



Joyful Mission Preschool
7051 East Parker Hills Court
Parker, CO 80138

Director – Joy Johnson
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www.joyfulmissionpreschool.org

Welcome to Joyful Mission Preschool!

Our mission at JMP is to serve God by instilling in each child a joy for learning through developmentally appropriate practices in a Christian environment that results in a love for God, self and others. We have been serving the Parker area since 1979 and are accredited through American Christian Schools International (ACSI). Our nurturing, experienced administrative and teaching staff is committed to this preschool and to the children and families that we serve. If you would like to join our Christian family, the remainder of this packet contains the registration paperwork needed to complete the enrollment process for your child.

Please feel free to call the preschool at (303) 841-3770 with questions or to arrange a tour.

For the 2017 – 2018 School Year, we will be offering the following classes:

2 ½ year olds – must be 2 ½ years old by 10/1/17 to enroll & to begin class. Children who turn 2 ½ after 10/1/17 will be placed on an Intent to Enroll List and placements will be awarded in the class if spaces are available when the child turns 2 ½.

- Tuesday and Thursday, 9:00am-11:30am

3 year olds – must be 3 years old by 10/1/17

- Monday, Wednesday and Friday, 8:30am-11:30am
- Monday, Wednesday and Friday, 12:30pm-3:00pm
- Tuesday and Thursday, 9:00am-1:00pm

Pre-Kindergarten (Pre-K) – must be 4 years old by 10/1/17

- Monday, Wednesday and Friday, 8:30am-11:30am
- Monday, Wednesday and Friday, 12:30pm-3:00pm
- Tuesday and Thursday, 9:00am-1:00pm

Junior Kindergarten (Jr. K) – for children whose birthday falls between 10/2/17 & 12/31/17

- Monday through Thursday, 8:30am-11:30am
- Monday through Thursday, 12:30pm-3:00pm

If you are ready to complete the registration process, please take note of the following:

- ✓ The tuition deposit, registration fee and supply fee as outlined in the Financial Agreement *must* be paid to secure your child's enrollment.
- ✓ The registration and supply fees are non-refundable.
- ✓ Classes are filled based on date and time of receipt of the deposit and fees. Once a class is filled, new applications will be added to the waitlist in order of receipt. If an opening in a waitlisted class becomes available, the slot will be offered to the first person on the waiting list.
- ✓ We would prefer to receive all paperwork when you register; however, we do understand that you may need to return some paperwork at a later date. All completed paperwork is due by August 1st, 2017. Forms not received by August 1st may result in the loss of your child's enrollment.
- ✓ A copy of your child's immunizations and a General Health Appraisal Form completed & signed by your child's pediatrician is due by their first day of school. Simply call the doctor's office and ask that they fax the forms to JMP at 303-841-4064.

You will hear from us several times over the summer months with information regarding the opening of school, orientation and school activities. We will have summer camp opportunities for your children during June and July; this may be a good opportunity to introduce your child to our preschool. Information regarding summer camps will be posted on the Joyful Mission Preschool website or available in the preschool office before the end of our current school year.

We know you have many preschool choices in the Parker area for your child. Thank you for choosing Joyful Mission Preschool!

We look forward to partnering with you!

Joy Johnson
Director
Joyful Mission Preschool





PARENT-PRESCHOOL AGREEMENT 2017-2018 School Year

CHILD'S NAME: _____ Date: _____

I will supply all required completed registration forms and fees for the 2017-2018 school year. I have enclosed the following forms with this agreement and will return all others on or before August 1st, 2017.

(Check all that apply)

- _____ Personal History
- _____ Emergency Contact Information
- _____ Authorized Adults Form
- _____ Photograph, Film Viewing & Class Roster Permission Form
- _____ Permissions & Authorizations Form: Dismissal, Authorized Adult, Other Permissions
- _____ Parent-Preschool Agreement
- _____ Classroom Parent Volunteer (optional)
- _____ Financial Agreement Form
- _____ General Health Appraisal Form (obtained from & signed by pediatrician, due by first day of school)
- _____ Copy of Immunizations (obtained from & signed by pediatrician, due by first day of school)

I understand that my child is not guaranteed enrollment until such time as I pay the tuition deposit, registration fee, and supply fee as outlined in the Financial Agreement document & I receive enrollment confirmation from the Director. I have read and understood the information in the Financial Policy document.

I have read and signed the Dismissal Policy, Authorized Adult Policy and the Parent Permission Form for use in the event of an emergency.

I agree to provide a nut free snack & lunch (when applicable) for my individual child. I will also send an initial beverage with them each day. I understand that Joyful Mission Preschool only serves water as a beverage refill & that JMP is an allergy aware school (**please no peanut/ tree nut products**).

Parent/Guardian Signature: _____ Date: _____



PERSONAL HISTORY

2017-2018 School Year

CHILD'S NAME: _____ Date: _____

Has your child been assessed or referred for special testing for any type of difficulty either by their pediatrician or by a specialist? No _____ Yes _____ If yes, please explain: _____

Are there any religious or cultural needs to which we need to be sensitive? No _____ Yes _____

If yes please explain _____

Does your child speak more than one language? No _____ Yes _____

If so, which language/s? _____

Does your child have a preference for their right or left hand? _____

Has your child had a previous preschool experience? No _____ Yes _____

If yes, please include the last school & dates attended. _____

Does your child have any challenges with the following?

--Please describe and note if there is ongoing intervention or therapy.--

Hearing: _____

Vision: _____

Speech: _____

Motor Delays: _____

Does your child have any difficulty using or telling someone he/she needs to use the bathroom?

No _____ Yes _____ If yes, please explain _____

Please include additional comments regarding characteristics or issues of which we need to be aware:

Other adults at same address:

_____	_____
(name)	(relationship)

_____	_____
(name)	(relationship)

Other children/siblings at same address:

_____	_____
(name)	(relationship)

_____	_____
(name)	(relationship)

_____	_____
(name)	(relationship)



EMERGENCY CONTACT INFORMATION 2017-2018 School Year

CHILD'S NAME: _____ **Date:** _____

Please remember that for the safety of your child, you must keep this form up-to-date throughout the school year. Please notify the preschool Director immediately of any changes.

Birthdate: _____ Age: _____ Home Phone: _____

Home Address: _____

Mother's Name: _____ Email Address: _____

Include all phone numbers and check the best phone number to call during preschool hours:

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Father's Name: _____ Email Address: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Doctor: _____ Office Phone: _____

Address: _____

Dentist: _____ Office Phone: _____

Address: _____

Hospital of Choice: (circle one or add your own)

Parker Adventist 9395 Crown Crest Blvd. Parker, CO 80138 303-269-4000	Sky Ridge Medical Center 10101 Ridge Gate Parkway Lone Tree, CO 80124 720-225-1000	Other: Address: Phone:
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Known allergies:

Food: _____

Medicine: _____

Other: _____

Known medical/physical problems: _____

Current medication or medical treatment being given: _____

Detail any areas currently under the care of a specialist or therapist: _____



AUTHORIZED ADULTS FORM

2017-2018 School Year

CHILD'S NAME: _____ Date: _____

List all persons designated to pick your child up from school. Include yourself, spouse, other family members or friends who are authorized to pick up your child. If our staff is unfamiliar with any of the individuals listed, he/she will need to provide photo identification before the child is released to them.

Contact the Preschool Director to add or delete names from this list.

Please list individuals in the numerical order (1 being first) you would like us to call in the event of an emergency. If you have more than five authorized adults to place on the list please continue on the back of this form.

1. Name: _____
Relationship to Child: _____
Address: _____
Phone Number/s: _____

2. Name: _____
Relationship to Child: _____
Address: _____
Phone Number/s: _____

3. Name: _____
Relationship to Child: _____
Address: _____
Phone Number/s: _____

4. Name: _____
Relationship to Child: _____
Address: _____
Phone Number/s: _____

5. Name: _____
Relationship to Child: _____
Address: _____
Phone Number/s: _____



PHOTOGRAPH, FILM VIEWING & CLASS ROSTER PERMISSION FORM

2017-2018 School Year

CHILD'S NAME: _____ Date: _____

Photograph Release

I hereby grant permission to Joyful Mission Preschool/Joy Lutheran Church to take my child's picture whether in still pictures or slides, motion pictures, audio or video tape, my child's photograph and/or reproductions of my child including his/her voice (which includes commentary, remarks, and/or recordings); my child's features, with or without his/her name, for any use within Joyful Mission Preschool or Joy Lutheran church. These items may be used without limitation or reservation of any fee.

This permission includes slide shows which are distributed to other families in the preschool.

I hereby grant permission to Joyful Mission Preschool to use pictures taken of my child for the purposes of public relations (i.e. newspaper articles, films, and Joyful Mission Preschool web site and Facebook page). I understand that all necessary precautions will be made to preserve the privacy and protection of my child's identity when appropriate.

_____ Initial here if you authorize photo use for JMP slideshows.

_____ Initial here if you authorize photo use for brochures, advertisements & articles.

_____ Initial here if you authorize photo use on Facebook, Instagram & Twitter.

_____ Initial here if you authorize photo use on the JMP website.

Minors cannot consent to media interviews or waive their privacy rights. These decisions must be made by parent/guardians; therefore, this release form must be signed by parent/guardian when the individual is a minor.

Parent/Guardian Signature

Print Name

Viewing Permission Slip

I hereby grant permission for my child to view G rated movies or videos which are age appropriate.

Parent/Guardian Signature

Print Name

2017-2018 Class Roster

I give permission for my family's name, address, phone number, cell phone numbers and work numbers to be published in the 2017 – 2018 class roster that may be sent home to each family.

Parent/Guardian Signature

Print Name



PERMISSIONS & AUTHORIZATIONS FORM 2017-2018 School Yr

CHILD'S NAME: _____ Date: _____

Dismissal Policy

Joyful Mission Preschool reserves the right to dismiss a child from the preschool whenever the relationship between the school and the family is not found to be mutually satisfactory. Please refer to the Financial Agreement and Policies documents for information regarding the financial impact of a withdrawal. Prior to a dismissal and to possibly avert the dismissal, the Director will discuss the situation with the family and will request a joint meeting with the teacher or any other necessary individuals as required to resolve the issue.

PLEASE INITIAL BOX

Authorized Adult

In the event of an emergency and you are unable to be reached, the preschool will contact those listed on the Authorized Adults Form. If they cannot be reached, the school will contact the Sheriff's Department. Also, if your child is not picked up from the school after one hour of the close of the class session and all attempts to reach the parents and the Authorized Adults have failed, the school will contact the Sheriff's Department.

PLEASE INITIAL BOX

Parent Permission

I, _____, hereby give my permission to Joyful Mission Preschool to call an ambulance and/or any necessary medical personnel to transport and treat my child (name), _____ in case of an emergency. I understand the preschool staff will make every effort to reach all Authorized Adults. We agree and understand all expenses will be our individual responsibility, not the schools. I also authorize the transfer of my child's student records to the local hospital or medical personnel. I understand the emergency personnel will determine where to transport my child in the event of an emergency. I will provide written and signed instructions via the Emergency Information Form if my child must be transported to a specific hospital due to a specific health condition. I permit my child to play on the playground equipment during my child's school hours while under the supervision of the preschool staff. The preschool staff is not responsible for children or siblings on the playground during the time my child is not in his/her class session or if I am accompanying my child on the playground. I will be notified in writing to sign a permission slip for field trips on an individual basis unless it is designated a Family Field Trip.

PLEASE INITIAL BOX

I have read, understand and agree to all of the above.

Parent/Guardian Signature: _____ Date: _____



CLASSROOM PARENT VOLUNTEER

2017-2018 School Year

CHILD'S NAME: _____ Date: _____

We would like to have a classroom parent who would help out with school and classroom events. Duties would include helping plan class parties and finding volunteers from your child's class to help out with school events. Some of the events we need help with are: Fall Festival, Butter Braid Fundraiser, Thanksgiving Feast, Christmas Parties, Valentines' Parties, and end of year activities.

If you are interested, please return this form to your child's teachers. Thank you!

Parent Name: _____

Child's Class: _____

Phone Number: _____

Email Address: _____



FINANCIAL AGREEMENT

2017-2018 School Year

CHILD'S NAME: _____ Date: _____

Please check the box identifying your class choice for your child

<input type="checkbox"/>	Age Group	Days	Time	Monthly Tuition/ Deposit	Supply Fee	Registration*
<input type="checkbox"/>	2 ½ year old	T/TH	9:00-11:30	\$175	\$75	\$75
<input type="checkbox"/>	3 year old	MWF	8:30-11:30	\$255	\$75	\$75
<input type="checkbox"/>		MWF	12:30-3:00	\$210	\$75	\$75
<input type="checkbox"/>		T/TH	9:00-1:00	\$255	\$75	\$75
<input type="checkbox"/>	Pre K	MWF	8:30-11:30	\$265	\$75	\$75
<input type="checkbox"/>		MWF	12:30-3:00	\$220	\$75	\$75
<input type="checkbox"/>		T/TH	9:00-1:00	\$265	\$75	\$75
<input type="checkbox"/>	Jr K	M-TH	8:30-11:30	\$300	\$90	\$75
<input type="checkbox"/>		M-TH	12:30-3:00	\$250	\$90	\$75

*Max \$100/family

FAMILY DISCOUNT - 5% tuition discount for the child with the **lowest** monthly class tuition rate.

FULL YEAR PAYMENT - 5% tuition discount if **full** year of class tuition is pre-paid.

The Family Discount & Full Year Payment Discount may each be applied if you qualify for both.

****No discount or pre-pay options are available for any Extended Care Programs****

The tuition deposit, supply fee and registration fee are required at the time of registration to hold a spot for your child. The registration fee and supply fee are non-refundable.

By signing below, you are indicating that you received the Financial Policies document and understand its content.

Parent/Guardian Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____

If you will have multiple payers on this account, we require a signature from each.

Please return this page to the preschool for our records and keep the remainder of this document in your files.



Financial Policies Joyful Mission Preschool 2017-2018 School Year

This Financial Policies document includes tuition rates and fees along with various financial policies regarding billing and payment. Please keep this document for your records.

TUITION AND FEES

Tuition and fees for the 2017-2018 School Year are found in the following table. The tuition deposit, supply fee and registration fee **are required at the time of registration** to hold a spot for your child. The registration fee and supply fee are non-refundable. The monthly tuition is billed as described in the Billing and Payment section of this document.

Age Group	Days	Time	Monthly Tuition/ Deposit	Supply Fee	Registration*
2 ½ year old	T/TH	9:00-11:30	\$175	\$75	\$75
3 year old	MWF	8:30-11:30	\$255	\$75	\$75
	MWF	12:30-3:00	\$210	\$75	\$75
	T/TH	9:00-1:00	\$255	\$75	\$75
Pre K	MWF	8:30-11:30	\$265	\$75	\$75
	MWF	12:30-3:00	\$220	\$75	\$75
	T/TH	9:00-1:00	\$265	\$75	\$75
Jr K	M-TH	8:30-11:30	\$300	\$90	\$75
	M-TH	12:30-3:00	\$250	\$90	\$75

*Max \$100/family

FAMILY DISCOUNT

- For families with multiple children in our preschool, we offer 5% off the monthly class tuition of the child with the **lowest** tuition rate.

FULL YEAR PAYMENT

- A 5% discount on the monthly class tuition is given if tuition for the **full** school year is pre-paid.

The Family Discount & Full Year Payment Discount may each be applied if you qualify for both.

****No discount or pre-pay options are available for any Extended Care programs****

OPTIONAL EXTENDED CARE PROGRAM FEES

We have options to extend your child's time with us at Joyful Mission Preschool. You can make these decisions on a routine basis or as needed. Contact the Director for full details. **Our rates are \$10/hour for these services.**

- Morning students in classes that start at 9:00am on Tuesdays & Thursdays can arrive a half hour early for Before Care (8:30am-9:00am).
- Morning students can stay an extra hour for Lunch Bunch (11:30am-12:30pm) or any half-hour increment after that up to a full day at 3:00pm.
- Afternoon students can arrive an hour early for Lunch Bunch (11:30am-12:30pm). Earlier options are *not* currently available for afternoon students.

On Tues. & Thurs., our Jr K students can attend a teacher-supervised Kindie Enrichment program. The hours are 11:30am-1:00pm. Children do eat lunch while in class. **Kindie Enrichment is priced at \$15.00 per session.**

****Joyful Mission Preschool does not provide lunch for Lunch Bunch or Kindie Enrichment****

PARENT'S DAY or EVENING OUT

At various times during the year, we may offer a Parent's Day or Evening Out program which gives you safe and secure child care. The dates, times and costs of each program will be announced in advance. Only currently enrolled JMP students may participate in Parent's Day or Evening Out.

We require that you sign up in advance of each Parent's Day or Evening Out so that we can plan staffing & supplies. If you determine that you need to cancel your child's reserved spot, please let us know two days in advance; otherwise we may assess a \$20 cancellation fee.

BILLING AND PAYMENT

- Statements will be emailed between the 25th & 30th of each month. The statements will include the current month's tuition payment and any Extended Care/Kindie Enrichment charges from the previous month.
- **Payment is due in full by the 1st of the month** and will incur late fees after the 10th of the month (refer to full late payment policy below)
- Payments may be made via cash, check made out to JMP or automatic electronic bank withdrawals.
 - Payments by check must be returned via mail or placed in the lockbox outside the Director's office.
(Please include your student's name in the memo section.)
- Payments by cash must be handed directly to the Director or the Director's designee and you *must* get a receipt for your payment.
- Returned checks will be assessed a \$25 processing fee

TUITION DEPOSIT POLICY

- Your tuition deposit will be used to pay May tuition of the following school year.
- If you withdraw prior to January 1st, your tuition deposit will be refunded less any outstanding balances owed and less a \$15 processing fee.
- If you withdraw January 1st or later, the tuition deposit is non-refundable.
- Withdrawals must be done in writing to receive a tuition deposit refund.

LATE PAYMENT POLICY

- Tuition or balances in excess of \$25 not received by the 10th of the month will be assessed a \$25 late charge.
- If a payment plan or payment-in-full is not received or approved by the 20th of the month, there will be a meeting set up with the Director to discuss a plan of action.

VACATIONS AND HOLIDAYS

- No refund or credit is given for days a student is absent or on vacation.
- No refund or credit is given during scheduled school breaks and holidays.
- No refund is given for severe weather school closures.

WITHDRAWALS

- See "Tuition Deposit Policy" for our policy on deposit refunds.
- Tuition for a current month will not be pro-rated upon withdrawal unless withdrawal is involuntary.
- Withdrawals must be done in writing to receive any qualified refunds.

SCHOLARSHIP ASSISTANCE

Joyful Mission Preschool grants full and partial tuition scholarships, as our budget allows, to any child who otherwise would not be able to attend our Preschool Program. All requests must be submitted to the Director via the JMP Scholarship Request Form available in the Preschool office.

**Any requests for exceptions to the JMP FINANCIAL POLICIES
must be submitted in writing to the Director for review.**