

Camano Chapel

Preschool/Pre-K Registration

2019-2020

September - Mid-June

Teachers:

Allison Reid, Becky Vargas,
Berna Michl



Camano Chapel Preschool/Pre-K

Purpose: The Camano Chapel Preschool/Pre-K exists to teach children about Jesus, prepare them for elementary school, and provide a safe place for social interaction with children their age.

Teachers: Mrs. Becky Vargas, Mrs. Allison Reid and Mrs. Berna Michl. We desire to incorporate Christian teaching and values. We offer a variety of experiences that foster and allow your child to develop spiritually, as well as, social, emotional, creative, and intellectual skills. We strive to have a safe and fun learning environment that helps your child become a motivated student. In order to keep class sizes manageable and conducive for learning we limit the Pre-K class size to 15 students; the Preschool class size is limited to 15 students.

Registration Policy

-If your child is 3 years old by September 1st, or 4 years old, they may be placed in Teacher Berna's class.

-If your child is 4 years old, or turns 5 during the school year, they may be placed in either Teacher Becky's class or Teacher Allison's class.

*Special requests will be handled on a case by case basis.

-All students must be completely potty-trained.

Schedule and Cost of Classes

Preschool (Teacher Berna)—Every Monday, Wednesday, and Thursday (\$100 nonrefundable registration fee)

Option 1: 9:00am to 11:15am--\$130/month

Option 2: Noon to 2:15 pm - \$130/month

Pre-K (Teacher Becky)—(\$100 nonrefundable registration fee)

Option 1: Monday, Thursday, every other Wednesday, 9:00 am to 1:00 pm \$150/month

Option 2: Tuesday, Friday, every other Wednesday, 9:00 am to 1:00 pm \$150/month

Option 3: Monday – Friday, 9:00 am to 1:00 pm \$280/month

Pre-K (Teacher Allison)—(\$100 nonrefundable registration fee)

Option 1: Monday, Thursday, every other Wednesday, 9:00 am to 1:00 pm \$150/month

Option 2: Tuesday, Friday, every other Wednesday, 9:00 am to 1:00 pm \$150/month

The Difference Between Preschool and Pre-K

Preschool—Students enrolled in preschool should expect to learn about Jesus from the Bible, letters of the alphabet, the sounds they make, and forming them on paper, and single digit numbers (e.g. 0-9), pronouncing them, and forming them on paper. Preschool is a multi-age classroom, with ages 3 and 4. Three and four-year olds will receive curriculum according to their level of learning. Preschool is 2 ¼ hours per day, 3 days a week.

Pre-K—Students enrolled in Pre-K should expect to learn about Jesus from the Bible, review letters of the alphabet, the sounds they make, and the forming of them on paper. We will combine letters to make sounds

(e.g. combining “T” and “H” to form the “Th” sound) and begin sounding out simple words. In math we will do simple addition and subtraction as well as counting to 100 by ones, fives, and tens. Science is added as part of our daily curriculum as well. Pre-K is a multi-age classroom, with ages 4 and 5. Students will receive curriculum according to their level of learning. Pre-K is 4 hours each day.

Academic Guidelines for determining which class is best for your child...

Preschool—Children entering preschool are in the beginning process of learning the letters of the alphabet, numbers, the sounds they make, and forming them on paper.

Pre-K—Children entering Pre-K have learned most of the letters of the alphabet, numbers, sounds they make and are beginning to forming them on paper. They are ready to learn blended sounds such as “T” and “H” to make “Th”.

NOTE: We recognize children’s motor skills and academic abilities advance at different rates, so we do our best to individualize our lessons for each child as much as possible.

Preschool/Pre-K Registration

Camano Chapel 867 S. West Camano Dr., Camano Island, WA. 98282

Please complete this form and return to the above address along with a \$100.00 registration fee.

Preschool: Mon/Wed/Thurs: AM____ or PM ____ (Teacher Berna)

Pre-K: Mon/Every other Wed/Thurs: AM____ (Becky or Allison)

Pre-K: Tue/Every other Wed/Fri: AM____ (Becky or Allison)

Pre-K: Mon-Fri Option: AM____ (Teacher Becky)

CHILD'S FULL NAME _____

Child's nickname to be used during school (if applicable) _____

() Male () Female Birthday _____ Age _____

ADDRESS _____ Hm Phone _____

Parents () Married () Legally Separated () Divorced () Other

Mother _____ () Wk Phone _____ () Cell Phone _____

Father _____ () Wk Phone _____ () Cell Phone _____

E-mail _____

Names and ages of sibling(s) _____

Has your child had any preschool/pre-k experience? () Yes () No

If yes, where? _____

Do you attend a local church? () Yes () No If yes, where? _____

What would you like your child to gain from their preschool/pre-k experience?

How did you learn about our preschool/pre-k? _____

Relatives or friends in the event that you cannot be reached:

1. _____ Phone _____ Relationship _____

2. _____ Phone _____ Relationship _____

Student's Name _____ Date of Birth _____

Camano Chapel Pre-School/Pre-K Consent and Release Form

I, _____ the _____ of _____
do hereby consent to his/her participation in the Preschool/Pre-K program and its activities.

This Consent and Release form applies to functions and/or activities including:

- Transportation to and/or from field trips and outings
- Medical care for child/student in case of emergency
- Use of child's/student's photo individually or in a group setting. (Pictures may only be used for the purpose of ministry related bulletin boards, videos, brochures, school facebook and website, and /or church directories.)

I understand that I, or my designee, is responsible for the above child's safety prior to pick up and immediately upon drop off at designated pick up and drop off points. I further understand that all drivers and passengers of Camano Chapel vans and/or personal vehicles used in any event are required by state law to sit in a state approved booster/car seat. Seat belts must be worn at all times while vehicles are in motion.

Emergency Medical Information

Doctor's Name/Phone Number _____

Health Insurance Carrier and Policy Number _____

Person Financially Responsible _____

Known Allergies/Medical Concerns _____

Medications _____

IN CASE OF EMERGENCY, I hereby give permission to the physician selected by the ministry staff to hospitalize, secure proper treatment for and to order injections, anesthesia, or surgery for my child as named on this form. I understand every effort will be made to notify parents or guardians of the child/student.

Home phone _____

Mom's Cell _____ Dad's Cell _____

Mom's Work _____ Dad's Work _____

Alternate Emergency Phone/Name _____