



Islesboro Preschool

Registration for the

2020-2021 school year

is now open! Once again, the Islesboro Preschool will be open five days a week throughout the school year.

The preschool mirrors ICS's vacation, holiday, In-service days, and snow days.

First day of school:
Tuesday September 8th

Hours of Operation:

Mon-Fri: 8:30 AM – 3:30 PM

*Note: A 10% discount will apply to families with more than one enrolled child.

All ages (3 months – 5 years)

Daily Routines: All students participate in daily routines together, including morning circle, snack time, recess, and afternoon rest. Using Maine's Early Learning and Development Standards, students aged 3 and above will develop personalized learning goals in the areas of social & emotional wellbeing, early literacy, creative arts, physical development and health.

Tuition Rates:

Infant/Toddler (up to 2.5 yo)

- \$23 - Full Day
- \$17.50 - Half Day (8:30 - 12:30)

Pre-K (2.5 yo and older)

- \$17.50 - Full Day
- No half-day price



www.islesboropreschool.org

152 Main Rd. Islesboro, ME 04848
(207) 734-8386

Registration

To enroll in the IPS 2020- 2021 school year, please complete the following registration information and return to Hannah Wayda. A deposit of \$50 is due upon registration. Attendance will be billed monthly throughout the school year. The enrollment deposit will be applied to your first monthly statement. Limited space available. For more information, contact Hannah at hannah@islesboropreschool.org .

Child's Name: _____ Birth date: _____

Address: _____

Parent Names: _____

Parent email(s): _____

Home phone: _____ Cell phone: _____

I would like to enroll my child for (check all that apply):

	Monday	Tuesday	Wednesday	Thursday	Friday
Mornings (8:30-12:30pm)					
Full Day (8:30-3:30pm)					

Health Care Permission Information

Child's name: _____ Birth date: _____

Child's physician: _____ Phone: _____

Child's dentist: _____ Phone: _____

Immunizations on file: _____yes _____no

In the event of an emergency, please contact:

Name: _____ Phone: _____

Name: _____ Phone: _____

Name: _____ Phone: _____

Medical Information: Please be specific. This could be vital in an emergency.

1. Medical conditions:
2. Medications being taken:
3. Allergies to medications:
4. Any other allergies:

Illness:

_____ These people have permission to pick up and transport my child. They also have my permission **to assume responsibility and care of my child** , if I cannot be reached:

Name: _____ Phone: _____

Name: _____ Phone: _____

Name: _____ Phone: _____

In case of accident or illness, I authorize the staff to provide first aid care deemed necessary for my child. In the event of an emergency in which I cannot be reached, the Islesboro Health Center, emergency medical services or the physician listed above are authorized to give emergency care deemed necessary to treat and transport my child.

Signature of Parent/Guardian: _____

Date: _____

On-Island Field Trip, Transportation and Photograph Permissions

My child _____ has permission to leave the Islesboro Preschool (please circle) on foot yes/no and by bus yes/no to attend enrichment activities and field trips on Islesboro. Details will be shared with parents prior to the activity.

I give permission for my child to be in photographs that record preschool activities, some of which may be used for publication. I will allow the following (please circle):

Newspaper articles: yes/no

Islesboro Preschool Website: yes/no

Islesboro Preschool Newsletter: yes/no

Islesboro Preschool Facebook: yes/no

People authorized to pick up your child:

- 1) _____
- 2) _____
- 3) _____
- 4) _____
- 5) _____

This permission slip is in effect for as long as my child is enrolled in programs at the Islesboro Preschool.

Parent/Guardian: _____

Signature: _____

Date: _____