the phone numbers that I have provided.

Child's Doctor/Medical Provider: _____

Phone Number: _____

My child has the following known (medical) allergies:

Parent/Guardian signature: _____ Date: _____

Field Trip Permission:

I agree to allow my child to take part in field trips or excursions under proper supervision, including transporting my child for such field trips when deemed necessary. I understand that I will be notified in advance of such trips, although short walks are considered part of the regular program and may not be announced in advance.

Parent/Guardian signature: _____ Date: _____

Photography Release:

I give my permission for my child to be photographed. Photographs may be displayed at Lighthouse Preschool and/or used for publicity purposes.

Parent/Guardian signature: _____ Date: _____

Class Directory

I give my permission to include my child's name and phone number, as well as the parent's name, address, phone and e-mail in a class directory. This directory will only be given to members of your child's class for the purpose of helping you get to know your child's classmates.

Parent/Guardian signature: _____ Date: _____

Kindergarten Round-up (4 year olds only)

I give my permission to share my child's name and contact information with San Juan Island school district.

Parent/Guardian signature: _____ Date: _____

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TEACHER'S QUESTIONNAIRE

Child's Name: _____ Nickname(s): _____

Parent Name(s): _____ Home Phone: _____

Please take a few moments to tell us about your child. Return this form with your Registration Application.

1. What are your primary reasons for enrolling your child at Lighthouse Preschool?
2. What do you see as your child's greatest strengths?
3. What are areas of challenge for your child?
4. What areas or concerns would you like to work on with your child?
5. Has it ever been suggested to you that your child be screened for Vision, Hearing, Speech, developmental delays, or behavioral support? If so, does your child have an IEP?
6. What group activities has your child experienced before coming to Lighthouse Preschool?
7. What group activities does your child now participate in and how often?
8. Are there other children at home? If so, what ages?
9. Do you have a talent or skill that you would be willing to share with the children at school?
(Cooking, collections, music, etc...)
10. Is there anything else that you would like the teachers to know?

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REGISTRATION AGREEMENT

I have read the Lighthouse Preschool Handbook and Registration Application and/or have been informed of the following policies of Lighthouse Preschool:

1. **I agree** to pay all registration fees and complete all registration forms in full in order to secure my child's enrollment in Lighthouse Preschool.
2. **I understand** that my Tuition Deposit is equal to one-half of my child's monthly fee. I understand that this Tuition Deposit check will be deposited upon receipt. I understand that this Tuition Deposit will constitute my child's June Tuition payment. **The tuition deposit is nonrefundable.**
3. **I understand** that my child's first full month's tuition payment will be due on the first day of class. Tuition is calculated and divided on a nine-month basis, therefore each month from September – May will be charged a full month's tuition.
4. **I understand** that all payments must be made by check or money order. Cash may NOT be used to pay tuition. Lighthouse Preschool does not invoice, therefore it is my responsibility to make payment promptly.
5. **I agree** to promptly make payment of the full tuition fee each pay period. A \$10.00 fee will be charged on all payments received after the 15th of each month. There will be a \$15.00 fee on all NSF checks. Delinquent payment may result in my child's dismissal from Lighthouse Preschool. There are no refunds for personal vacation days, sick days, or school cancellations due to inclement weather.
6. **I agree** to give Lighthouse Preschool two weeks' notice and complete a **Withdrawal Notice Form** (available from school) if choosing to withdraw my child from Lighthouse Preschool. I will pay the full month's tuition if my child is withdrawn without this notice.
7. **I agree** to pay a \$10.00 Late Fee if I am late to pick my child up from Lighthouse Preschool.
8. **I agree** to keep my child home if they are not well, as described in the **Health** section of the Lighthouse Preschool Handbook. I will keep them home until **they are symptom-free for 24 hours.**
9. **I agree** to follow the policies, guidelines, and rules of Lighthouse Preschool.
10. **I am applying for a Family Umbrella Group Scholarship.** **Yes** **No**

Student Name: _____

Parent/Guardian signature: _____ **Date:** _____

ARRIVAL-

A teacher will greet each family outside the classroom door. Only children and staff are able to be in the facility. Upon arrival please walk your child to our health screening area. Children and parents/guardians will be required to wear a mask and practice social distancing during the check-in procedure. A staff member will ask for your completed attestation form and give a squirt of sanitizer before your child enters the classroom. Once children are inside, they will wash their hands before getting started with their day.

Through the attestation form, parents or guardians will be asked the following state-required questions:

- Does your child have any of the following symptoms?**
 - A cough**
 - Shortness of breath or difficulty breathing**
 - A fever of 100°F or higher**
 - A sore throat**
 - Chills**
 - Loss of taste or smell**
 - Muscle or body aches**
 - Nausea/vomiting/diarrhea**
 - Congestion/running nose**
 - Unusual fatigue**

- Does anyone in your household have any of the above symptoms?**

****If a family member has one or more symptoms, the enrolled student can return to Lighthouse Preschool either 24 hours after all symptoms are gone, OR after the symptomatic family member has received a negative Covid-19 test****

- **Has your child or anyone in your household been in close contact with a suspected or confirmed case of COVID-19?**
- **Has your child had any medication to reduce a fever before coming to care?**

At this time, we are not able to provide care for the child if the answer to any of the above questions is “yes.”

Refer to “Returning to a site after suspected COVID-19 symptoms” below.

MASKS-

Washington State Department of Health, and local county health officials require that all children 5 years and older wear face masks while inside any public facility. Due to this regulation and the mixed ages of our students, Lighthouse Preschool will require that all students and staff wear a face mask while in the building.

Masks can be taken off during times of eating, drinking, and outdoor play.

Masks will be provided by families. We do ask that the mask be cleaned regularly, be properly fitting, and labeled with the child’s name.

SCHOOL CLOSURE INFORMATION –Covid related

Lighthouse Preschool reserves the right to close due to possible Covid exposure, an in house Covid case, or community outbreak. We are also required to follow guidelines from San Juan Community Health Department, Washington State Health department, and other official orders. If the school needs to close unexpectedly due to Covid related circumstances we will not be able to offer tuition refunds.

RETURNING TO SCHOOL-Covid 19 A child who has a confirmed case of COVID-19 can return to the program when:

Isolation:

If a person tests positive for SARS-CoV-2 by a molecular or antigen test, they can return to the facility when the following criteria are met:

- At least 10 days have passed since the date of your positive COVID-19 test if no symptoms are present (up to 20 days for those who are severely ill or immunocompromised),

AND

- You have had no subsequent symptoms. This isolation guidance applies regardless of vaccination status.

Quarantine:

If a person believes they have had close contact with someone with COVID-19, but they are not sick, they are required to quarantine for 14 days after the last close contact with the COVID-19 positive person. Monitor for symptoms during this time, and if any COVID-19 symptoms develop during the 14 days, get tested. They should watch their health for signs of fever, cough, shortness of breath, and other COVID-19 symptoms during the 14 days after the last day they were in close contact with the sick person with COVID-19. They should not go to work, child care, school, or public places for 14 days. If you or a member of your household has been in contact with someone who has tested positive or has traveled outside of the state or country, please follow San Juan County Health official guidelines.

EVENTS AND VOLUNTEERS-Covid related

In order to limit exposure Lighthouse Preschool will be postponing all family craft nights and restricting all volunteer opportunities for the time being.