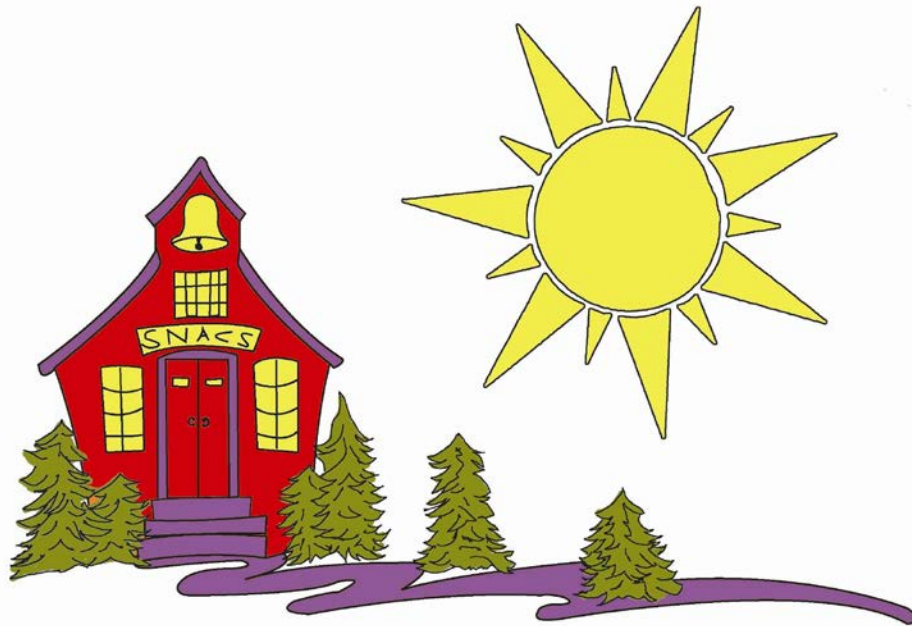


S.N.A.C.S. Preschool Enrollment Packet



SNACS

S. N. A. C. S. Preschool
13880 Stead Blvd.
Reno, Nevada 89506
Phone: 775-677-4500
Fax: 775-677-4441
www.SNACS.org

Child and Parent Information:

Child's name: _____ DOB: _____ Current age: _____

Ethnicity (optional): _____ Birth Place: _____

Address: _____ City/state: _____ Zip: _____

Guardian #1: _____ Wk #: _____ Hm #: _____ Cell #: _____

Address: _____ City/state: _____ Zip: _____

Guardian #2: _____ Wk #: _____ Hm #: _____ Cell #: _____

Address: _____ City/state: _____ Zip: _____

Are parents/guardians: Living Together Divorced Separated Other: _____

Can child be **legally** released to either parent/guardian? Yes No

Are there any court/custody issues that SNACS Preschool needs to be aware of? Yes No

If yes, what is the custody agreement?: _____

If there are any custody issues, SNACS Preschool must have legal documentation on file.

If parents are divorced and remarried is there a step parent? Stepmom Stepdad None

Step Parent #1: _____ Wk #: _____ Hm #: _____ Cell #: _____

Address: _____ City/state: _____ Zip: _____

Step Parent #2: _____ Wk #: _____ Hm #: _____ Cell #: _____

Address: _____ City/state: _____ Zip: _____

Siblings and Extended Family Members

Name	Relationship	Age (if sibling)	Grade (if sibling)

Health History

Were there any difficulties with pregnancy or birth of the child? Yes No

If yes, please explain: _____

If any of the following are not applicable or if the child has not reached the appropriate developmental level, please mark N/A.

Age at which child:

Slept alone through the night _____ Crept on hands and knees _____ Sat Alone _____

Walked _____ Talked _____ Named simple objects _____ Wrote their name _____

Has child had any recurring health problems? (ear infections, stomach aches, spikes in fever, etc.) _____

Has the child had any: Accidents Surgeries Hospitalization Ongoing Medications

If any, please explain: _____

Does the child have any known allergies? Yes No

If any, please explain: _____

SNACS Preschool is not allowed to administer any medications to students.

Illness Policy

Caring for Our Children: Standard 3.065 Inclusion/ Exclusion/Dismissal of Children

For the safety and health of all our children and teachers, sick children need to be at home. Please do not send your child to school if s/he has had any of the following medical conditions during the previous 24 hours. Also be advised, if your child exhibits any of the following symptoms while at school, s/he will be isolated immediately and you will be contacted to pick up your child. When you have been contacted because of illness, please pick up your child within the hour. It is very important for you to have alternative care for your child when s/he is sick. We know it can be a very frustrating time when a child is sent home because of illness. No tuition adjustment will be made for absences due to illness.

- Diarrhea (2 or more loose stools).
- Difficulty or rapid breathing.
- Asthma or severe upper respiratory infection unless parent provides evidence that child is under physician's care.
- Vomited within last 24 hours.
- Yellowish skin or eyes.
- A temperature of 100.4 degrees Fahrenheit or higher and/or has had a fever during the previous 24 hours.
- Mucus with green or yellow color, unless child has been on antibiotic therapy for 24 hours.
- Undiagnosed rash.
- Sore throat.
- Severe cough.
- Chicken pox, pertussis, measles, mumps, rubella, impetigo, diphtheria or herpes simplex.
- Untreated scabies, tinea corporis or capitis (ring worm).
- An ear infection, unless provided notification that child is under physician's care.
- Untreated head lice.
- Pinkeye.

Please notify the school at once if your child has been exposed to a Communicable Disease (See Appendix C – Communicable Diseases).

Emergency Contact Information:

Child's name: _____ DOB: _____ Current age: _____

Allergies: _____

Address: _____ City/state: _____ Zip: _____

Guardian #1: _____ Wk #: _____ Hm #: _____ Cell #: _____

Address: _____ City/state: _____ Zip: _____

Guardian #2: _____ Wk #: _____ Hm #: _____ Cell #: _____

Address: _____ City/state: _____ Zip: _____

Names of Other Individuals to be contacted in case of an emergency:

Name: _____ Relationship to Child: _____ Phone: _____

Address: _____ City/Zip _____

Name: _____ Relationship to Child: _____ Phone: _____

Address: _____ City/Zip _____

Name: _____ Relationship to Child: _____ Phone: _____

Address: _____ City/Zip _____

Physician to be called in an Emergency:

Name: _____ Phone: _____

Address: _____ City/Zip: _____

Hospital to be called in an Emergency:

Name: _____ Phone: _____

Address: _____ City/Zip: _____

Medical Release: When I/We cannot be located after reasonable efforts under the circumstances, the principal (or his/her designee) is authorized under NRS 129.040, but not required, to seek medical care for the above named student, in case of serious illness, accident, or other emergency requiring immediate hospitalization, medical attention, or surgery. I/We also agree to be responsible for all medical costs incurred on the student's behalf.

Parent/Guardian Signature

Date

Tuition Rates

_____ Infants (6wks.- 6 months)	\$220.00
_____ Infants (6mo.-18 months)	\$210.00
_____ Infants (6 mo.-18months)3 days	\$153.00
_____ Infants (6 mo.-18months) 2 days	\$148.00
_____ Toddlers (18 – 48 months)	\$170.00
_____ PT Toddlers (18-48 months) 3 days	\$125.00
_____ PT Toddlers (18-48 months) 2 days	\$110.00
_____ Preschool (4-5 years)	\$150.00
_____ PT Preschool (4-5 years) 3 days	\$115.00
_____ PT Preschool (4-5 years) 2 days	\$105.00
_____ Kindergarten Enhancement (6:30am-7:30am)	\$15.00
_____ Kindergarten Enhancement (3:00pm-6:00pm)	\$60.00
_____ Other arrangements (by Director approval only) _____	

Employees of SNACS and SNACS Preschool may receive a 10% discount for fulltime students only.

SNACS Preschool offers before and after school care through our Educare Program for first grade and up. This program is also offered during school breaks. The Educare program is an enhancing and active program where students will participate in many hands on activities including; arts and crafts, baking, science, sensory activates, construction, sports and may other activites. Educare will have a homework hour each day where students will have the opportunity to complete homework, read AR books and receive studying. The Educare Program is a pre-paid program and follows the rules outlined in the financial agreement.

Financial Agreement

Registration:

A non-refundable enrollment fee of \$50 per child is due at the time of registration. The first and last week's tuition deposit (used prior to disenrollment) is due with the registration fee. An annual renewal fee of \$50 will be billed on July 1st.

Payments:

Payments to "SNACS Preschool" may be made by check or money order. There is a \$25 charge for returned checks. Late payments will be subject to a 5% late fee. Payments must be made the Friday in advance.

Cancellations:

Cancellations of enrollment require a two-weeks notice in writing.

Vacations:

After one full year of enrollment, students may receive a one-week "vacation". No tuition is charged for this week and the child does not attend. Accounts must be current and payments consistently maintained to use accrued vacation days.

Your account is not credited for days when your child is sick, during holidays and/or snow days. Please see the SNACS Preschool Calendar for more information.

In the event your account becomes delinquent and there is any default with any payment agreements made, your account will be turned over to collections and the defaulting party will be responsible for all collection fees. Please provide primary guardian social security number and primary guardian drivers license number. Please be aware that this is required for enrollment and will only be used in the event your account is turned over to collections.

Child's name: _____ DOB: _____ Current age: _____

Days attending: _____ Charge: _____

Guardian #1: _____ # _____ Email: _____

SSN: _____ - _____ - _____ Drivers License #: _____ State: _____

Guardian #2: _____ # _____ Email: _____

SSN: _____ - _____ - _____ Drivers License #: _____ State: _____

I have read and understood the financial agreement as stated in the Enrollment Packet and Parent Handbook. I agree to make payments the Friday in advance before care is provided.

Parent/Guardian Signature

Date

I _____, parent of _____, accept the following requirements of enrollment to the SNACS Preschool (please read and initial each area below):

- _____ I understand that my child care fees are due on the Friday prior to the first day of service for each week. I may request to make alternate payments as long as the payments are still made prior to service. I understand that if I fail to make two (2) consecutive payments, that my child can be terminated from the program immediately, without further notice. I also understand that a 5% late fee will be incurred on charges of more than two weeks.
- _____ I agree to give two weeks notices upon leaving the program. If I fail to give notice of two weeks, I understand that my child's account can be charged for up to two weeks at his/her regular fee. I understand that if my child care fees are not paid in full upon leaving the program that my account may be turned over to a collection agency and/or other steps may be taken to collect the unpaid balance. In the event my account is turned over to collections I understand that my balance will also include all collection charges.
- _____ Upon the first day of enrollment, I will provide an up-to-date immunization record for the child which is to be enrolled in the program. If at any time it is determined that my child's immunization record is not up-to-date I will have the required immunization(s) completed within 30 days of notification and provide this information to the center for my child's file.
- _____ I understand that within 30 days of enrollment my child must have a completed medical form signed by a physician on file with the center. If not completed within this time, my child can be terminated from the program immediately without further notice.
- _____ I understand that I am responsible for 30 hours a year of "Parent Hours". This can be earned in actual time in classrooms, help with classroom preparation, helping with planning events, or by making a \$150 annual donation to SNACS Preschool, a non-profit organization.

Please Note: SNACS Preschool is a training school and many of the following activities are a requirement either for Accreditation purposes or for practicum.

- _____ Pictures taken of my child to be used for educational purposes, teacher training, observation documentation for child portfolios, accreditation evidence of curriculum for classroom and child portfolios, publications and promotional events, and other school uses. My child's full name will be used only with permission.
- _____ Distribution of my address, email address, and/or phone number to other parents of a child enrolled in the school. (Addresses will not be given out for any commercial purposes.)
- _____ Observations of my child may be conducted by college students and other observers as approved by the Director. I understand that only my child's first name and information such as age, number of siblings, and other non-identifying information will be provided to observers.
- _____ Examination of my child's enrollment and health information by representatives of Nevada State Licensing, Health and other state or local agencies having a legitimate need to examine such records.

Parent/Guardian Signature

Date

SNACS Preschool
Family Traditions Survey

We would like to invite you to share your time and talents. Please fill out the short survey below and tell us how you may be able to contribute to your child's and the center's experiences and enrichment.

Guardian 1: Name _____

What is your occupation? _____

Do you speak another language at home other than English? If yes what is it? _____

What are some of your hobbies or special interests? _____

Do you have any special skills that you would like to share with us? _____

Are there any special events or cultural experiences in your life or community that you want us to be aware of or that you would like to share with your child's class?

What activities do you most like to share with your child? _____

How do you feel about attending parent education meetings and other center events?

Guardian 2: Name _____

What is your occupation? _____

What are some of your hobbies or special interests? _____

Do you have any special skills that you would like to share with us? _____

Are there any special events or cultural experiences in your life or community that you want us to be aware of or that you would like to share with your child's class?

What activities do you most like to share with your child? _____

How do you feel about attending parent education meetings and other center events?

SNACS PRESCHOOL
MEDICAL FORM
PHONE (775) 677-4500 FAX (775) 677-4441

(This Medical form is to be completed by a doctor and returned within 30 days after your child's enrollment - please print).

CHILD'S NAME: _____

BIRTH DATE: _____ HEIGHT: _____ WEIGHT: _____

GROWTH: NORMAL : _____ OTHER: _____

EYES: WITH GLASSES: _____ WITHOUT GLASSES: _____

EARS : HEARING LOSS: _____ OTHER DEFECTS: _____

HEART: _____ LUNGS: _____

SKIN: _____ SPEECH: _____

TONSILS: _____ NUTRITION: _____

GLANDS: _____

(CERVICAL)

(THYROID)

OTHER (SPECIFY)

ORTHOPEDIC - - STRUCTURAL DEFECTS _____ POSTURE _____

SCOLIOSIS _____ FEET _____ HERNIA _____ BLOOD PRESSURE _____

SYMPTOMS OF NERVOUS DISORDER _____

OPERATIONS _____

SERIOUS INJURIES _____

ALLERGIES _____

RECENT IMMUNIZATIONS _____

IS THERE ANY CONDITION WHICH WOULD LIMIT PARTICIPATION IN THE PHYSICAL EDUCATION PROGRAM? _____

ADDITIONAL REMARKS THAT MAY BE OF VALUE TO THE SCHOOL _____

NAME OF PHYSICIAN: _____

ADDRESS OF PHYSICIAN: _____

PHYSICIAN'S PHONE: _____ FAX #: _____

SIGNATURE OF PHYSICIAN: _____ DATE: _____