



To enroll your child in the 4-year old preschool program the following documents must be completed before you are accepted into the program. If any documents are missing, you will automatically be put on a waiting list.

1. **REGISTRATION PACKET**
2. **HEALTH APPRAISAL – 4-YEAR OLD PHYSICAL COMPLETED BY PHYSICIAN**
3. **\$15 REGISTRATION FEE**
4. **SIGNED CONTRACT & PAYMENT AGREEMENT**

5. **IMMUNIZATION RECORD**

State Law (P.A. 386. sec. 92 or 1978. amended 1992) requires all new school entrants to be immunized against measles, mumps, rubella, polio, DTP, DT, T, Hep B, and Varicella. Upon entering 7th grade or higher students must have the Meningococcal vaccination (PA 386, Section 92 of 1978 as amended). Parents/guardians must provide the school with a record showing that they have received all of these required immunizations or a waiver must be signed. Children who have not completed the required immunizations will be excluded from school until such requirements are met.

The Lenawee County Health Department is located in the Human Services Building located at 1040 S. Winter Street, Adrian, MI. You may contact them at 264-5226 regarding immunizations.

6. **BIRTH CERTIFICATES**

A person enrolling a student for the first time must provide the school with a **certified** copy of the student's birth certificate (P.A. 84 of 1987). Failure to comply with the request, or the documents are inaccurate and/or suspicious in nature will result in the school sending notifications of compliance within 30 days or the case will be turned over to the local law enforcement agency.

7. **RESIDENCY**

Parent/guardian must provide proof of their legal residence. Change of guardianship is not permitted for the purpose of attending a specific school or school district. The courts have stated what constitutes residency.

"a child is entitled to the benefit of the public schools in the district in which they live if they have gone there in good faith for the purpose of acquiring a home and not for the purpose of taking advantage of school privileges." (Commonwealth V. School Directors of Upper Swatara Township 26 L.R.A. 581)."

Proof of legal residence will be required by the school district of a parent or guardian enrolling a student for the first time. Acceptable forms of proof of residency include:

- Mortgage documents that prove ownership
- Copy of property tax statement
- Copy of a lease agreement
- Utility bill that provides address and name match up
- DRIVER'S LICENSE IS NOT ACCEPTABLE



**2022/2023 FOUR-YEAR OLD PRE-SCHOOL PROGRAM
CONTRACT & PAYMENT AGREEMENT**

PLEASE READ THIS CONTRACT BEFORE SIGNING

Student Name: _____

Date of Birth: _____

REGISTRATION REQUIREMENTS

1. The following documents are required with the initial application in order to be accepted into the program. Any missing documents you will be put on a waiting list until all documentation has been received.
 - a. Signed contract and payment agreement
 - b. Non-refundable registration fee of \$15.00
 - c. Certified birth certificate
 - d. Proof of residency
 - e. Up-to-date immunization records
 - f. Health appraisal – Four-year physical completed by physician within 14 days of fourth birthday.
2. Sand Creek Schools should be notified in writing if your child is withdrawing from the program.
3. It is important that students be dropped off and picked up at designated times.
4. Students leaving early must sign out with the program teacher.
5. No credits or refunds are given if a child is absent.
6. The program will be closed whenever Sand Creek Schools closes or delays for inclement weather. **NO** refunds or credits will be given for these types of closures.

THE FOLLOWING ARE GROUNDS FOR DISMISSAL FROM THE PROGRAM:

1. Late tuition payments.
2. Incomplete four-year physical, immunization records, and insufficient proof of certified birth certificate.
3. The child's behavior is a threat to other children and/or the instructor.
4. It is expected that children are toilet trained.



PAYMENT AGREEMENT

Tuition is due every Monday before preschool begins. Payments not paid by Tuesday will be assessed a \$10 late fee for each week payment is late.

Non-payment of tuition is grounds for dismissal from the program.

Tuition fee per week is:

- Full day preschool cost \$120 per week
7:45 am – 3:00 pm (Includes free breakfast and lunch is offered for a fee)
- Half day preschool costs \$80 per week
7:45 am – 11:00 am (Includes free breakfast)

Ruth McGregor Elementary is excited to offer **MySchoolBucks® School Store!** This online payment service provides an easy way to pay for items such as **PRESCHOOL TUITION** using your credit/debit card or electronic check.

Enrollment is easy and you are not charged a fee!

1. Go to www.MySchoolBucks.com and register for a free account.
2. Add your students using their school name and student ID.
3. Make purchases with your credit/debit card or electronic check.

A program fee may apply. You will have the opportunity to review any fees and cancel if you choose, before you are charged.

How to view your monthly invoice:

1. Click on School Store
2. Click on School Invoices
3. **Select the correct month of the invoice**
4. Click on Payment Option
5. Select to pay the remaining amount on that invoice or select pay other amount.
6. All tuition payments are due at the beginning of each month or you will be charged a \$10 late fee.

I agree to the terms of this contract and agree to make my monthly tuition payments. I understand that if I do not make the monthly tuition payment that it is grounds for dismissal from the program.

Parent/Guardian Name (Print): _____

Relationship: _____

Parent/Guardian Signature: _____



CHILD'S LEGAL NAME (as shown on birth certificate):

Last Name: _____ First Name: _____ Middle: _____

Full day Preschool: _____ (\$120 per week) Half day Preschool: _____ (\$80 per week)

Birthdate: _____ City of Birth: _____ State of Birth: _____

SPECIAL EDUCATION

Did your child receive any special education series at a previous school? Yes No

- Male
- Female

Multiple Birth Status:

- Single
- Twin
- Triplet
- Quad
- Birth order _____

If yes, please indicate the types of services he/she received :

STUDENT ADDRESS INFORMATION

Physical Address:

House # Street Name Apt./Unit # City Zip

Mailing Address:

House # Street Name Apt./Unit # City Zip

Primary HOME phone number: _____ Student Mobile Number: _____

Student E-mail: _____

RESIDENCY STATUS

- Resident
- School of Choice

School District you live in _____

LANGUAGE

Is your child's native tongue a language other than English?

- Yes, Name of language: _____
- No

Is the primary language used in your child's home or environment a language other than English?

- Yes, Name the language _____
- No

OTHER CHILDREN IN THE FAMILY			
Name (First & Last)	Birthdate	Grade	School of Attendance
_____	____/____/____	_____	_____
_____	____/____/____	_____	_____
_____	____/____/____	_____	_____



PARENT/GUARDIAN INFORMATION – LIVING IN THE HOME

1st person residing in the home:		
Name:		Relationship:
Home Phone Number:	Cell Phone Number:	Work Phone Number:
Place of Employment:	Occupation:	E-mail Address:
2nd person residing in the home:		
Name:		Relationship:
Home Phone Number:	Cell Phone Number:	Work Phone Number:
Place of Employment:	Occupation:	E-mail Address:

PARENT/GUARDIAN INFORMATION – NOT LIVING IN THE HOME

1ST person NOT in the home		
Name:		Relationship:
Address:		
Primary Home Phone Number:	Cell Phone Number:	Work Phone Number:
Place of Employment:	Occupation:	E-mail Address:
2nd person NOT in the home		
Name:		Relationship:
Primary Home Phone Number:	Cell Phone Number:	Work Phone Number:
Place of Employment:	Occupation:	E-mail Address:
Should this person receive mailings?		
Have custody papers been provided to the district? Please provide a copy.		
Custody restrictions:		



EMERGENCY CONTACT INFORMATION

Please list parent/guardian along with at least 3 additional people to contact in the event your child becomes ill.

Calling Order	Name	Relationship	Home Number	Cell Phone	Work Phone

RACE ETHNICITY QUESTIONNAIRE:

Please answer BOTH parts A and B.

PART A

Is this student Hispanic/Latino? (Choose only one)

- No, not Hispanic/Latino
- Yes, Hispanic/Latino (A person of Cuban, Mexican, Puerto Rican, South or Central America or other Spanish culture or origin, regardless of race.)

Part A of the question is about ethnicity, not race. Regardless of what you selected in Part A, **please answer Part B** by marking one or more boxes to indicate what you consider your student’s race to be.

PART B

What is the student’s race? (Choose one or more)

- White**
A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.
- American Indian or Alaska Native**
A person having origins in any of the original peoples of North and South America, including Central America.
- Asian**
A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.
- Black or African-American**
A person having origins in any of the black racial groups of Africa
- Native Hawaiian or Other Pacific Islander**
A person having origins in any of the original peoples of Hawaii, Guam, Samoa or other Pacific Islands.

NOTE: Both parts A and B **MUST** be completed. If either part (A or B) is not answered, the U.S. Department of Education requires the school district to supply an answer on your behalf.



HEALTH HISTORY

Is your child having any of the following problems?	Yes	No
Allergies or reaction to food? If yes, list:	<input type="checkbox"/>	<input type="checkbox"/>
Allergic to any kind of medication? If yes, list:	<input type="checkbox"/>	<input type="checkbox"/>
Allergic to bees? If yes, does your child need an Epi Pen?	<input type="checkbox"/>	<input type="checkbox"/>
Hay Fever, Asthma, wheezing, shortness of breath	<input type="checkbox"/>	<input type="checkbox"/>
Diabetes	<input type="checkbox"/>	<input type="checkbox"/>
Hearing problems	<input type="checkbox"/>	<input type="checkbox"/>
Vision problems	<input type="checkbox"/>	<input type="checkbox"/>
Other health issues/physical limitations/restrictions (Please explain)	<input type="checkbox"/>	<input type="checkbox"/>

MEDICATION

Is your child regularly taking any medications? Yes No

If yes, what medication? _____

Reason for medication? _____

Where is medication administered? Home School Both

If medication is administered at school, an "AUTHORIZATION TO ADMINISTER MEDICATION" form **must** be completed by parent and doctor. *Medication will not be dispensed without a completed form.*

Does this child have any problems that might influence his school judgment? Yes No

If yes, please describe:

If you or your spouse cannot be contacted in the case of an emergency, would you want the teacher and or principal to seek medical aid for your child on your behalf? Yes No

The undersigned hereby acknowledges that the information provided on the registration forms is true and accurate.

The undersigned understands and agrees to the following.

1. It is his/her responsibility to inform the appropriate school office if and when any of the information set in this form changes.
2. Will provide the following items before my child attends Sand Creek Community Schools: certified birth certificate, up-to-date immunization records, proof of residency, and custody papers if applicable.
3. Understands that the Sand Creek 4-year old Preschool Program is a tuition based program and parent/guardian will be responsible for making the monthly payment and non-payment is grounds for dismissal from the program.

Parent or Guardian Signature: _____ **Date:** _____

