

**ARIZONA STATE UNIVERSITY
MARY LOU FULTON TEACHERS COLLEGE
PRESCHOOL
FALL/SPRING APPLICATION**

Current Date _____ Desired Admission Date _____

Child's Name _____ Boy ___ Girl ___ Birth date _____

Address _____ City _____ State _____ Zip _____

Mother's Name _____ Father's Name _____

M. Home phone _____ F. Home phone _____

M. Cell phone _____ F. Cell Phone _____

M. E-mail address _____ F. E-mail address _____

M. Work Phone _____ F. Work Phone _____

Child's Doctor _____ Doctor's Phone _____

Person to notify if unable to reach you _____ Phone _____

Child's food allergies _____ Other allergies _____

Please list any information or concerns regarding your child that the school should know:

Child's Ethnicity: (for research purposes only) African American ___ Anglo ___ Asian ___
Hispanic ___ Native American ___ Other _____ Home Languages _____

Please indicate Hours Needed: Extended or Regular Day	
<input type="checkbox"/> (7:30 AM – 5:00 PM) Extended Day	<input type="checkbox"/> (8:30 AM-3:40 PM) Regular Day
Full-Week or Part-Week Program	
<input type="checkbox"/> Monday – Friday	<input type="checkbox"/> Monday, Wednesday and Friday
<input type="checkbox"/> Tuesday and Thursday	

Please make checks payable to: **ASU Teachers College Preschool**

A registration fee of \$125 (non-refundable), the first tuition payment (refundable before July 1) and the attached forms are due at the time of registration.

Arizona State University
Mary Lou Fulton Teachers College Preschool
P.O. Box 871711 Tempe, Arizona 85287-1711
(480) 965-2510 FAX (480) 727-7347
<http://education.asu.edu/preschool>

For Office use only

Registration/Application Fee	___	1 st Tuition Payment	_____	Cash	___	Check	_____	Receipt #	_____
Completed Emergency Information Card	___	Up-to-date Immunizations	___	Allergy Form	___				
Signed General Permission Form	_____	Signed Research Permission Form	_____	Home Visit Form	_____				
Preschool Policies, Understandings and Agreements Form	_____	Password Request Form	_____						

PRESCHOOL SCHEDULES AND FEES

		<u>PAYMENT PLAN</u>	<u>ANNUAL FEE</u>
<u>EXTENDED DAY</u>	M-F 7:30 AM – 5:00 PM	\$720	\$5760
	*MWF	\$540	\$4320
	*TTH	\$384	\$3072
<u>REGULAR DAY</u>	M-F 8:30 AM - 3:40 PM	\$660	\$5280
	*MWF	\$504	\$4032
	*TTH	\$368	\$2944

* Part-Week Program enrollment is limited to availability.

Policy Regarding Fees

- A \$125.00 registration/application fee is due upon your child’s enrollment. The Registration Fee is NON-REFUNDABLE and is not applied to tuition. All application forms and the Registration Fee are due at the time of registration in order to reserve your child’s placement.
- Tuition is based on an academic year and is due in 8 equal payments.
- Tuition will be prorated in cases of mid-month start dates.
- A \$15 late fee will be assessed if payment is made after the first 10 business days of the month.
- All schedule change requests must be in writing 30 days prior to its effective date on the Student Information Form. We will try to honor all requests depending upon availability.
- Withdrawal requests must be in writing 30 days prior to the effective date; a Student Information Change Form must be submitted in order to stop the billing. A tuition refund is permitted ONLY for the first fall payment (which has been paid in the summer in order to reserve the placement) and is requested in writing before July 1 of that year.
- If you arrive after your child’s regular pick-up time, a late fee of \$1.00 per minute will be assessed; payment is due at the time of your next tuition payment.

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ARIZONA STATE UNIVERSITY MARY LOU FULTON TEACHERS COLLEGE PRESCHOOL CURRICULUM PHILOSOPHY

We believe that young children are active learners: that they continually construct knowledge as they repeatedly interact with people, ideas and materials in their environment (Piaget, '52). Children learn through constructive play and thus the teacher's role is often a play partner extending and enhancing the child's play and interests. We welcome the fact that young children possess diverse ideas, values and approaches to learning. Therefore, we provide a nurturing environment that encourages initiative, experimentation, problem solving, and social-interaction, while recognizing and valuing individual differences.

Our curriculum is based on the "best practice" (Bredekamp & Rosegrant, 1992), knowledge of theory, research, and practice about how children grow and learn, with attention given to the individual needs and interests of the children and families we serve.

By integrating content areas of the curriculum and designing projects based on the interests of individual children and the group, we provide opportunities for children to reach their potential in the following domains: social, emotional, physical, intellectual, creative arts, and language.

The classrooms are organized into specialized interest areas (dramatic play, creative arts and construction), and during work time children are able to work in each of the three classrooms. We believe children learn from each other and, therefore, we mix together children of different ages, 3, 4 and 5 year olds in each classroom.

Parents are encouraged to be involved with their child's education. We believe that a parent is the child's first teacher and, therefore, the insight they have of their child and their culture are very important for us to know and understand in order to best serve the child.

ARIZONA STATE UNIVERSITY
MARY LOU FULTON TEACHERS COLLEGE PRESCHOOL
DAILY SCHEDULE

- 7:30 am DOORS OPEN: adults sign children in on the office sign in/out sheet. Parents help their child wash their hands; find their cubby to put away jackets or extra clothing. Parents leave child's lunch on cart (yellow & blue rooms) or refrigerator (in red room). Children find their "Ticket to Play" and name tag. Parents help children put on their name tag and bring child to which ever classroom is open. Children then sign in on "Ticket to Play" Board. Parents sign in on the classroom sign in/out sheet. Children will remain in the open classroom till 8:30.
- 8:30 am TRANSITION TO HOMEROOM: the teachers for each classroom greet their extended-day children and take them to their homeroom. Abbreviated-day children and their parents arrive. Adults sign children in on the office sign in/out sheet. Parents help their child wash their hands; find their cubby to put away jackets or extra clothing. Parents leave child's lunch on cart (yellow & blue rooms) or refrigerator (in red room). Children find their "Ticket to Play" and name tag. Parents help children put on their name tag and children then sign in on "Ticket to Play" Board. Parents sign in on the classroom sign in/out sheet.
- 8:45 am GREETING TIME: classroom doors are closed while children and teachers share items of interest, songs, a book, activity choices, and news.
- 9:00 am SNACK TIME: classroom doors reopen while children and teachers wash hands and sit down together for snack in their homerooms.
- 9:15 am SMALL GROUP TIME: class breaks into small groups; teacher and assistant teacher lead their group through a focused activity.
- 9:30 am GATHERING/PLANNING/WORK TIME: classroom doors open while children and teachers plan where and what activities they wish to do and list them on the "Look what we did today" chart (painting, art work, dramatic play, blocks, sand, etc.). The teachers in that area assist children with their endeavors. Children may change their activity and room as often as they like by taking their "ticket to play" to another room.
- 10:30 am CLEAN-UP TIME: each child helps to clean up and then they go to their homeroom.
- 10:40 am RECALL AND STORY TIME: children recall their activities, listen to a story, and have music time.
- 11:00 am OUTSIDE TIME: children go outside with their homeroom teacher to the playground north of the Farmer Bldg. (Note: When the weather is very hot, children may start outside in the morning and have work time last.)
- 12:00 noon LUNCH TIME: children come inside, wash hands before eating lunch in their homeroom.
- 12:45 pm REST AND QUIET TIME: children begin rest/quiet time with soft music and low lighting. Each child lays on a rest mat with a laundered sheet (provided by preschool) and a blanket from home. A nap toy and a pillow are optional.
- 2:30 pm SNACK TIME: children and teachers wash hands and sit down together for snack in their homerooms.
- 2:45 pm GATHERING/PLANNING TIME: children help plan what classroom or outside activity they wish to do.
- 3:30 pm WORK TIME (inside or outside): painting, artwork, dramatic play, blocks, sand, planting, water play, etc. Children go to the room they have chosen, put their "ticket to play" on the room's board and then do the chosen activity; the teachers in that area assist children with their endeavors. Children participate in clean up.
- 3:40 pm Abbreviated-day children leave for home.
- 3:45 pm Extended-day children go outside with their homeroom teacher.
- 4:45 pm Children and teachers come inside and get ready to go home.
- 5:00 pm END OF THE SCHOOL DAY: all children must be picked up by 5:00 pm. Parents "touch base" with the teacher and sign child out on the sign in/out sheets.



CDC/SGH # or name: _____

Emergency Information and Immunization Record Card

Child's Name:	Date Enrolled:	Updated:
Home Address (#, Street, City):		Date Disenrolled:
Home Phone:	Date of Birth:	Sex: <input type="checkbox"/> male <input type="checkbox"/> female

Mother or Guardian Name:	Home Address (#, Street, City):	Home Phone:
Cell Phone (optional):	Business Address (#, Street, City):	Business Phone:

Father or Guardian Name:	Home Address (#, Street, City):	Home Phone:
Cell Phone (optional):	Business Address (#, Street, City):	Business Phone:

I authorize the following individuals to collect my child from the facility if I cannot be located:

Name:	Address (#, Street, City):	Phone:
Name:	Address (#, Street, City):	Phone:
Name:	Address (#, Street, City):	Phone:
Name:	Address (#, Street, City):	Phone:

The following individual(s) may NOT remove my child from the facility:

Name(s):

Custody papers have been provided and are on file at the facility. yes no

If Medical care is necessary, CALL:

DOCTOR	Name:	Address (#, Street, City):	Phone:
HOSPITAL	Name:	Address (#, Street, City):	Phone:

I hereby give authority to any hospital or doctor to render immediate aid as might be required at the time for his/her health and safety. It is understood by me that the expense of this service will be accepted by me.

In case of injury or sudden illness, I request that this individual be called first:
--

Does your child have insurance coverage? No Yes Name of Insurance Company:

Telephone Authorization Code : _____ (optional)

Immunization Information

For information regarding current immunization requirements go to:
www.azdhs.gov/phs/immun/index.htm or contact the Arizona Immunization Program Office at (602)364-3630.

One of these items must accompany the EIIR card at all times:

<input type="checkbox"/>	Copy of current official documented immunization record attached
<input type="checkbox"/>	Religious Beliefs exemption form signed by parent/guardian attached
<input type="checkbox"/>	Medical Exemption form signed by physician and parent/guardian attached
<input type="checkbox"/>	Signed Laboratory Proof of Immunity form attached

Notification of immunizations needed sent to Parent(s) or Guardian(s):	mo /day/ yr	mo /day/ yr	mo /day /yr
Updated immunizations received and attached:	mo /day/ yr	mo /day/ yr	mo /day /yr

Medical Information

<p>Is child allergic to food or other substances? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, describe symptoms, name foods or substances to be avoided, and the procedure to follow if reaction occurs:</p>
<p>Is child usually susceptible to infections and if so, what precautions need to be taken? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, list precautions:</p>
<p>Is child subject to convulsions and what should be our procedure if one occurs? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, specify procedure:</p>
<p>Is there any physical condition that we should be aware of and what precautions should be taken (heart trouble, foot problem, hearing impairment, hernia, etc.)? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, list precautions:</p>
<p>Additional comments:</p>
<p>Other special instructions:</p>

This **Emergency Information and Immunization Record Card** is accurate and complete, front and back, and was provided by:

Parent/Guardian PRINTED Name:	SIGNED Name:	DATE:

**ARIZONA STATE UNIVERSITY
MARY LOU FULTON TEACHERS COLLEGE PRESCHOOL
ALLERGY INFORMATION**

Dear Parent/s:

We would like to update our classroom files concerning your child's allergies. Please fill out the following information to the best of your knowledge. We are especially interested in food, insect and environmental allergies which we might need to address in the classroom. Thank you for your help.

CHILD'S NAME: _____ TODAY'S DATE: _____

<u>ALLERGY</u>	<u>REACTION</u>	<u>TREATMENT</u>	<u>DOCTOR INFO</u>
(please include the last time your child was treated for allergy)			

Other comments:

PARENT SIGNATURE: _____ Date: _____

PERMISSION for Preschool to post my child's allergy on a classroom list:

PARENT SIGNATURE: _____ Date: _____

LEAD TEACHER SIGNATURE: _____ Date: _____

ARIZONA STATE UNIVERSITY
MARY LOU FULTON TEACHERS COLLEGE PRESCHOOL
PASSWORD REQUEST

The Department of Health Services requires that we have a means of identifying you over the telephone in the event that you call to authorize a person not currently on your emergency card to pick up your child. If it were necessary to ask you to identify yourself to us over the phone, we would ask you for your password. **You do not need to give this password to the person picking up your child—it is for office use only so we can identify you.** We suggest that you select something that is easy for you to remember; i.e., a pet's name, a special date, or grandma's maiden name. This password needs to be known by both parents if they are both responsible for making such decisions or for calling the preschool.

Your name: _____

Your child's name: _____

I have read the above information; the password I have selected is:

Signed: _____

Dated: _____

Revised 4/12/2012

**ARIZONA STATE UNIVERSITY
ASU MARY LOU FULTON TEACHERS COLLEGE PRESCHOOL
POLICIES, UNDERSTANDINGS AND AGREEMENTS**

CHILD/PARENT NAME: _____/_____

Please initial after each of the following sections to indicate your understanding of, and agreement with, ASU Mary Lou Fulton Teachers College Preschool policies.

PAYMENT OF TUITION

I understand that tuition is paid one month in advance and is due the first week of each month. Tuition is considered overdue after 10 business days from the first day of each month and a fifteen dollar (\$15.00) late fee will be assessed. Should tuition become one month delinquent, I understand my child will not be able to attend until tuition is paid. If the ASU Mary Lou Fulton Teachers College Preschool finds it necessary to submit my account for collection and/or legal action, I understand that all additional costs will be added to my/our balance and I agree to pay all such additional costs. A tuition refund is permitted only for the first fall payment (paid in spring/summer in order to reserve the fall placement) and parent requests it in writing before July 1 of that school year.

Initial

TOILET TRAINING

The ASU Mary Lou Fulton Teachers College Preschool is only licensed for children who are toilet trained (except for special-needs). If you feel that your child is toilet trained, however he/she continues to have frequent "accidents", then your child's teacher will advise you what can be done. If this does not help, then your child will be temporarily removed from the program. Your child will be placed first on a waiting list until your child is ready and space is available. There will be no additional application fee. Tuition billing will be prorated.

Initial

IMMUNIZATION/EMERGENCY REQUIREMENTS

The Department of Health Services requires each child to:

- Have proof of current immunizations prior to the first day of class
- Have a completed emergency form (updated as needed).

Note: Hepatitis A and Varicella vaccines are required in Maricopa County.

Initial

CHILD RELEASE POLICY

Any person picking up your child must be on the emergency form and prior notification of pick up change must be given. We will not release your child to anyone who is not on the emergency form. Everyone must show proper picture identification (a driver's license is best) before we will release your child.

Initial

**ARIZONA STATE UNIVERSITY
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POLICIES, UNDERSTANDINGS AND AGREEMENTS**

ILLNESSES

The teaching staff daily checks all children at arrival time for wellness. For the health and safety of your child and/or the other children in the class, your child will be sent home if she/he shows any signs of illness. If your child is sent home ill, a doctor's note may be needed for your child to return to preschool. If you are in doubt whether your child is ill, please keep him/her at home.

Initial

LATE POLICY

Preschool children become very anxious if someone is not there to pick them up on time. Please pick up your child on time. A fee of \$1.00 per minute will be assessed for late pick up. If you have an emergency and are going to be late, call the office at 480-965-2510 so your child will not worry. Consistent late pick-ups may cause your child to be withdrawn. Staff will work with parents to resolve problems causing late pick-up. After fifteen minutes, if you have not called in to say that you are running late, one of the emergency contacts will be notified to pick up your child. A child left longer than one hour is considered "abandoned" by Child Protective Services. The ASU DPS will be notified.

Initial

MEDICATIONS

The Preschool can administer medication prescribed by your doctor. Over the counter medication (in the original container) with a note from the doctor and prescription medication from a doctor must be labeled with the original prescription and specific instructions. If your child takes two or three doses of medication daily, please give the medication to your child at home before and after school. Only when absolutely necessary will the staff administer medication. The parent must fill out a **medical consent form** before medication is administered.

Initial

LUNCHES

Children's lunches are the responsibility of parents and need to adhere to the nutritional guidelines listed in the Parent Handbook. When a lunch is forgotten and one will be provided for a \$5.00 fee.

Initial

CURRICULUM PHILOSOPHY

I have read the attached Curriculum Philosophy practiced in the Mary Lou Fulton Teachers College Preschool and understand this philosophy will be used in the education of my child.

Initial

GAMMAGE PARKING OPTION

I understand that the Preschool's designated parking space in the Gammage parking lot is for those picking up, delivering a child or for conducting business or observation within the Preschool premise.

Initial

ARIZONA STATE UNIVERSITY
MARY LOU FULTON TEACHERS COLLEGE PRESCHOOL
NOTICE TO PARENTS REGARDING RESEARCH STUDIES

The ASU Mary Lou Fulton Teachers College Preschool is a research facility, and for this reason we have an opportunity to participate in some interesting and worthwhile projects. To assure that all the projects, which involve the children, are positive experiences we have implemented the following procedure guidelines: the ASU faculty member conducting research specific project details with the director of the preschool to insure that it is inline with the overall philosophy and goals of the preschool. If an ASU student is involved, the student is directed and supervised by an ASU faculty member. Following the meeting with the director, the research details are submitted to the University Human Subjects Research Review Committee for approval. The director then discusses the project with the classroom teachers to make sure it will not interfere with their classroom plans. After the project has received approvals from both the Mary Lou Fulton Teachers College Preschool and ASU, the project may begin.

Parents receive written notification of the project details prior to initiation. If the project does not involve removing the children from the room, is part of the child's everyday routine, does not involve direct interactions with adults apart from their normal routine, and the project has been approved by the director of the preschool, the project may begin. In all other cases, direct parental permission is necessary for a child to participate. Parents are asked to sign up on a sign-up sheet, which is posted in the classroom or office. As much as possible, the children are not taken out of the room during meal, snack or group times, and the projects do not interfere with field trips. When the time comes to begin the research, should the child not want to participate, the child need not do so and the matter is dropped. We also monitor the studies so that a child is not asked to participate in more than three or four studies per semester. In all cases, parents may request at any time that their child not take part in a particular study. The research is an asset to our program and the field and we are pleased to be a part of it.

Permission Form

We understand that the Mary Lou Fulton Teachers College Preschool is a research facility and give our permission for _____ to take part in research activities as outlined above. We understand that we will be informed of the nature of the research and may request at any time for our child not to participate in a particular study. For research purposes, it is often helpful for investigators to know certain information about your child. You should know that it is our policy to routinely let all observers know the names and the ages of the children in the classrooms. Any other information will be part of the studies particular permission form. At no time will their name be used in a study; if photos are to be used in a paper or book, your permission will be requested. You are under no obligation to grant this permission.

Signature of Parent(s) or Guardian(s)

Date: _____