



2020-2021 School Year Application/Registration Form

(Please read carefully & fill out completely!)

Child Information

Child's Full Name: _____
First Name Middle Name Last Name

Nickname if applicable: _____

Date of Birth: _____ Date of Enrollment: _____

Gender: _____ Race: _____ Religious Affiliation: _____

Parish/Church: _____

How did you hear about our program?

Friend/family _____ Facebook Website Other _____

Family Information

Mother's (Guardian) Full Name: _____ Email: _____

Father's (Guardian) Full Name: _____ Email: _____

Parents are: Married Separated Divorced Other

Child's Home Address*: _____
Street

_____ City State Zip

Home Phone: (____) _____ Mother cell: (____) _____ Father cell: (____) _____

**If parents are separated, please provide the address of other parent or legal guardian:*

Address: _____
Street City State Zip

Phone: (____) _____

This address belongs to: Child's Mother Child's Father Other (____)

• Name of person (if not parent) who has legal custody of child: _____

Relationship: _____

Mother's Employer: _____

Address of Employment: _____
Street City State Zip

Mother's Work Phone: (_____) Cell: (_____)

Father's Employer: _____

Address of Employment: _____
Street City State Zip

Father's Work Phone: (_____) Cell: (_____)

Siblings: Name _____ Date of Birth _____

Name _____ Date of Birth _____

Name _____ Date of Birth _____

Name _____ Date of Birth _____

Name _____ Date of Birth _____

Emergency Information

In case of an emergency, parents will be notified immediately. If neither parent can be reached, please call:

① Name: _____ Relationship _____

Address: _____
Street City State Zip

Home Phone: (_____) Work Phone: (_____)

Cell: (_____)

② Name: _____ Relationship _____

Address: _____
Street City State Zip

Home Phone: (_____) Work Phone: (_____)

Cell: (_____)

Child's Medical Allergies: _____

Child's Food Allergies or sensitivities: _____

Authorized Pick-up

We will NOT release your child to anyone without authorization from a parent or guardian!

The following individuals have my authorization to pick up _____
from Saint Bernard Preschool: *Child's name*

The following individuals are specifically DENIED permission to pick up my child:

Parent's signature: _____ Date: _____

Emergency Medical Authorization

In case of an accident or serious illness, I request Saint Bernard Preschool contact me. If I cannot be reached, I hereby authorize Saint Bernard Preschool to make whatever arrangements the circumstances allow.

It is understood and agreed that Saint Bernard Preschool, St. Bernard Catholic School, the teachers, nor the Catholic Diocese of Evansville is the insurer of my children's health and safety while they are at school or engaged in school-supervised activities. I understand it to be my obligation to provide such insurance as I may desire to purchase to protect myself and my children against the costs of sickness or injury.

If the above named child(ren) needs emergency medical treatment, and neither a parent nor the designated family physician can be contacted, consent is hereby granted for such emergency treatment as may be considered necessary in the opinion of the attending physician.

Mother or Guardian's Signature *Date*

Father or Guardian's signature *Date*

Child's **Physician:** _____ Phone: (_____) _____

Address: _____
Street *City* *State* *Zip*

Preferred **Hospital:** _____ Phone: (_____) _____

Child's **Dentist:** _____ Phone: (_____) _____

Address: _____
Street *City* *State* *Zip*

Registered Ministry Parent Notice

I understand that Saint Bernard Preschool childcare ministry is not licensed under the laws of Indiana. However, I understand that this childcare ministry complies with the State rules concerning sanitation and fire safety for the primary use of the structure in which it is conducted. I understand that it is my responsibility to ensure that the nutritional and health needs of my child are met while my child is at the childcare ministry.

This notice does not absolve the childcare ministry from liability for injury to a child while the child is at the childcare ministry if the cause of the injury is negligence or intentional wrongdoing on the part of the childcare ministry or an employee of the childcare ministry.

Name of child enrolled: _____

Parent's signature: _____ Date: _____

Discipline Policy

The Discipline Policy of Saint Bernard Preschool is as follows:

Absolutely NO corporal punishment will be used to correct a child for misbehavior. Punishment will also never relate to eating or toilet needs. The child will be instructed on proper behavior in a civil tone of voice. If the child continues an inappropriate behavior pattern, he or she will be instructed to sit down for a period of time determined by the incident. If the child will not accept this discipline, the Director or Administrator of the Center will guide the child by the hand to the Preschool office until he or she agrees to obey the rules of the Center.

Repeated incidents of misbehavior or a child's continued belligerence, aggression, or violent behavior could result in the child's dismissal from Saint Bernard Preschool. Parents will be informed of your child's negative behavior in the form of an Incident Report, which is to be signed by the parent upon pick-up of the child. This report will be placed in the child's file. Your support and follow up with your child is recommended. Every child will be treated in the same manner.

Individual rooms/teachers may incorporate her or his own Discipline Cycle to be used for less major infractions of the rules.

Corporal punishment (hitting or spanking) by a parent is NOT to be used on any child on the premises of the St. Bernard Catholic School or St. Bernard Church.

Any questions concerning the Discipline Policy should be directed towards the Director.

I have read and understood this Discipline Policy and agree to adhere to it.

Parent's signature: _____ Date: _____

Transportation Policy – Saint Bernard Preschool

Saint Bernard Preschool serves children ages 3-5.

Children will walk as a class to the library, as well as occasional walking trips around town for various lesson plans and activities. Whenever walking, the classes will utilize walking ropes or the buddy system and be supervised by teachers and adults to ensure safety.

Saint Bernard Preschool will offer bus transportation only to those students residing in North Spencer County and contracted to ride the bus to and from school each day. These students will ride our Saint Bernard Bus 1, a bus which is owned and operated by Saint Bernard Catholic School, and a 5-point-harness restraint will be provided for each North Spencer preschool student who rides this bus.

I have read and understand the transportation policy of Saint Bernard Preschool.

Parent/Guardian Signature

Date

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Permission to walk with class

My child has permission to walk, with his/her class or designated group, to the library, park, uptown and other general locations within the City of Rockport during the 2020-2021 school year. I give my approval for my child’s participation in the event and agree to assume all risks and hazards incidental to the conduct of the event. I do further hereby waive, release, absolve, indemnify and hold harmless the Bishop of the Catholic Diocese of Evansville, Saint Bernard Parish, Saint Bernard School, Fr. Ron Kreilein (Pastor) and any of their respective affiliates, successors, agents, employees, members and representatives, adult sponsors and other volunteers involved with the event from any and all claims, including claims of personal injury to my child or property damage, under any theory of law (including negligence, but not reckless or intentional conduct) in any way resulting from or arising in connection with the event and/or transportation to and from the event.

Parent/Guardian Signature

Date

Consent to Photograph

I give consent for my child to be photographed or video taped while participating in **everyday, supervised** school activities. These may be published in the newsletter, local newspaper, or school web page or social media. No photos used on the parish/school website or social media sites will identify the student by full name.

Parent/Guardian Signature

Date



Playground

My child has my permission to play on the Saint Bernard School playground. I understand that this playground is not fully fenced in, and I also understand that some of the equipment on the playground is rated for students aged 5-12 years. I understand that children will be well supervised and measures have been taken to ensure the safety of all children at play.

Parent/Guardian Signature

Date

2020-2021 Parent Handbook Acknowledgement

I, _____, parent of _____, who is enrolled at Saint Bernard Preschool, acknowledge that I have received a 2020-2021 Parent Handbook. I have read and understand the policies of Saint Bernard Preschool and will follow them while my child attends the Saint Bernard Preschool in Rockport, Indiana.

Parent/Guardian Signature

Date

SUSPENSION AND EXPULSION POLICY

(A copy of this policy appears in the parent handbook)

Unfortunately, there may be occasions that could warrant the expulsion of a child from our program either on a short-term or permanent basis. We want to do everything in our power to prevent this from happening. Most children respond well to positive discipline and re-direction. Our primary goal, however, is to ensure the safety of ALL of our children. The following are some of the ways we will work to ensure that behavior challenges are addressed in an appropriate way in order to attempt to avoid expulsion.

1. Staff will use many methods to help calm a child who is being disruptive. These methods include but are not limited to: re-direction, positive approaches and language, offering choices, consistently applying consequences and rewards, and giving verbal warnings when none of the above actions are helping.
2. When children are upset or having difficulty adjusting to expectations, they will be allowed to move to a designated quiet space in the classroom until they are ready to re-join the class activity. Staff will explain the reasons for the quiet space and allow students to choose this option to help them re-gain control of their own emotions or behaviors.
3. Staff will model appropriate behavior to students to help them get along well with their peers. Staff will help students engage in a variety of activities designed to help them learn to express their feelings in healthy, safe ways so that all students can feel supported emotionally.
4. Staff will receive annual training on developmentally-appropriate behaviors and positive approaches to classroom management. This training will seek to help staff recognize the difference between developmentally-appropriate behavior challenges and behaviors that could pose a larger concern or threat to the learning environment and safety of the children.
5. If disruptive behavior continues after several attempts at correction, the behavior will be confidentially documented and communicated to parents.
6. The Director, Teacher, and Parent/Guardian will schedule a conference to discuss how to promote positive behaviors in class, including trying to implement any solutions that may have been useful at home. Staff will communicate with parents about possible options for intervention, including referral to our school counselor or behavior specialists who might offer some assistance.
7. The Staff will work with parents to create a plan and timeline for behavioral change, which will be confidentially documented. The plan and timeline will be specific to the situation, the needs of the child in question, and the severity of the behavior. Staff and parents will schedule regular conferences, specific to the plan timeline, to review progress that has been made and make any necessary changes to the plan.
8. If the above actions have not resulted in appropriate change in the child's behavior, and if the child has become a danger to him/herself or to others in the classroom, the child's parent/guardian will be advised verbally and in writing of the necessity of suspension or expulsion. The parent/guardian will be informed of the length of the suspension and behavioral changes required for the child to re-enroll. The option to suspend or expel a child will be used as a last resort, only after all other options have been exhausted, or if the child's ongoing presence in the classroom poses a significant threat to the well-being of him/herself or to others.
9. Any situations requiring intervention will be under review at the end of each school year so that staff can learn from the experiences and gain knowledge about how to better address behavioral issues with future classes.

I have read and understand the suspension and expulsion policy of Saint Bernard Preschool and will abide by its terms.

Parent Signature _____ Date _____

Helpful Information About Your Child

Family Information

If the child has siblings, do they live with your child? YES NO N/A

Does anyone other than parents and siblings live with your child? YES NO

If yes, please list and indicate who and their relationship to your child: _____

Is there anything about your family that would be helpful for us to know to help care for your child or understand his or her behavior? _____

Personal History

Is your child right-handed or left-handed? _____

Has your child been cared for by anyone other than parents? YES NO

Has your child had a previous group, daycare or preschool experience? _____ If yes, when and where?

Does your child have any allergies? _____ If yes, what are they? _____

What medical, health, special needs, or handicap information should we know about your child? _____

Does your child take any medication regularly? _____ If yes, please list anything we may need to know about your child's medications and his/her reactions to it. _____

Will your child need to take medication while at school*? _____

*(A separate form will need to be completed at registration to allow us to dispense medication to your child.)

Are there any special food or eating instructions for you child? _____ If yes, what? _____

Are there any particular sleeping or napping needs for your child? _____ If yes, what? _____

What words does your child use for toileting? _____

Does your child use the restroom independently? YES NO

Does your child have any bowel or bladder irregularities? _____ If yes, please explain _____

What time does your child: Go to bed? _____ Get up? _____

Does your child normally take a nap? Yes No What time of day? _____ How Long? _____

Does your child have a special item to nap with? _____ If yes, what? _____

What is your child's routine in preparation for sleeping/rest time? _____

Does your child have any major fears, such as storms, dark, etc.? _____ If yes, what? _____

Other Miscellaneous Info

Do you have any pets? _____ If so, what kind? _____

What are your child's favorite play materials? _____

What are your child's favorite foods? _____

What particular food does your child dislike? _____

Are there any discipline problems at home? _____ If yes, please explain _____

_____ How is it dealt with? _____

Please use this space for any additional information, such as child's communication, comforting, etc., about your child that may help us to know your child and care for him/her well.

Any other comments: _____

I would like to register my child for the following program for the 2020-2021 school year:

Saint Bernard Preschool and PreKindergarten programs operate on a school schedule. Programs are open when Saint Bernard School is open.

- PreKindergarten (For students who may attend Kindergarten the following year)*
Full Time, Monday through Friday
6 a.m. – 6 p.m. care, PreK instruction 7:45 a.m.– 2:45 p.m.
Rest period in the afternoon
 Tuition: \$385 per month for ten months (August – May)
- PreKindergarten morning class only*
7:45 a.m. – 10:45 a.m., Monday through Friday
 Tuition: \$205 per month for ten months (August – May)
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- Preschool - Age 3-4 and potty trained*
Full Time, Monday through Friday
6 a.m. – 6 p.m. care, Classroom instruction 7:45 a.m. – 2:45 p.m.
Naptime in the afternoon
 Tuition: \$385 per month for ten months (August – May)
- Preschool Part-Time morning class only*
7:45 a.m. – 10:45 a.m.
Monday, Wednesday, and Friday
 Tuition: \$125 per month for ten months (August – May)
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- Before School Care –*
 charges apply only to morning-only Preschool or PreK students who arrive before 7:30 a.m.
 Fee: \$2.00 per day

Child Care Fee Contract

The childcare fee for my child has been determined to be _____ per month. I understand that payment is due by the 20th day of each month. I understand that I will be charged for care of my child(ren) according to the agreed upon schedule and the policy stated in the Parent Handbook. I will keep charges paid in accordance with the policies established by Saint Bernard Preschool. It is my responsibility to contact the Administrator should I fall behind in payment or if there is to be a change in my child's schedule. Non-payment can lead to my child's dismissal from the program.

Parent's Signature _____

Date _____