

Welcome to Pre - K 3s

It's Easy to enroll

Please return the following item in this envelope

- ☐ Climax Scotts Pre - K 3's **Application** (needed to hold spot)
- ☐ **\$50 Deposit** (Applies towards Tuition) (needed to hold spot)
- ☐ **Proof of Family Income** (recent W2 or check stub)
- ☐ Legal Copy of Child's **Birth Certificate**
- ☐ **Health Appraisal**
- ☐ Up to date **Immunization Records**
- ☐ **Child Information Records (CIR)**
- ☐ Picture & Technology usage and Release
- ☐ Parent Notification of Licensing Notebook

Questions? Please call the elementary school office at 269-497-2100
or email Cindy Amos at cindy.amos@cssschools.net

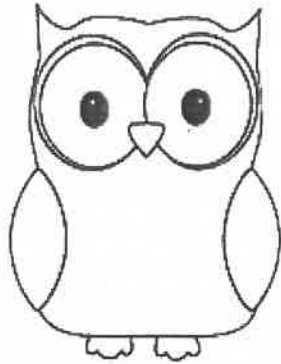
Climax-Scotts Pre-K Three Year Old Application

Child Information					
Child's Legal Last Name:		Child's First Name:		Gender:	
				DOB:	
Family Information					
Child lives with: (circle one)		Both Parents Legal Guardian	Mother Grandparents	Father Foster care	
Other					
Family or Legal Guardian Information					
Full Name:		Full Name:			
Parent Address:		Parent Address: (if different)			
Home Phone:		Home Phone:			
Cell Phone:		Cell Phone:			
e-mail:		e-mail:			
Household Size					
Name		Date of Birth		Relationship	
Household Income					
Name	Amount	Frequency (circle one)			Employer:
You	\$	Weekly	Monthly	Yearly	
Spouse	\$	Weekly	Monthly	Yearly	
Children	\$	Weekly	Monthly	Yearly	
Other	\$	Weekly	Monthly	Yearly	
TOTAL	\$	Weekly	Monthly	Yearly	

Other Income	You	Spouse	Children	Other	Subtotal
Social Security					\$
Public Assistance					\$
Retirement Pension					\$
Food Stamps					\$
Child Support					\$
Alimony					\$
Interest Income					\$
				TOTAL	\$

I affirm that the information provided on this application is true and correct to the best of my knowledge. I further agree to inform the Pre-K program if there is a significant change in my income. I understand if the tuition co-payment is not paid by the first of each month, the preschool policy for nonpayment will be enforced and my child will forfeit his/her slot to the next family on the waiting list.

Parent/Legal Guardian Signature _____ Date _____



Welcome to the Climax-Scotts Pre-K Three's Program!

Climax-Scotts Pre-K uses a developmental approach to teaching, taking in account that each child is a unique person with an individual pattern and timing of growth. The curriculum is also developed to provide continuity of care and assist children in transitioning from Pre-K threes' to Pre-K fours' and eventually into kindergarten.

Enrollment is open to any child who will be three by September 1st of the current school year.

Current Class Sessions meet: TUESDAY and THURSDAY 8:40 - 11:30

How do I register for Climax-Scotts Pre-K threes'? Pick up a Pre-K application packet and fill out completely. The application **and** required documents must be returned to Climax-Scotts Elementary. **Slots for 3 year old classes will be awarded on a first-come, first-served basis** and children will be considered officially enrolled when a \$50 deposit and all application documents are received. This \$50 will be applied toward your child's annual tuition. **Your \$50 deposit will be applied to the last months of the preschool year.** Documents you will need for the application are:

- 1) Family income documented over 12 months (submit a or b along with any of the other following documents you may have received)
 - a. Last year's W-2 or Michigan Income Tax Return
 - b. Pay stub with a year-to-date listed or written statement from employer
 - c. TANF/child care reimbursement/food stamps
 - d. Social security/SSI statement
 - e. Unemployment statement
 - f. Child support/ alimony/pension statement
- 2) Birth Certificate (legal copy)
- 3) Health Appraisal, signed by physician within past year
- 4) Current immunization record

Why do I need to fill out an application? All families who register for Pre-K threes' may qualify for reduced tuition on a sliding fee scale based on household size and income. Eligibility cannot be determined unless all documents have been submitted. All information is kept confidential under FERPA law. Families who qualify will be expected to pay a portion of their child's tuition based on a ***sliding fee scale***. Families will be responsible for the co-payment directly to the program. If the co-payment is not paid, the Pre-K policy for nonpayment will be enforced. The family will be notified of the

outcome of their application in writing and be asked to fill out a **Pre-K Tuition Contract** outlining their monthly payment. The Pre-K 3's tuition sliding fee scale ranges from \$30/month (67% discount) to \$90/month (0% discount) for nine months.

Payments and co-payments- Checks should be made payable to Climax Scotts Community Education with a note indicating preschool payment. Tuition payments are due the first day of each month. *It is best to make payments directly to the elementary office to avoid lost or misdirected payments.* If full tuition payments are not received within fifteen days of their due date, your child may not be allowed to continue attending and his/her spot will be forfeited to the next person on our waiting list. Money is refundable only if the family moves out of the area or the child can no longer attend for medical reasons. Should extended vacations or absences occur the continued monthly payment will be due to hold a slot for your child.

Then what happens? In August you will receive a letter informing families when a Pre-K "Meet and Greet" will take place before regular classes begin. At the "Meet and Greet" you and your child will have the opportunity to meet your Pre-K teachers and staff, check out the classroom and submit additional paperwork. The next step is a One Hour visit with the child's grown-up to the classroom with classmates for a brief run-through of the day. Finally, the first day of regular class, which usually begins the second full week of September. These steps help children become gradually more comfortable with this new environment.

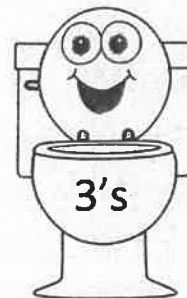
*(Schedules subject to change based on enrollment numbers. If classes do not have a minimum number of students they may have to be cancelled. If there is a large number of three year old enrollments, a Monday, Wednesday session may be created. *We will make every effort to accommodate all those who register.* Children placed on a waiting list may be directed to another class. Class sizes will be limited to ensure a quality preschool experience.)

Thanks

Pre-K Team

Does My Child Have to be Potty Trained?

First, let's define a **potty trained** child:



A **potty trained** child can do the following:

1. Be able to TELL an adult they have to go potty BEFORE they have to go. They must be able to say the words "I have to go potty" BEFORE they have to go.
2. Be able to pull down their underwear and pants and get them back up without assistance.
3. Be able to wipe themselves after using the toilet.
4. Be able to wash and dry hands.
5. Be able to postpone going if they must wait for someone who is in the bathroom or if we are outside.

If your child has not yet mastered all these steps, they are not "potty trained", but may be ready for or currently potty training. Children who are ready to **potty train** have the ability to perceive events that are going to happen before they happen and act BEFORE they have to go.

There are not many three-four year olds who have mastered all these steps and are fully potty trained. The short answer to the question "does my child have to be potty trained in order to attend preschool" is no; **however it is the expectation of our program that families are actively engaged in the potty training process** and will provide to each other the necessary supports to make this a positive and successful experience. You will be asked to sign the handbook acknowledgement to this effect.

So what can I do at home? There are some easy daily things you can do at home that will help your child's progression before they start preschool. Helpful hints for you at home:

1. Be cheery about the potty. A happy experience will translate into quick training.
2. If there are two adults in the home, have each adult "ask" the other adult if he/she can go to the bathroom. Your child will get the idea that they need to do this too.
3. Let the child in the bathroom with you when you are going to the bathroom. This is really important for the same sex parent. Show them how this works.
4. Praise the child on success for every step of the process but do not overdo it.
5. No punishment or consternation for accidents. Use gentle reminders for next time.
6. Give your child three or four minutes to get the job done. Books and toys during potty time might backfire on you and turn into playtime.
7. Wear underwear for consecutive days or go "commando" under regular clothing while at home. (like long vacations) This allows children to feel wetness and not the "ghost" feeling of a diaper or pullup. If protection is required, wear underwear UNDER a pullup.



8. Using a small stool under the child's feet will relax the pelvic floor and allow them to go with less discomfort.
9. Practice wiping. Let your child try first and do necessary cleanup second.
10. Children should wear clothes that are easy to get off and on. Practice with your child getting pants up and down on their own and washing hands.
11. Have children use the bathroom during natural transition times (before and after meals, before and after naps, trips). Potty "schedules" can cause problems with children not being able to hold much urine and having to constantly go to the potty further down the line.
12. Have fun. Stay cool. It will all work out.

What you can do to help when it is time for preschool:

1. Send your child in clothes that are easy to get off and on. Clothes that help them be independent in the bathroom will help them be successful. Elastic waist pants are a great option. We prefer sweat pant type bottoms.
2. Children may wear underwear if they are completely accident free for two full weeks. (This policy is to maintain infection control standards and protect the carpet, furniture and equipment of the pre-k program). Pullups over underwear will allow potty training to continue and still offer protection.
3. Send spares for "accidents". (This includes clothes, extra underwear and pullups) We will bag wet soaked underwear and return it to the family at the end of the day but we will not do this with soiled underwear. Soiled underwear will be disposed of immediately into the garbage. We do not have laundry facilities.
4. Tell your child that pre-k teachers are safe adults. We will assist them with changing and wiping.
5. You will be asked to help your child use the bathroom and wash their hands before you drop them off for class. This will help decrease the chances of a possible accident. Please allow time for this procedure.

There may be different results between home and school. It is important that family, caregivers and school all work together. The key to success will be consistency and teamwork!

HEALTH APPRAISAL

Dear Parent or Guardian: The following information is requested so that the school can work with the parent to meet the physical, intellectual and emotional needs of the child. Fill out the information requested in Section I. Section III may be certified by the transcription of information from the certificate of immunization. The remaining sections are to be completed by a doctor, nurse and dentist. **(BE SURE TO BRING YOUR CHILD'S IMMUNIZATION RECORDS TO THE EXAMINATION.)**

PERSONAL

CHILD'S NAME (Last, First, Middle)			DATE OF BIRTH (mm/dd/yy) / /
ADDRESS (Number & Street)	(City)	(ZIP Code) MI	TODAY'S DATE (mm/dd/yy) / /
PARENT/GUARDIAN (Last, First, Middle)			HOME TELEPHONE NUMBER ()
ADDRESS (Number & Street)	(City)	(ZIP Code) MI	WORK TELEPHONE NUMBER ()

SECTION I - HEALTH HISTORY

Yes	No	Resolved	# Is your child having any of the problems listed below?	Birth History:
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1 Allergies or Reactions (for example, food, medication or other)	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2 Hay Fever, Asthma, or Wheezing	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3 Eczema or Frequent Skin Rashes	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	4 Convulsions/Seizures	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	5 Heart Trouble	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	6 Diabetes	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	7 Frequent Colds, Sore Throats, Earaches (4 or more per year)	Are there any current or past diagnosis(es) <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	8 Trouble with Passing Urine or Bowel Movements	If yes, please describe:
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	9 Shortness of Breath	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	10 Speech Problems	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	11 Menstrual Problems	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	12 Dental Problems: Date of Last Exam / /	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Other (please describe): _____	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Does your child take any medication(s) regularly?	If yes, list medications:
			Reason for Medication	
			/ /	Was the health history reviewed by a health professional?
			Parent/Guardian Signature	<input type="checkbox"/> Yes <input type="checkbox"/> No Examiner's Initials: _____
			Date	

SECTION II - PHYSICAL EXAMINATION, INSPECTION, TESTS AND MEASUREMENTS

Required for Child Care and Head Start / Early Head Start

Tests and Measurements

No	Yes	Was child tested for:	Test results:	Normal	Referred	Under Care	No	Yes	Was child tested for:	Test results:	Normal	Referred	Under Care
<input type="checkbox"/>	<input type="checkbox"/>	VISION Date: / /	Visual Acuity Muscle Imbalance Other:				<input type="checkbox"/>	<input type="checkbox"/>	HEIGHT & WEIGHT Other:	Height Weight Other:			
<input type="checkbox"/>	<input type="checkbox"/>	HEARING Date: / /	Audiometer Other:				<input type="checkbox"/>	<input type="checkbox"/>	HEMOGLOBIN / HEMATOCRIT BLOOD PRESSURE				
<input type="checkbox"/>	<input type="checkbox"/>	URINALYSIS Date: / /	Sugar Albumin Microscopic				<input type="checkbox"/>	<input type="checkbox"/>	TUBERCULIN Date: / /	Type: _____ Neg.: <input type="checkbox"/> Pos.: <input type="checkbox"/> mm			
<input type="checkbox"/>	<input type="checkbox"/>	BLOOD LEAD LEVEL Date: / /	Level _____ ug/dl				NOTE: Blood lead level required for all children enrolled in Medicaid must be tested at one and two years of age, or once between three and six years of age if not previously tested. All children under age six living in high-risk areas should be tested at the same intervals as listed above.						

Examinations and/or Inspections

Essential Findings Deviating from Normal:
Exam Date: / /

SECTION III - IMMUNIZATIONS <small>Statements such as "UP-TO-DATE" or "COMPLETE" will not be accepted. Admission to school may be denied on the basis of this information.*</small>			
VACCINES (Circle Type)	DATE ADMINISTERED <small>MM/DD/YYYY</small>		
Hepatitis B (HepB)	1	3	
	2		
DTaP/DTP/DT/Td	1	4	
	2	5	
	3	6	
Tdap	1		
Haemophilus Influenzae type b (HIB)	1	3	
	2	4	
Polio (IPV/OPV)	1	3	
	2	4	
Pneumococcal Conjugate (PCV7/PCV13)	1	3	
	2	4	
Rotavirus (RV1/RV5)	1	3	
	2		
Measles, Mumps, Rubella (MMR)	1	2	
Varicella (Chickenpox)	1	2	
History of Chickenpox Disease? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, date: _____			
I certify that the immunization dates are true to the best of my knowledge			
_____ Health Professional's Signature		_____ Title	_____ Date

		SECTION IV - RECOMMENDATIONS <small>(Required for Child Care and Head Start/Early Head Start)</small>
No	Yes	
<input type="checkbox"/>	<input type="checkbox"/>	Is there any defect of vision, hearing or other condition for which the school could help by seating or other actions? If yes, please explain:

<input type="checkbox"/>	<input type="checkbox"/>	Should the child's activity be restricted because of any physical defect or illness?
		If yes, check and explain degree of restriction(s): <input type="checkbox"/> Classroom <input type="checkbox"/> Playground <input type="checkbox"/> Gymnasium <input type="checkbox"/> Swimming Pool <input type="checkbox"/> Competitive Sports <input type="checkbox"/> Other

Other Recommendations		

SECTION V - DENTAL EXAMINATION AND RECOMMENDATIONS (OPTIONAL)
I have examined _____ child's name _____'s teeth. As a result of this examination, my recommendation for treatment is: _____ _____
_____ Dentist's Signature
_____ Date

PHYSICIAN'S SIGNATURE			
_____ Examiner's Signature	_____ Date	_____ Examiner's Name (Print or Type)	_____ Degree or License
_____ Number & Street	_____ City	MI _____ ZIP Code	(_____) _____ Telephone

Information required for:

Early On - Hearing and Vision Status; Diagnosis; Health Status

Child Care Licensing - Physical Exam, Restrictions, Immunizations

Head Start/Early Head Start - Determination that child is up-to-date on a schedule of age-appropriate preventive and primary health care, including medical, dental, and mental health. The schedule must incorporate the well-child care visit required by EPSDT and the latest immunizations schedule recommended by the Centers for Disease Control and Prevention, State, tribal, and local authorities. An EPSDT well-child exam includes height, weight, and blood tests for anemia at regular intervals based on age.

Developed in Cooperation with the Department of Health and Human Services, Education, Michigan American Association of Pediatrics, Early Childhood Investment Corporation, Child Care Licensing, Head Start, Michigan State Medical Society, Michigan Association of Osteopathic Physicians and Surgeons.

CHILD INFORMATION RECORD

State of Michigan - Department of Licensing and Regulatory Affairs - Child Care Licensing

Instructions: Unless otherwise indicated, all requested information must be provided. If the information is not known or does not apply, "unknown" or "none" is the required response. A blank field, a line through a field or "N/A" are not acceptable responses.

For Provider Use Only:		Date of Admission		Date of Discharge	
Name of Child (Last, First, Middle Initial)					Child's Date of Birth
Address (Number and Street, Building/Apartment Number)			City	State	Zip Code
Parent/Legal Guardian's Name		Home Phone ()	Parent/Legal Guardian's Name (Optional)		Home Phone ()
Home Address (if not child's address)		Cell Phone ()	Home Address (if not child's address)		Cell Phone ()
City	State	Zip Code	City	State	Zip Code
Email Address (optional)			Email Address		
Employer Name		Work Phone ()	Employer Name		Work Phone ()
Name of Child's Physician or Health Clinic			Physician's or Health Clinic's Phone Number ()		
Hospital Preferred for Emergency Treatment (optional)					
Allergies, Special Needs and Special Instructions (Attach additional sheets, if necessary.)					

BCAL-3731 (Rev. 7-18) Previous edition 6-17 may be used.

See Reverse Side

Emergency Contact & Release of Child: List all individuals, including parents/legal guardians, in order of preference, to be contacted in an emergency. If possible, include at least one person other than the parents/legal guardians to be contacted in an emergency and to whom the child can be released. The second phone number column can be left blank. (If more individuals, attach additional sheets.)					
1.		()		()	
2.		()		()	
3.		()		()	
Release of Child Only: List all individuals, other than the parents/legal guardians, to whom the child may be released. (If more individuals, attach additional sheets.)					
1.		()		2. ()	
3.		()		4. ()	

Parent/Legal Guardian Initials:
_____ I give permission to _____, licensed by the Department of Licensing and Regulatory Affairs to secure emergency medical treatment for the above named minor child while in care.

I certify that I accurately completed this form and if anything changes, I will notify the provider by updating this form.	
Signature of Parent or Guardian	Date Signed

Date Card Reviewed	Parent or Legal Guardian Initials	Date Card Reviewed	Parent or Legal Guardian Initials	Date Card Reviewed	Parent or Legal Guardian Initials	Date Card Reviewed	Parent or Legal Guardian Initials
LARA is an equal opportunity employer/program.						AUTHORITY: 1973 PA 116 COMPLETION: Required PENALTY: Rule Violation Citation.	

BCAL-3731 (Rev. 7-18) Previous edition 6-17 may be used.



Climax-Scotts Community Schools

Where Students Are More Than A Test Score!

PICTURE & TECHNOLOGY USAGE RELEASE/SOCIAL MEDIA

CHILD'S NAME _____

PARENT/LEGAL GUARDIAN NAME _____

Picture Release Consent:

I give consent for my child's picture to be used in school/community publications as deemed appropriate by the school.

Yes _____ No _____

I give consent for my child's picture to be used in school projects (i.e. class book)

Yes _____ No _____

Permission for Technology Resources

From time to time the preschools students will use the internet with direct supervision for instruction purposes and will follow the school district's technology code of ethics. I give my child permission to use the district's technology resources.

Social Media

For the respect and privacy of each family, I agree NOT to copy photos from the classroom community pages onto other forms of social media.

Signature of Parent / Legal Guardian

Date

PARENT NOTIFICATION OF THE LICENSING NOTEBOOK

Child Care Organizations Act, 1973 Public Act 116

Michigan Department of Licensing and Regulatory Affairs

Child Care Licensing Bureau

All child care centers must maintain a licensing notebook which includes all licensing inspection reports, special investigation reports and all corrective action plans for the last 5 years.

- This center maintains a licensing notebook of all licensing inspection reports, special investigation reports and all related corrective action plans.
- The notebook will be available to parents for review during regular business hours.
- Licensing inspection reports, special investigation reports, and corrective action plans from at least the past 3 years are available on the Child Care Licensing Bureau's website at **www.michigan.gov/michildcare**.

I have read the above statement issued by _____

Name of Child Care Center

Child(ren)'s Name(s):	
--------------------------	--

Parent Name _____

Parent Signature _____

Date _____

LARA is an equal opportunity employer/program.