

ST. PAUL'S LUTHERAN PRESCHOOL
Where Every Child is Special

117 East Arch Street • Fleetwood, PA 19522 • 610.944.0922 • preschool@spelcfleetwood.com

Enrollment for the 2024-2025 school year opens on March 1st!

We offer morning or full day classes, which include STEAM afternoons!

Mornings 9:15am – 11:45am Full Days 9:15am – 3:15am

We are excited to introduce Two-Gether Time for our 2's!!

Kindergarten Readiness Class

(For children that will be attending kindergarten in the Fall of 2025)

This program is based on an emergent reader curriculum. The emergent readers are teaching the concept of print, direction of reading, letter sounds and formation, and use of pictures to help tell the story. The lessons and activities are based on the reader of the week. This class will prepare the preschoolers for kindergarten.

Monday, Tuesday, Wednesday, Thursday

\$240.00/monthly for morning classes

\$465.00/monthly for full days

Pre-K Class

(For our children that will be 3 ½ as of August 31, 2024)

This program is based on a thematic curriculum. This is a way of teaching and learning, whereby many areas of the curriculum are connected and integrated within a theme. It allows learning to be more natural and less structured. The lessons and activities are based on the theme of the week. This class will also prepare the preschoolers for kindergarten.

Monday, Tuesday, Wednesday, Thursday

\$240.00/monthly for morning classes

\$465.00/monthly for full days

Preschool Class

(For children that will be 2 ½ as of August 31, 2024)

As your child's first school experience this class is to help the preschoolers with separation anxiety, socialization skills, and introduction to skills needed for the following year. This class will have a different theme each week and will include lessons on shapes, colors, letters, numbers, days of the week, and months of the year.

Tuesday, Wednesday, Thursday
\$ 180.00/monthly for morning classes
\$355.00/monthly for full days
or
Tuesday, Thursday
\$135.00/monthly for morning classes
\$245.00/monthly for full days

STEAM Afternoons

(For children that are 3 by August 31, 2024)

This class allows the preschoolers to explore, observe, ask questions, predict, and integrate their learning. Each day the children will be given a different objective, they will work together in groups to form a hypothesis, then using science, technology, engineering, and/or math they will have to prove their hypothesis.

Monday, Tuesday, Wednesday, Thursday
\$70.00/monthly for one afternoon

Two-Gether Time

(For children that are 2 by August 31, 2024)

This class allows your child to spend time with a special adult in their life, as well as social interaction with other children their age. One parent, grandparent, or caregiver will need to accompany your child. This once-a-week class is teacher guided and will include activities, crafts, story time and more.

Mondays
\$55.00/monthly

A \$60.00 non-refundable registration fee and the first month's tuition will be due at the time of registration. Registration is on a first come first serve basis.



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2024-2025 Registration Form

Student's Name _____ M or F Birth date _____

Address _____

Residing School District _____

Mother's Name _____ Father's Name _____

Address _____ Address _____

Email Address _____ Email Address _____

Home Phone _____ Home Phone _____

Cell Phone _____ Cell Phone _____

Work Phone _____ Work Phone _____

Employer _____ Employer _____

Program Choices

*Please note classes will be held if minimum numbers are enrolled. Tuition costs are on a monthly basis.

Preschool:

___ 2-day AM/\$135.00 ___ Full day/\$245.00

___ 3-day AM/\$180.00 ___ Full day/\$355.00

Pre-K:

___ 4-day AM/\$240.00 ___ Full day/\$465.00

Kindergarten Readiness:

___ 4-day AM/\$240.00 ___ Full day/\$465.00

STEAM Afternoons

___ 1 day/\$70.00 M ___ T ___ W ___ Th ___ Please mark your 1st, 2nd, etc. choice for STEAM afternoons

Two-Gether Time

___ 1-day/\$55.00

Home Information Sheet

Student's Name _____ Birth Date _____

Siblings	Age	Sex
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Other persons in the home _____

Pets _____

Additional Information:

How would you describe your child? _____

Do you have any concerns regarding behavior or development? _____

Has your child experienced anything exciting or traumatic lately? _____

Has your child attended another program or daycare before? _____

What do you expect out of your child's preschool experience? _____

I give _____/do not give _____ permission for St. Paul's Lutheran Preschool to take group/individual pictures of my child, to be used for the Preschool's educational programs, public relations, and/or the St. Paul's Lutheran Preschool website.

Parent/ Guardian Signature

Date

Medical Information

Family Physician _____ Phone _____

Medical Insurance Provider _____

Policy Number _____ Group ID _____

Policy Holder's Name _____

Family Dentist _____ Phone _____

Hospital preference _____

***You will be required to submit a copy of your child's vaccination records before the start of each school year. Most pediatrician offices have these records readily available online.**

Does your child have any medical problems? _____

Does your child have any vision, speech, or hearing impairments? _____

Does your child receive any therapies for speech, physical, occupational, or other needs? _____

Does your child have any known allergies? _____

Does your child take any medications regularly? _____

School Emergency Procedures

St. Paul's Lutheran Preschool has adopted the following procedures to provide care for your child if he/she becomes sick or injured at the school:

In case of emergency and/or the child needs medical or hospital care:

1. The school will call the parents' cell/work numbers. If a parent cannot be reached
2. The school will call the emergency contacts listed.
3. If none of the above answer, the school will contact the child's physician and/or 911. If necessary, an ambulance will be notified to transport the child to a medical facility you have stated.
4. Based upon the medical judgment of the attending physician, the child may be admitted into the medical facility.

*The school will continue to call the parents, guardian, emergency contacts and/or physician until one is reached.

If I cannot be reached and the school authorities have followed the above procedures, I agree to assume all ambulance and medical expenses required to treat my child. I also, hereby, consent to any treatment, surgery, diagnostic procedure, or anesthesia the attending physician deems necessary to treat the medical emergency.

Parent/Guardian Signature _____

Date _____

Emergency Contacts

Student's Name _____ Birth Date _____

If neither parent/guardian can be reached, contact:

Name _____ Relationship _____

Address _____

Home Phone _____ Cell Phone _____ Work Phone _____

Is this person authorized to pick up your child? _____

Name _____ Relationship _____

Address _____

Home Phone _____ Cell Phone _____ Work Phone _____

Is this person authorized to pick up your child? _____

Name _____ Relationship _____

Address _____

Home Phone _____ Cell Phone _____ Work Phone _____

Is this person authorized to pick up your child? _____

Name _____ Relationship _____

Address _____

Home Phone _____ Cell Phone _____ Work Phone _____

Is this person authorized to pick up your child? _____

Tuition Policy

- There will be a non-refundable registration fee of **\$60.00** due at time of registration to reserve the space in the class.
- First month's tuition payment is due at the time of registration, we reserve the right to give the spot to another child.
- Check or money orders should be made payable to St. Paul's Lutheran Preschool. Cash payments will not be accepted. Please include your child's name on the memo line.
- Starting in October, tuition will be due on the first Tuesday of each month. Tuition rates are based on a yearly cost and broken down into nine equal payments. Therefore, there will be no refunds or makeup days missed due to holidays, special events, illness, or vacations. There will be a \$10.00 late fee charged if tuition is not paid within seven days of due date. There is a \$25.00 returned check fee.
- The last payment will be due in April. There are nine payments total.
- There will be no refunds for days missed. This includes vacations or sick days. We prepare for your child whether they are present or not.

Parent/ Guardian Signature

Date

For Office Use Only

Registration Fee and 1st Month's Tuition Received

_____ Total Amount Paid _____ Check Number _____ Money Order