

Summer Mom's Day Out

Dear Parents,

Our summer Mom's Day Out program has been very popular. We are planning to offer this again, if 12 students per day enroll. The class will be offered Mondays, Tuesdays, Wednesdays, and Thursdays for 2 different summer sessions. Miss Misty will be in charge of the program with help from Mrs. Loffredo and other staff members if enrollment requires more help.

Session I: 4 weeks / Monday, June 4th – Thursday, June 28th
Session II: 4 weeks / Monday, July 9th – Thursday, August 2nd
9:00 a.m. – 12:30 p.m.

The class will run from 9:00 a.m. to 12:30 p.m. (note: this is one hour longer than our Mom's Day Out class that is offered during the school year). This program will be for children who are 2-5 years of age AND are enrolled at Temple Preschool for the fall (we will include our graduating 4 year olds who are going to kindergarten in the fall).

Each child will bring his/her lunch to eat during this time. This will not be a structured, academic class; however, it will be a fun, social, well supervised time! Some activities may include stories, crafts, playground time, bubbles, picnics, etc. We typically have themes we work with each week and the kids have a lot of fun learning as we go along.

Each child would need to be enrolled on a continuous basis for either session I, session II, or both. We will not be able to offer the drop-in / "pay as you go" option during the summer. You may choose 1, 2, 3 or 4 days per week. If your child is absent during a class time, you would still be responsible for payment. Tuition would be due the week of June 4th for Session I and July 9th for Session II. The tuition will be as follows:

1 day a week = \$72 per 4 week session
2 days a week = \$140 per 4 week session
3 days a week = \$205 per 4 week session
4 days a week = \$270 per 4 week session

We are registering now on a first come – first serve basis. If you would like a spot for our summer Moms Day Out class, please return the attached information sheet along with a \$10 non-refundable registration fee per session (checks made out to Temple Preschool) as soon as possible.

If there are any questions, please stop by the office or call. We hope this will be a great opportunity to provide time for "errand running in peace" as well as offering a set routine to those students who have a hard time with change (no school all summer and then preschool, suddenly, in the fall). It is also a great way to introduce new students to school with fewer kids and more playtime.

We are excited about offering this opportunity. We hope it will be a success, again, this summer! Thanks.

Janet Friedrich

Temple Preschool

5301 S. U.S. Highway 41
Terre Haute, IN 47802
299-3336

Summer MDO 2018 Registration Form

Please check the session desired. Also, list desired days of the week.

___ Session I (4 weeks /Monday, June 4th - Thursday, June 28th / \$10 registration fee)

Session I: days desired: _____

___ Session II (4 weeks /Monday, July 9th - Thursday, August 2nd / \$10 registration fee)

Session II: days desired: _____

___ Both Sessions (8 weeks/Monday, June 4th - Thursday, August 2nd / \$20 reg. fee)
(No School the week of July 2 - July 6)

Both Sessions: days desired: _____

Child _____ (_____)
(Name child goes by)

Address _____ City _____ Zip _____

Date of birth _____ Boy ___ Girl ___ Phone _____

Parents _____

Parents' Occupations:

Father: _____ Mother: _____
(company name) (company name)

(position) (position)

(work phone) (work phone)

Cell phone (Father) _____ Cell phone (Mother) _____

Parents are: married _____ separated _____ divorced _____

Names and ages of siblings: _____

Please list 2 names and local phone numbers of persons who could be notified in case of emergency or illness if mother and father could not be reached. They maybe asked to pick up your child in an emergency, so please list persons you will allow to transport your child.

1. _____ (_____) Phone _____
(relationship)

2. _____ (_____) Phone _____
(relationship)

Doctor's Name: _____ Phone _____ We require all students be up-to-date on immunizations according to CDC Guidelines. My child _____ is up to date. Signed _____ Date: _____
New students need a copy of records before the first day of school. No waivers.

Does your child have any physical condition(s), health problem(s), or allergies which could or would affect his/her participation that we should be aware of? If so, please describe: _____

Please list any information that will help us in planning a successful year for your child. This includes health limitations, fears, favorite activities, etc. _____

Parental Agreement with Temple Preschool

Should my child, _____, become ill or suffer an accident of any character while he/she is in the care of Temple Preschool, the Preschool shall attempt to contact me immediately. In the event the school is unable to reach me immediately, the Preschool and/or its designated employees shall be authorized to secure and consent to such medical attention, treatment, and services for my child as may be deemed necessary. Any qualified person providing such required medical attention, treatment or services may accept such consent as if given by me in person. I agree to assume responsibility for payment of all medical costs incurred.

Signed _____ Date _____

Note: Our TPS teachers and staff members have received Basic First Aid and Red Cross CPR training. We continue to be concerned with the health and welfare of our students and strive to maintain standards of the highest quality of safety and emergency care.

Authorization for Pick-Up

These are the people who are authorized to pick up my child. I understand that if one of those persons listed below picks up my child I will not need to send a note to the preschool. However, if someone other than one of those listed below is to pick up my child, I understand a note is to be sent that morning to the teacher.

Furthermore, if this person is not recognized by a Temple Preschool staff member(s), he/she will be required to show picture identification. Thank you.

Persons authorized to pick up my child:

Note: Parents do not need to list themselves. Please let us know if there is an extenuating circumstance and one parent or a certain person is NOT allowed to pick up the child.

1. _____

2. _____

3. _____

Not Allowed to Pick Up: _____