SENECA VALLEY HIGH SCHOOL
FAMILY AND CONSUMER SCIENCES DEPARTMENT
SV PRESCHOOL PROGRAM

Dear Parent/Guardians,

To give our students in Seneca Valley High School's Child Development classes an enrichment experience, a preschool program is conducted from October through May on Tuesday, Wednesday, and Thursday. This year, the AM preschool session will be from 8:55 – 10:55 and the PM preschool session will be from 11:50 – 1:50, unless school has been cancelled for snow days. In the event of a two-hour delay, students will follow a modified schedule. Please check the preschool program's website for exact times at www.svsd.net/preschool.

In order to be considered for acceptance, students must be living in the Seneca Valley School District or have a parent employed by the district. We are seeking a maximum of 20 students in each session. Students must be three years old by September 1st of the enrolling school year. In addition, students must be toilet trained. Transportation to and from the high school is to be provided by the parent. To cover the cost of operating the preschool program, there is a charge of $180 per child.

During each session, the children will be under the supervision of the students enrolled in Child Development courses and Mrs. Kara Andres, Family and Consumer Sciences teacher. The program includes periods of supervised play and planned activities in math, science, language arts, storytelling, gross motor, fine motor, free play, art, and music. Snack will also be provided each day. To get a glimpse of what we do in class on a daily basis, view our Instagram account, @svpreschool.

If you are interested in enrolling your child in the program, please complete the following forms and submit with your $20 non-refundable registration fee, made payable to "SVSD". Paperwork will be accepted at the start of the registration day. Acceptance will be on a first come basis. If you have any questions or concerns, please contact Mrs. Kara Andres and (724)452-6041 ext. 1072 or andreske@svsd.net.

Thank you,

Mrs. Andres

Dear Parent/Guardian,

We welcome your child's participation in the preschool program. The program functions as an educational and positive learning experience for your child and the senior high school students. School is an important part of their daily routine and we encourage your child's attendance. Ways to positively influence your child's health include:

- Regular bed-time and plenty of sleep
- Healthy breakfast and plenty of fluids
- Daily personal hygiene
- Hand washing before/after eating and bathroom use
- Immunization as recommended by your pediatrician
- Tooth brushing and regular dental checkups
- Covering coughs and sneezes during cold and flu season

Parents must occasionally make a difficult decision regarding their child's level of health and ability to attend school. When should you keep your child at home? A spokesperson for the American Academy of Pediatrics offers these guidelines:

- Fever of 100 F or higher within the past 24 hours
- Vomiting or diarrhea during the previous night
- Severe stomachache or cramps
- Persistent, uncontrolled coughing and sneezing
- Red, irritated eyes with pus-like or excessive watery drainage
- A suspicious rash

Please keep in mind that we consider you, the parent, to be the best judge of your child's ability to attend school. We strongly advise that if your child is showing any of the above symptoms or is too ill to take part in normal activities they should stay home. If signs or symptoms should persist for more than 3 days, call your pediatrician for medical advice.

Our goal is to provide a healthy and safe environment for all students!

Anne Bernacki RN, BSN

School Nurse

FOR OFFICE USE ONLY:
___ Enrollment Fee
___ Fall Tuition
___ Spring Tuition

ENROLLMENT INFORMATION

Preferred Session: AM _____ PM _____ Either _____

If your preferred session is full, are you interested in enrolling in a different session: Yes _____ No _____

Preschool Child

Child's Full Name: _____

Nickname: _____Name Preference (to learn to write): _____

Gender: Male _____ Female _____ Date of Birth: _____/_____/_____

Child's Age on September 1st: _____ (child MUST be at least 3 for enrollment)

Mailing Address:

Street Address:		
Apt. #		
City	State	Zip Code

Child lives with: Parents_____ Mother _____ Father _____ Guardian(s) _____

Who cares for your child during the day:

Name _____ Telephone Number _____

Person who should be notified in an emergency when the parent(s) cannot be reached:

Name _____ Telephone Number _____

Relationship to the child _____

Reason for your child attending our program:

What do you hope that your child will learn in preschool this year?

Child's Family

Parents	Father	Mother
Name		
Address (if different from child's)		
Cell Phone		
E-mail		
Occupation		
Place of Employment		
Marital Status		
Is there a step-parents (if yes, please name)		

Please give the names of all people the child lives with on a regular schedule.

Grandparents:
If another person, please identify and explain:
If both parents share custody, please explain the living arrangement:

Siblings:

Name	Brother/Sister	Age

Explain any disabilities that your child has and how these could impact their participation in school activities.

_____

_____

List any medications that you child takes regularly and explain how these could affect their behavior at school.

_____

_____

Describe with as much detail as possible any of your child's food allergies.

_____

_____

Child's Social and Emotional Development

Identify and check all the categories that describe your child's playmates:

Girls _____ Boys _____ Younger Children _____ Older Children _____

Mark one of the following showing how often your child plays alone:

Always _____ Frequently _____ Occasionally _____ Seldom _____

Describe any imaginary friends that your child talks about._____

Check all the large group activities that your child enjoys:

T-Ball_____ Soccer_____ Martial Arts_____ Dance_____ Gymnastics_____ Story Time_____
Another Preschool Program_____ Sunday School_____ Other_____

Identify and explain your child's fears.

_____

List calming techniques that have proven to be beneficial for your child.

_____

Tell us about the activities that your child feels the most successful doing.

_____

Tell us some of your child's favorite things below (food, color, games, books, movies, etc.).

_____

Thank you for taking the time to tell us about your child!

Seneca Valley School District Preschool Program
Photo Use Permission Form

From time to time, we would like to take pictures of your child interacting with their peers and high school study buddies in the classroom. We would like your permission to use these pictures for various art activities or to post them on our Instagram account @svpreschool so that you can see what is happening in the preschool classroom. Pictures would be selected to highlight activities and events in our class. We will never reference your child by name or provide any specific information regarding your child. The pictures will only be used in an appropriate and professional manner by the Seneca Valley School District Preschool Program.

Please take a moment to let us know your preferences regarding our use of photos of your child:

_____YES. I grant permission to take and use photos of my child.

-OR-

_____ NO. Please do NOT take or use any photos of my child.

Child (ren)'s Name(s) (PLEASE PRINT):

1._____

2._____

Parent/Guardian's Name (PLEASE PRINT):

_____

Parent/Guardian's Signature:

_____ Date: _____

SCHOOL MESSENGER

The Seneca Valley School District has an automated phone system set up to notify employees and parents when there is a school cancellation or two-hour delay. Since most of the cancellations or delays are decided in the morning, the automated system sends out phone calls at **5:30 AM**. If you would like to receive a phone call, please fill out and return the following information.

Parent Name: _____

Child's Name: _____

Primary Number: ____ - ____ - ____

Emails are occasionally sent out in special situations. They are **not** sent out with every cancellation or delay. If you would like to receive an email, please give us your contact information.

Email: _____

Please list only one email address.

Parents who have older children enrolled in the school district should already be in the automated phone system. Please do not return this form!

TRANSPORTATION

Child's Name _____

List the names of all possible people who will be picking up your child after preschool. Names should be listed in order of the most likely to the least likely. If a new person needs to be added to the list, please send a note or preferably an email to andreske@svsd.net . **Remember that the people picking up must initial next to the child's name on a clipboard before leaving with the child.**

Thank you for helping us to keep your child safe!

Name	Relationship to Child	Phone/Cell Number

SENECA VALLEY SCHOOL DISTRICT

Preschool Emergency and Health Information

Student's Name: _____ Home Phone: _____
Last First Middle

Address: _____
Street Town ZIP Code

Birthdate: _____ Gender: M____ F____

Student Lives With: Both Parents ____ Mother Only ____ Foster ____
Father Only ____ Guardian ____ Relative ___

	Father	***Mother***	***Guardian (Relationship)***
Name:	_____	_____	_____
Employer:	_____	_____	_____
Business Phone:	_____	_____	_____
Cell Phone:	_____	_____	_____

****Please provide the name and phone # of the individual(s) transporting your child to pre-school:**

Contact: _____ Phone: _____

Contact: _____ Phone: _____

PLEASE FURNISH THE NAMES OF EMERGENCY CONTACT(S). Do not list relatives or neighbors if they have not consented, are not available, or have no transportation. (List individuals in order of preference)

Contact:_____ Phone: _____

Contact:_____ Phone: _____

Medical Information:

1. Is your child taking <u>any</u> medication or treatments? Yes ____No____
   If yes, please list here: _____

2. Does your child have any special health problems such as asthma, allergies, diet restrictions, seizures or any other health problems/needs? Yes ____No ____ if yes, please explain: _____
   _____

3. Does your child have any <u>life threatening</u> allergies to foods, insects, medicine or plants? Yes____No____
   If yes, please explain: _____

4. Does your child have an EpiPen* prescribed by his/her physician? Yes____ No____
   If yes please explain, list allergies and symptoms: _____
   _____

*** Please contact the school nurse regarding your child's EpiPen instructions**

Child's Name _____
(Last / First / Middle)

Pennsylvania State Health Law Requires the following Immunizations for Preschool Children

***If your child has a Medical and/or Religious Exemption to the Immunization Law a written statement must be provided.**

Dates for HEP B: 1. ____/____/____ 2.____/____/____ 3. ____/____/____

Dates for Dtap: 1. ____/____/____ 2.____/____/____ 3.____/____/___4.____/____/____5. ____/____/____

Dates for IPV: 1. ____/____/____ 2. ____/____/____3.____/____/____4. ____/____/____

Dates for MMR: 1. ____/____/____ 2. ____/____/____

Dates for Varicella: 1. ____/____/____ 2. ____/____/____ * If your child has had the disease of chickenpox, the vaccine is not required. A signed statement from the parent or physician is acceptable as proof of having had the disease.

Date of the Chickenpox Disease ____/____/____ (if applicable)

Physical examination within the Last 12 Months: ____/____/____

P**ARENTAL CONSENT TO EMERGENCY MEDICAL TRANSPORTATION AND TESTING**

In case of an emergency requiring immediate medical treatment, I give my permission to transport this student, if necessary, to the nearest hospital. If an ambulance is necessary, the closest service will be called. (If possible, the Seneca Valley School District will attempt to contact the parent/guardian prior to transporting an injured or ill student. **Payment for ambulance service to transport the student will not be the responsibility of the Seneca Valley School District**.)

_____ _____

Signature of Parent/Guardian Date