



Crown Preschool Extended Day Program 2017 – 2018

If your child is enrolled in Crown Preschool, we are happy to be able to offer a quality before school and after school program. Thanks to the enthusiasm and energy of our wonderful staff, the Preschool Extended Day Program is a world of activity and exploration. Every day the children will have the opportunity to learn through teacher-directed lessons as well as through play and child-directed activities. They will explore different forms of art and means of expression through various activities such as painting, sculpting play dough, cutting and pasting materials of different textures, coloring with pencils, crayons, and water colors, creating collages, and painting murals. Singing and dancing is also an integral part of the program. Children enjoy music and all it has to offer via movement, singing, games, and improvisation. Our circle time, story time, and all of the program offerings are coordinated with the Crown Preschool classroom weekly themes.

Meals/Snacks: Students in the Before School program eat breakfast at 7:15. If your child is in attendance at that time, he/she may bring a breakfast to eat with the group. If your child is with our program between 11:30 a.m. and 12:15 p.m., a hot lunch is available through our Child Nutrition Services. Our morning snack time is at 10:00 and the afternoon snack time is at 3:30. Please pack a mid-morning and/or mid-afternoon snack for your child if your child would be with us.

Parent Drop-off and Pick-up: In the mornings, children must be signed-in by a parent/guardian. At the end of the day, all parents/guardians will sign-out their children. We do not release the children to someone who is not authorized by the parent/guardian.

To register, please fill out the Enrollment form, the Emergency Information form, and the Medical Consent form. Return forms to Kathy Mathis with a \$50.00 registration fee. If the schedules below do not meet your needs, we can create one for your family. The program offers flexible hours in an effort to accommodate all our families.

BEFORE SCHOOL/6:30-8:30

3 Day Week — \$108 per month

5 Day Week — \$180 per month

Drop-In — \$12.00 per day

BEFORE SCHOOL/7:00-8:30

3 Day Week — \$81 per month

5 Day Week — \$135 per month

Drop-In — \$9.00 per day

BEFORE SCHOOL/8:30-12:15

Before care ends at 10:45 on Wed

3 Day Week — \$176 per month

5 Day Week — \$311 per month

Drop-In — \$25.00 per day

AFTER SCHOOL/11:30-3:30

After care starts at 10:30 on Wed

3 Day Week — \$234 per month

5 Day Week — \$378 per month

Drop-In — \$26.00 per day

AFTER SCHOOL/11:30-6:00

After care starts at 10:30 on Wed

3 Day Week — \$369 per month

5 Day Week — \$603 per month

Drop-In — \$44.00 per day

AFTER SCHOOL/3:15-6:00

After care starts at 12:45 on Wed

3 Day Week — \$194 per month

5 Day Week — \$293 per month

Drop-In — \$20.00 per day



**Crown Preschool Extended Day
Enrollment Form
2017-2018**

1. Schedule (please circle)

Before School (prior to 8:30): 3 Days 5 Days Drop-In
Other: _____ Drop-off time: _____

Before School (after 8:30): 3 Days 5 Days Drop-In
Other: _____ Drop-off time: _____

After School (after 11:30/10:30 on Wed): 3 Days 5 Days Drop-In
Other: _____ Pick-up time: _____

After School (after 3:15/12:45 on Wed): 3 Days 5 Days Drop-In
Other: _____ Pick-up time: _____

2. Child's Name: _____

Child's Name: _____

3. Start Date: _____

4. Parents' Names: _____

5. Address: _____

City: _____ Zip Code: _____

Tel. #: Home: _____

Work (Mother): _____

Work (Father): _____

Cell (Mother): _____ Cell (Father): _____

Email Address: _____

6. I accept full financial responsibility for Extended Day tuition fees.

Name: _____ Signature: _____ Date: _____

DATE: _____

CROWN PRESCHOOL IDENTIFICATION AND EMERGENCY INFORMATION

Child's Name:	Birthdate
First Middle Last	
First Middle Last	

Home Address:		
Street	City	Zip Code

Mother's Name:	Home Phone	Work Phone	Cell
First Last			

Father's Name:	Home Phone	Work Phone	Cell
First Last			

E-Mails:	
Name:	Email Address:
Name:	Email Address:

Persons who may be called in an emergency

Name:	Address:	Phone:	Relationship:
Name:	Address:	Phone:	Relationship:
Name:	Address:	Phone:	Relationship:

Persons authorized to take child from facility

Name:	Address:	Phone:	Relationship:
Name:	Address:	Phone:	Relationship:
Name:	Address:	Phone:	Relationship:

For emergency purposes: Please notify us of any changes

CROWN PRESCHOOL
CONSENT FOR MEDICAL TREATMENT

As the parent, agent representative or legal guardian, I hereby give consent to C.U.S.D. to provide all emergency dental or medical care prescribed by a duly licensed physician (M.D.) or dentist (D.D.S.) for:

Child's Name

This care may be given under whatever conditions are necessary to preserve the life, limb, or well-being of my dependent.

Date

Parent/Agency/Guardian Signature

Physician or dentist to be called in an emergency

Name:

Address:

Phone:

Name:

Address:

Phone:

If physician/dentist cannot be reached, what action should be taken?

Call Emergency Hospital

Other Explain: _____

If your child is receiving Special Education services, please mark the appropriate box below:

IEP Section 504 Plan

Please submit a current copy of your child's IEP or Section 504 plan to CUSD Student Services Department as soon as possible. Please contact Megan Adams for more information at madams@coronadousd.net or (619) 522-8900, ext. 1032.

If your child has allergies or special medical needs, please explain below:

