

St. John's Preschool of Elma

2131 Woodard Road

Elma, NY 15059

716-652-2700

stjohnspreschoolelma@gmail.com

www.stjohnspreschoolelma.org

Dear Parents or Guardians,

Thank you for your interest in St. John's Preschool of Elma for the 2021-2022 school year. The forms you need to enroll your child for classes this year are enclosed in this packet. **Please complete all the forms enclosed whether your child is a new or a returning student.**

Included in this packet are:

Application for Enrollment (*also available online*)

Child's Schedule and Tuition Form

Parent Agreement Form

COVID-19 Parent Waiver

Health Appraisal Form (*You can get this from your child's physician.*)

Immunization Record (*You can get this from your child's physician.*)

The **Health Appraisal Form** and **Immunization Record** needs to be completed by your child's physician and returned *prior* to the first day of school. **Children without these forms will not be admitted to class until the form is received.**

The remaining forms should be returned as soon as possible to ensure that you child will have a place in the upcoming school year. Along with the completed forms, the non-refundable \$30 registration fee is also required to secure your child's place. The tuition (\$25 per day for in person classes, and \$80 per month for at home, material only packet) will be due the 15th of every month. Checks or money orders should be made payable to St. John's Preschool of Elma. You will receive a letter confirming your child's enrollment once the registration process is complete.

If you have any questions please don't hesitate to contact our staff. We are looking forward to beginning a new year at St. John's Preschool.

Sincerely,

Rose Kordinak - Director/Teacher

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St. John's Preschool Student Application

2021-2022 School Year

Child's First Name: _____ Last Name: _____

Nickname: _____ Birth Date: _____ Age in Sept: _____

Sex: _____ M _____ F

Father's Name: _____ Mother's Name: _____

Father's Phone: _____ Mother's Phone: _____

Address: _____ City: _____ State: _____ Zip: _____

Email Address: _____

In Case of divorce or separation, who is the Primary Caregiver? _____

Father's Place of Employment: _____ Phone: _____

Mother's Place of Employment: _____ Phone: _____

Vehicle License Plate Numbers (for security): Father: _____ Mother: _____

Names and ages of Siblings, and are they alumni of St. John's? _____

What does your child say when he/she has to use the bathroom? _____

Does your child have any nervous habits? If so, please explain: _____

How does your child react to new situations? _____

Has your child ever wandered away from a group or home? _____

Does your child have any allergies or specific medical concerns? If so, please explain: _____

Child's Daytime Provider in case of sickness or school emergency/closings

Name: _____ Phone: _____

Alternate emergency contact if Daytime Provider above cannot be reached

Name: _____ Relationship: _____ Phone: _____

Due to insurance regulations we are required to ask the following: Has either parent ever been convicted of a sexual offense? _____

Mother's Signature (or legal guardian): _____ Date: _____

Father's Signature (or legal guardian): _____ Date: _____

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Child's Schedule for 2021-2022 School Year

Child's Name: _____ Age by Dec. 31, 2021: _____

Step 1 - Complete the chart below for a typical in-class weekly schedule. Leave blank if you are selecting an at home, material only, enrollment.

	9:00am - 12:00pm
MONDAY	
TUESDAY	
WEDNESDAY	
THURSDAY	
FRIDAY	

Step 2 - Count the number of sessions your child will attend per week, from the above chart. Find that number on the chart below to determine Monthly Tuition.

Total number of in-class sessions per week	Monthly Price - per 3hr Morning Session @ \$25 per day 9:00am-12:00pm	Monthly Material Packet for at Home Learning
1	\$100	\$80 per month
2	\$200	
3	\$300	
4	\$400	
5	\$500	

A non-refundable \$30 Registration fee is due upon registration. Tuition is due on the 15th of every month. For example, September tuition is due Sept. 15th, October tuition is due Oct. 15th, etc. Whether your child attends all scheduled days as marked above or is unable to attend any part of the month - due to illness, vacation, school closings, etc - the full monthly tuition is still due and expected to be paid in full to continue to reserve your child's spot in the classroom.

Mother's Signature (or legal guardian): _____ Date: _____

Father's Signature (or legal guardian): _____ Date: _____

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Parent Agreement Form

Child's Full Name: _____ DOB: _____

Preschool Guidelines and Financial Policy Agreement

I have read and agree to abide by the rules and stipulations stated in the St. John's Preschool of Elma Parent Registration Letter. I further agree to the St. John's Preschool Financial Policy: a one-time \$30 non-refundable Registration fee, and a Monthly Tuition based upon the Child's Schedule and Tuition Agreement. I understand that tuition is due the fifteenth day of the month that my child attends his/her class. (Sept tuition is due Sept 15th, Oct due Oct 15th, etc.) A late fee of \$10 will be applied to the tuition if payment is not received by the 15th of the month. Checks returned for any reason are subject to a \$25 penalty fee. Either two weeks' notice prior to leaving or two weeks' tuition is payable upon the child withdrawal from the program.

Mother's Signature (or legal guardian): _____ Date: _____

Father's Signature (or legal guardian): _____ Date: _____

Model Release

I hereby assign and grant the St. John's Preschool of Elma the permission and rights to take a photograph of my child, whose name is listed above. I understand that the photograph may be used for in-classroom purposes only. I hereby waive any rights that I may have to inspect and/or approve the finished product, and any rights to use it whichever way it may be applied, with no time limitation as to its use - whether I am currently a part of the preschool or not.

I hereby release the St. John's Preschool of Elma from any liability of any blurring, distortion, alteration, optical illusion - whether intentional or otherwise - that may occur or be produced toward the completion of the finished product. I agree to the above for no monetary or compensation of any kind.

Mother's Signature (or legal guardian): _____ Date: _____

Father's Signature (or legal guardian): _____ Date: _____

Please do not sign above and check box only if you decline consent for photographs and videos

Online Model Release

I hereby assign and grant the St. John’s Preschool of Elma the permission and rights to copyright and/or use/publish a photograph of my child, whose name is listed above. I understand that the photograph may be used for any and all forms of advertising/promotional materials or for any other lawful purpose - including online uses on, but not limited to, Facebook and Website materials. I hereby waive any rights that I may have to inspect and/or approve the finished product, and any rights to use it whichever way it may be applied, with no time limitation as to its use - whether I am currently a part of the preschool or not.

I hereby release the St. John’s Preschool of Elma from any liability of any blurring, distortion, alteration, optical illusion - whether intentional or otherwise - that may occur or be produced toward the completion of the finished product. I agree to the above for no monetary or compensation of any kind.

Mother’s Signature (or legal guardian): _____ Date: _____

Father’s Signature (or legal guardian): _____ Date: _____

Please do not sign above and check box only if you decline consent for photographs and videos

Restroom Release

I, as a parent/guardian, hereby give my permission to the St. John’s Preschool staff to help my child, named above, with bathroom needs and/or to change his/her clothing in the event that an accident (such as water spill, bathroom accident, craft spill, etc.) occurs during school hours. I have provided my child with a change of clothes that is kept in his/her backpack.

Please Check: _____ Yes (permission granted) _____ No (permission denied)

Mother’s Signature (or legal guardian): _____ Date: _____

Father’s Signature (or legal guardian): _____ Date: _____

FaceMask Release

I, as a parent/guardian, hereby give my permission for my child to remove their facemask during class at St John’s Preschool of Elma NY.

Please Check: _____ Yes (permission granted) _____ No (permission denied)

Mother’s Signature (or legal guardian): _____ Date: _____

Father’s Signature (or legal guardian): _____ Date: _____

Injury and Sickness Release

I hereby understand, acknowledge and agree that:

1. Participation includes possible exposure to and illness from infectious diseases including, but not limited to MRSA, influenza, and COVID-19. While particular guidelines and personal discipline may reduce this risk, the risk of serious illness and death does exist. I knowingly and freely assume all such risks - both known and unknown - and assume full responsibility for my child's participation and willingly agree to comply with the stated and customary terms and conditions for participation as regards to protection against infectious diseases.
2. Participation includes a possible risk of personal injury. While St. John's Preschool of Elma strives to maintain a safe environment for all, risk of personal injury does exist in the use of premises, facilities, classes and equipment. I knowingly and freely assume all such risks - both known and unknown - and assume full responsibility for my child's participation and willingly agree to comply with the stated and customary terms and conditions for participation as regards to protection against personal injury.

I, for myself, and on behalf of my heirs, assigns, personal representative and next of kin, hereby release and hold harmless St. John's Preschool of Elma, their officials, and/or employees, volunteers, other participants, and if applicable owners and lessors of premises used to conduct the preschool, with respect to any and all illness, disability, death or loss or damage to person or property, whether arising from the negligence of releasees or otherwise, to the fullest extent permitted by the law. In addition, I hereby grant permission for the child/ward to be on said premises, and to utilize the facilities and equipment thereon.

This is to certify that I, as parent/guardian, with legal responsibility for this participant, have read and accept the provisions in this waiver/release on behalf of my child/ward, including the risks of presence and participation, as well as, your and your child's/ward's personal responsibilities for adhering to the rules and regulations for protection against communicable diseases and personal injuries. I, for myself, my spouse, and child/ward do consent and agree to his/her release provided above for all the Releasees and myself, my spouse, my child/ward do release and agree to indemnify and hold harmless the Releasees for any and all liabilities incident to my minor child's/ward's presence or participation in these activities as provided above, even if arising from their negligence, to the fullest extent provided by the law.

I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT FULLY, AND UNDERSTAND ITS TERMS, AND SIGN IT FREELY AND VOLUNTARILY WITHOUT INDUCEMENT.

Mother's Signature (or legal guardian): _____ Date: _____
Father's Signature (or legal guardian): _____ Date: _____

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COVID-19 PARENT PERMISSION AND WAIVER OF LIABILITY FOR STUDENT PARTICIPATION AT ST. JOHN'S PRESCHOOL OF ELMA, NEW YORK.

By signing below, I give permission for my child, _____, to participate in classes at St John's Preschool for the duration of the 2021-2022 school year.

_____(initials) I acknowledge that federal and state government officials have declared that there currently exists a public health crisis in our country related to the Coronavirus Disease 2019 ("COVID-19").

_____(initials) I confirm that I will screen my child for symptoms each morning and will not permit my child to participate in classes at St John's Preschool, if my child is showing any symptoms of COVID-19 (including but not limited to fever, dry cough, fatigue, shortness of breath, chills, muscle pains, loss of taste/smell). Additionally, I confirm that I will not permit my child to participate in classes at St John's Preschool if my child has been in contact with any individual diagnosed with COVID-19 or any individual currently waiting for test results confirming the possibility of a COVID-19 diagnosis. I agree that in such situations, my child will be unable to participate in classes until: (i) 14 calendar days after the symptoms first appeared and my child is no longer showing any symptoms; or (ii) a healthcare provider has confirmed in writing that my child has tested negative for COVID-19 or that my child's symptoms were not due to COVID-19.

_____(initials) I understand that St John's Preschool cannot prevent the possible transmission or contraction of COVID-19 for my child. The undersigned agrees to release, discharge, hold harmless and indemnify [St John's Preschool], its employees, and others acting on the School's behalf, of and from any and all claims, demands, causes of action and/or legal liabilities for injuries to or death of my child occurring during, or resulting from, or participation in the above-mentioned class and related in any way to COVID-19, even if the cause, damages or injuries are alleged to be the fault of or alleged to be caused by the negligence or carelessness of the Releasees.

Signature: _____

(Parent or Legal Guardian)

Date: _____

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Additional Guardian Pick-up Release

Child's Full Name: _____ DOB: _____

I, hereby give my authorization for the person(s) listed below permission to drop-off/pick-up my child, who is named above, from St John's Preschool of Elma, NY during the 2021-2022 scholastic year. I understand that by signing this form the person(s) named below will be allowed to drop-off/pick up my child until the completion of the 2021-2022 scholastic year, or until otherwise stated and submitted in written form, to St John's Preschool of Elma, NY.

Parent or Guardian's Signature: _____ Date: _____

Additional Guardian(s) Authorized for _____

Child's Name

1) _____

2) _____

3) _____