

Welcome to Little Buccaneers



Preschool

2019-2020

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Dear Parents,

Welcome to the Little Buccaneers Preschool at Burrell High School! The preschool program was designed to allow high school students enrolled in the Child Development classes an opportunity to observe, teach, and interact with preschool-age children. Students plan themed lessons, incorporating various age-appropriate activities.

Enclosed is a registration form along with general guidelines regarding the Child Development class preschool program. Please note, that in addition to the registration form, a physician's report along with a medical history form including an immunization record is also required in order to participate in the program.

The fall session of preschool will begin in mid-October and continue through December. Preschool classes will meet for an hour and fifteen minutes on Tuesdays, Wednesdays, and Thursdays. Usually preschool runs from 8:55 AM until 10:10 AM. Times and dates will be officially set at the beginning of the school year when I know exactly when the child development classes meet. Classes will not be held on any day school is not in session or on a 2-hour delay day. The spring session runs slightly longer, usually beginning by the first of March and running until the second week of May. Parents may register a child for one semester, the year, or register one semester at a time.

Preschool will begin with an orientation for parents and children before the first official day of preschool, sometime in October. During the orientation children and parents will be able to explore the room and familiarize themselves with the students and activities. At the orientation, a list of the students, our preschool schedule, and a parent handbook will be available.

The cost of the preschool program is \$30.00 per semester. This covers the cost of snacks, materials and supplies. Enclosed is the *registration form, which should be completed and returned to me to reserve a spot in the program.* **Registration fees will not be collected before the start of the program in the fall.** Parents may submit medical forms in the fall if their preschooler will have his/her physical between now and then.

I will send an email when school begins in the fall, at which point medical forms and registration fees may be submitted. **Checks should be made out to Burrell High School.** **Space is limited and will be reserved on a first-come, first-serve basis.**

Please feel free to pass along my email to anyone else who may be interested in the program. Space is only reserved after receiving the completed registration forms. If I do not receive the registration forms, I will be unable to hold a spot in the program. I will confirm a place in the program by email, so please include a valid email address on the application. Finally, if you register your child and later decide not to attend, please let me know as soon as possible so that I may open the spot to another child.

We are looking forward to meeting you and working with your child. If you have any questions, please email me at agodot@burrell.k12.pa.us.

Sincerely,

Autum Godot
Family and Consumer Sciences Teacher

Little Buccaneers General Guidelines

1. All children must live in the Burrell School District, be toilet-trained, and be 3, 4, or 5 years old.
2. Parents are responsible for transporting their child to and from the high school office. Please be prompt in your drop off and pick up as the high school students and I would like to have as much time as possible working with the children, and we have other classes to attend afterwards.
3. In the event of a building evacuation, all high school and district guidelines will be followed.
4. Be sure to mark outer clothing and book bags with child's name or initials. Book bags are not necessary but may be carried.
5. Please leave toys at home unless we are having a special show-and-tell day.
6. If your child is not feeling well, please do not send your child to preschool. You may email the teacher to let us know your child will not attend that day.

A child should not attend school if he/she has experienced any of the following within the last 24 hours: temperature over 100 degrees, vomiting, diarrhea, severe coughing, pink eye, yellowish skin or eyes, chicken pox that are not scabbed, head lice, visible impetigo, open and/or weeping sores, or any other communicable disease.

If your child becomes ill after arriving at school, a parent/guardian or emergency contact will be called to pick up your child.

Burrell High School Child Development Preschool Information Form

Child's Name _____ Name child prefers _____

Birth Date ____/____/____ Sex _____

Age at enrollment (must be at least 3 years, live in the Burrell School District, and toilet trained) _____

Parent/ Guardians' Name(s): _____

Relationship to child: _____

Home Address: _____

_____ Zip _____

Email Address: _____

Best Phone number(s) to contact: _____

Child lives with: Both parents _____ Mother only _____ Father only _____

Mother and Stepfather _____ Father and Stepmother _____

Grandparents _____ Foster parents _____ Other _____

Please list **all of the people** who may drop off and pick up your child. List his/her name and phone number. We will not dismiss your child to anyone other than you unless we have your permission. **This information is essential and must be included.** We will meet you and your preschooler in the front office for drop off and pick up. Photo ID may be required to verify identification.

Person

Relation

Phone

Dear Parents,

We would like to ask your permission to take photograph and/or to take video of your child for classroom use, for the school website, to post on bulletin boards, to share in slide shows, and just as memories for the students. If you allow your child's picture to be taken, please sign below and date it. We appreciate your kindness.

I _____ give permission for my child's photograph to be taken at Burrell High School Preschool. I understand that photos may be used in the classroom, in the school newspaper, on a bulletin board, on the school website, and as memories for children and students.

Child's name _____

Parent's Signature _____ Date _____

Parental Consent Form

I _____, consent that my child _____, has permission to participate in all the supervised activities relating to the Burrell High School Child Development Preschool Laboratory where high school students enrolled in the course will work with and observe my child. I understand the school district assumes no responsibility for any accident or injury which may occur in connection with the preschool experience.

Parent's Signature

Date

Registration forms and tuition are due on or before Oct. 8, 2019. Please do not send in registration fees until the start of the school year in which your child will be attending preschool. \$30/ semester

Please circle one:

At this time, I wish to enroll my child for the: (students enrolled in the fall will be given first opportunity to sign up for the spring at the end of the semester as well).

fall semester only

spring semester only

the whole year

Getting to Know Your Child

☺ Does your child have any food dislikes? If so, please list. _____

☺ Is there any specific content (alphabet, numbers, colors, writing name, etc.) or social skills (self-control, learning how to share or how to be more outgoing, etc.) you would like your child to learn? __

☺ Please list 3 words you feel describe your child. _____

☺ Names and ages of siblings: _____

☺ Does your child have any special toys, loveys, or stories? _____

☺ Does your child have any fears at this time or difficulty with separation? _____

HOLIDAYS

In planning activities for the preschoolers, high school students often will use the current holidays for theme ideas. Please let me know ahead of time if there are any questions or concerns. Thank you!

- Trick-or-Treating (wearing a costume to school close to Halloween and "trick-or-treating" throughout the school, mainly the library, office, and a limited number of classrooms.)
- Thanksgiving
- Christmas (snowmen, decorating trees, reindeer, candy canes, presents, etc.)
- St. Patrick's Day
- Mother's Day
- Easter (spring, bunnies, flowers, eggs, etc.)

Preschool Emergency Form

Child's Name _____

Parent/Guardian name: _____

Relationship to child: _____

Address: _____

Phone Number _____

Work Phone Number _____ Work hours _____

In an emergency (if above parent contact is not available) contact:

1. Name _____

Relation to child _____

Phone _____

2. Name _____

Relation to child _____

Phone _____

****Any document issued by the court such as a "no contact order" or "joint custody order" should be on file with the FCS teacher.****

Child's Physician _____

Physician's Phone Number _____

Health Insurance Carrier _____

Policy number: _____

Does your child have any allergies, especially food allergies, or medical conditions we should be aware of? _____ If so, please explain

Daily medications taken: _____

You must attach a physician's report of a child's physical examination within the last 12 months and also an immunization record.