



**ROMEO  
COMMUNITY  
SCHOOLS**

## 2024-2025 Preschool Registration Information

Romeo Community Schools (RCS) Preschool programs are licensed by the State of Michigan under the MiLEAP (Lifelong Education Advancement & Placement). RCS Preschool teachers are qualified by the State of Michigan to teach young children. The High Scope Curriculum and Michigan Department of Education Standards are used to guide teachers observations, assessments and planning. Our program focuses on developmentally appropriate skills that build confidence and competence. Children participate in enriching experiences conducive to developing social, emotional, intellectual, physical, and communicative growth.

A non-refundable \$50.00 registration fee and first installment must accompany the registration form below. The classes are based on a 36 week school year, two semesters. Please include a copy of your child's birth certificate and immunizations with your registration.

### Preschool Registration

Father/Guardian \_\_\_\_\_ Cell Phone \_\_\_\_\_

Email: \_\_\_\_\_

Mother/Guardian \_\_\_\_\_ Cell Phone \_\_\_\_\_

Email: \_\_\_\_\_

Child's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address \_\_\_\_\_

#### THREE YEAR OLD PRESCHOOL

#### FOUR YEAR OLD PRESCHOOL

\_\_\_\_\_ Croswell T/Th 8:30-11:00a (Mrs. T)

\_\_\_\_\_ Croswell M/W/F 8:30-11:30a (Mrs. T)

\_\_\_\_\_ Croswell T/Th 9:00-11:30a (Mrs. S)

\_\_\_\_\_ Croswell T/Th/F 9:00-12:00p (Mrs. A)

\_\_\_\_\_ Croswell M/W 9:15-11:45a (Mrs. A)

\_\_\_\_\_ Croswell M/W/F 9:00-12:00p (Mrs. S)

\_\_\_\_\_ Croswell T/Th/F 9:15-11:45a (Mrs. K)

\_\_\_\_\_ Croswell M/W/F 12:30-3:30p (Mrs. T)  
(NEW Section: based on survey responses)

Mrs. A= Mrs. Arbic (previously at Hevel Elementary)

Mrs. K= Mrs. Kraemer

Mrs. S= Mrs. Stojanovski (previously at Washington Elementary)

Mrs. T= Mrs. Theobald

**Early Childhood Services Department  
175 Croswell  
Romeo, MI 48065**



**Tuition Options** (please initial one)

A).\_\_\_\_\_ Monthly

B).\_\_\_\_\_ Semester

Payment schedules and due dates are listed below.

	<i>3 y/o 2 days Semester</i>	<i>3y/o 3 Days Semester</i>	<i>4 y/o 3 Days Semester</i>	<i>3 y/o 2 Days Monthly</i>	<i>3 y/o 3 Days Monthly</i>	<i>4 y/o 3 Days Monthly</i>
<b>Registration</b>	\$50 + \$175.00	\$50 + \$ 212.50	\$50 + \$ 212.50	\$50 + \$175.00	\$50 + \$212.50	\$50 + \$212.50
<b>Due- Sept 1</b>	\$525.00	\$637.50	\$637.50	Paid @ Registration	Paid @ Registration	Paid @ Registration
<b>Due- Oct 1</b>				\$175.00	\$212.50	\$212.50
<b>Due- Nov. 1</b>				\$175.00	\$212.50	\$212.50
<b>Due- Dec. 1</b>				\$175.00	\$212.50	\$212.50
<b>Due- Jan. 1</b>	\$700.00	\$850.00	\$850.00	\$175.00	\$212.50	\$212.50
<b>Due- Feb. 1</b>				\$175.00	\$212.50	\$212.50
<b>Due- March 1</b>				\$175.00	\$212.50	\$212.50
<b>Due- Apr. 1</b>				\$175.00	\$212.50	\$212.50

- **A non-refundable registration fee of \$50 and first installment must accompany the registration forms depending on program**
- **Teachers do not accept payments**
- **Payments must be paid by the due date to ensure enrollment.**

I have read and understand my payment commitment to Romeo Community Schools.

Print Parent/Guardian Name: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_



## **Pay in Advance Policy**

Registration and deposit fees are due when enrolling your child/ren. Parents or legal guardians need to submit a payment based on the schedule of attendance for care or preset tuition amount. There are no refunds for overpayments, if you disenroll your child/ren. There are no refunds for registration, installments, or one week of tuition that has been pre-paid at time of enrollment.

1. I understand that the RCS Early Childhood Programs are non-profit self-supporting programs.
2. I understand that my child's account from the previous school year and or summer must be in good standing or I cannot register my child for any program.
3. The registration fee is \$50 a child. **This fee is non-refundable.**
4. I agree to pay Romeo Community Schools Early Childhood Services program for my child's tuition as the terms of the traditional preschool agreement. I understand that I must pay for my child's scheduled days regardless of attendance including illness, vacation or snow days.
5. **I cannot add additional days to preschool or switch preschool days. The schedule is set per the semester. If you, the parent/guardian disenroll your child there are no refunds for overpayment.**
6. I understand, my child's account must be paid in full upon registration or follow the installment schedule in the registration paperwork.
7. I understand my payment options are online using Procure, by phone with a credit or debit card, in the office with credit card.
8. I understand that if I have joint custody of my child and if I share financial responsibility for tuition payments I must work out the payment method with the shared party. If I choose to have a separate account, I will register separately and split the registration fee.
9. I understand that the Preschool program ends at 11:30am, 11:45a, 12:00pm or 12:15pm depending on the site, location, and program. I will be charged a late fee of \$15.00 per 15 minute increments after the end time.
10. I understand that I will be charged a \$25.00 Non-Sufficient Funds fee for any returned payment type to RCS.
11. In the event that collection efforts become necessary, I agree to pay any and all collection costs, reasonable attorney fees, and court costs.

Parent/Guardian

Signature \_\_\_\_\_ Date \_\_\_\_\_



## Policy Agreement

Child's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

1. I agree to sign in and/or out my child each time I drop off and/or pick up my child.
2. I agree to call the teacher/office whenever my child will be absent. If my child is ill, I will not send my child to his/program/class and will make alternate arrangements.
3. I will complete all enrollment forms and supply other necessary documents. I will keep all information current and up to date.
4. I will read all communications, i.e. Procure posts, newsletters, emails and bulletin boards.
5. I agree and assume full responsibility for any damage to person or property caused by my child.
6. I agree that if the behavior or health of my child should necessitate sending him or her home, I or someone on my child information record will IMMEDIATELY pick up my child from his or her program.
7. I understand that if my child has a persistent pattern of negative behavior and positive interventions have not been successful, I may be asked to remove my child from the program.
8. I understand there may be field trips or special activities which I must sign up for and pay for in advance.
9. My child may be photographed or videotaped while participating in RCS Early Childhood programs. Photographs and or videotapes may be used for program projects, promotion, district websites, or staff training. \_\_\_\_\_ **Parent Initials**
10. I have read online or requested and received and read a copy of the RCS Early Childhood Programs handbook which includes program policies, disciplinary procedures, and payment information, etc. I will discuss the rules, regulations, and expectations of the program with my child.
11. In the event of an emergency, I give permission to RCS Early Childhood programs to secure emergency medical treatment for the above named minor child while in care. The staff member in charge shall make reasonable attempts to contact parent/guardian prior to any emergency medical treatment.
12. My child has permission to use Romeo Community Schools playground equipment while participating in the Early Childhood programs. The equipment has been inspected and complies with the Playground Safety Act. By signing this form, I grant approval for my child to use the equipment.
13. I have been informed that we maintain a Child Care Licensing notebook which is available to view during business hours in the lobby outside the front office.
14. I have read, understood and agreed to all of the above. If I have any questions or concerns, I will contact the Director at 586-752-0314.

All policies, procedures and staffing related to the Early Childhood Development programs are under the discretion of the Director.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_



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### All About Me.....

Child's Name \_\_\_\_\_ Birthdate \_\_\_\_\_

Name that you would like to have your child learn to write \_\_\_\_\_

Nickname: you prefer your child to be called? \_\_\_\_\_

Child lives with: \_\_\_\_\_

Custody-Visiting Arrangements: Yes No Copy may be needed in the office/teacher

Sibling names \_\_\_\_\_

Pets \_\_\_\_\_

Does your child have asthma or allergies? \_\_\_\_\_

Any regular medications taken? \_\_\_\_\_ (If Yes, Documentation may be needed)

Any special medical, physical, emotional or cognitive need that the teacher needs to know? \_\_\_\_\_

Do you feel your child's speech is clear? Yes No

Can strangers understand when he or she speaks? Yes No

Is any language other than English spoken in the home? Yes No If yes, please describe: \_\_\_\_\_

Does your child have a current IEP? Yes No What district: \_\_\_\_\_

Is this your child's first experience with preschool? Yes No Where: \_\_\_\_\_

How do you hope that your child will benefit from attending our preschool program?

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## Parent Acknowledgments: Parent Handbook/ Child Ratio

Child's Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_

I understand that I have read the Early Childhood Services Parent Handbook by the following  
**(please initial each section):**

	I have read the parent handbook and have turned in the last page signed and dated.
	My child must be 3 by September 1st and fully potty trained to be in this program. I understand that the ratio from teacher to student is 1:10 in the classroom.
	My child must be 4 by September 1st and fully potty trained to be in this program. I understand that the ratio from teacher to student is 1:12 in the classroom.
	Fully potty trained means that your child is wearing underwear and is self-sufficient urinating and having a bowel movement without support.
	I understand that the preschool classroom is not set up with a changing table or diaper station and if school begins and your child is not fully potty trained, your child will not be able to start school and tuition will be prorated and a new start date set.

1st Day Items: Labeled water bottle, Extra Set of Clothes, Schools Supplies (if applicable),  
And a family portrait (4 x6).

Printed Parent/Guardian Name: \_\_\_\_\_

Parent Signature: \_\_\_\_\_

Teacher Signature: \_\_\_\_\_

Office Staff: \_\_\_\_\_

\*\* A copy of this form can be made for you upon request.



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## Registration Checklist

- \_\_\_\_\_ Registration paperwork
- \_\_\_\_\_ Parent Acknowledgments-Parent handbook/ Child Ratio
- \_\_\_\_\_ Child Information Card- ***filled out completely***
- \_\_\_\_\_ Birth Certificate
- \_\_\_\_\_ Policy Agreement
- \_\_\_\_\_ Health Appraisal (signed by Doctor and parent/guardian)
- \_\_\_\_\_ Immunization Records
- \_\_\_\_\_ \$50 Registration Fee
- \_\_\_\_\_ First Installment (based on the class you have chosen)
- \_\_\_\_\_ Authorization Form- Procure
- \_\_\_\_\_ Parent Volunteer Form with copy of License



## Illness Policy

- Croswell Children's Center is an early learning facility, where learning through play occurs throughout their daily experiences of art, music, stories, dramatic play, building blocks, large motor, etc.
- Croswell Children's Center does not provide one on one care as a nanny or babysitter would in someone's home; where a child can sleep or rest if not feeling well.
- Croswell Children's Center expects parents to keep their child/ren home when their child/ren isn't feeling well. Please call the front office to notify your child's absence. The office number is 586.752-0314. Please state the child's name, the teacher's name, and the reason for the absence.
- Croswell Children's Center will send a child home if he/she becomes ill throughout the day based on the symptoms listed. The parents, legal guardians, or emergency contact person will pick up the child and sign the illness form.

## Symptoms

Ø Temperature of 100.4 or higher (child must be fever-free and medicine free for 24 hours until returning) Ø

Unexplained rash not diagnosed by a physician (doctor's note required to return) Ø Severe cold with yellow/green drainage from the nose, along with any other symptom Ø Deep consistent cough

Ø Conjunctivitis: Drainage from one or both eyes, or if either eye is red, itchy, swollen, or watery. This could be the beginning of an eye infection (a doctor's note to return is required)

Ø Bronchitis: this can begin with hoarseness, cough, and a slight temperature

Ø Diarrhea: After 2<sup>nd</sup> diarrhea, the child will be sent home or immediately if the child doesn't have any extra clothes

Ø Vomiting, due to illness. The child is unable to perform normal tasks of the day

Ø Contagious or communicable diseases. Examples of these are: measles, chickenpox, mumps, rosella, pink eye, hand, foot, and mouth, strep throat, impetigo, or scarlet fever

Ø Lice or bed bugs (must be knit-free and checked by office staff or nurse to return to class)

Ø Child is too tired, lethargic, unusual paleness, or irritable to not be able to partake in regular class activities, please keep your child home

Communicable diseases are contagious to others and must be confirmed by the child's physician in writing before the child care return. The doctor's note must include the child's name, under physician's care, and the child's return date to school.

***A child can be sent back home if a doctor's note is not turned in***





## SICK CHILD PROCEDURE

**If the child becomes sick at school the staff will:**

- Ø Isolate the child with a staff member in the office
- Ø Immediately call the parent and give specific information concerning the child's health
- Ø With the parent, agree on an immediate course of action
- Ø Care for the child until the parent or designated person arrives to take the child home

Child's Name: \_\_\_\_\_ Date: \_\_\_\_\_

Symptoms being sent home: \_\_\_\_\_

Return to school: \_\_\_\_\_

Doctor's note needed: Yes No

Parent signature: \_\_\_\_\_ Date: \_\_\_\_\_

Teacher signature: \_\_\_\_\_ Date: \_\_\_\_\_

Director notified: Yes No Date: \_\_\_\_\_ Initials \_\_\_\_\_

**\*\*\*I have read and understand the illness policy.\*\*\***

Print Name \_\_\_\_\_

Signature \_\_\_\_\_ Date: \_\_\_\_\_

# CHILD INFORMATION RECORD

State of Michigan - Department of Licensing and Regulatory Affairs - Child Care Licensing Bureau

Instructions: Unless otherwise indicated, all requested information must be provided. If the information is not known or does not apply, "unknown" or "none" is the required response. A blank field, a line through a field or "N/A" are not acceptable responses.

<b>For Provider Use Only:</b>		Date of Admission	Date of Discharge	
Name of Child (Last, First, Middle Initial)				Child's Date of Birth
Address (Number and Street, Building/Apartment Number)			City	State Zip Code
Parent/Legal Guardian's Name		Primary Phone (     )	Parent/Legal Guardian's Name (Optional)	
Home Address (if not child's address)		2 <sup>nd</sup> Phone (if applicable) (     )	Home Address (if not child's address)	
City	State	Zip Code	City	State Zip Code
Email Address (optional)			Email Address (optional)	
Employer Name		Work Phone (     )	Employer Name	
Name of Child's Physician or Health Clinic			Physician's or Health Clinic's Phone Number (     )	
Hospital Preferred for Emergency Treatment (optional)				
Allergies, Special Needs and/or Special Instructions? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, explain: (Attach additional sheets, if necessary.)				

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See Reverse Side

**Emergency Contact & Release of Child:** List all individuals, including parents/legal guardians, in order of preference, to be contacted in an emergency. If possible, include at least one person other than the parents/legal guardians to be contacted in an emergency and to whom the child can be released. The second phone number column can be left blank. (If more individuals, attach additional sheets.)

1.	(     )	(     )
2.	(     )	(     )
3.	(     )	(     )

**Release of Child Only:** List all individuals, other than the parents/legal guardians, to whom the child may be released. (If more individuals, attach additional sheets.)

1.	(     )	2.	(     )
3.	(     )	4.	(     )

**Parent/Legal Guardian Initials:**

\_\_\_\_\_ I give permission to \_\_\_\_\_, licensed by the Department of Licensing and Regulatory Affairs to secure emergency medical treatment for the above named minor child while in care.

**I certify that I accurately completed this form and if anything changes, I will notify the provider by updating this form.**

Signature of Parent or Guardian \_\_\_\_\_ Date Signed \_\_\_\_\_

Date Card Reviewed	Parent or Legal Guardian Initials	Date Card Reviewed	Parent or Legal Guardian Initials	Date Card Reviewed	Parent or Legal Guardian Initials	Date Card Reviewed	Parent or Legal Guardian Initials

LARA is an equal opportunity employer/program.

AUTHORITY: 1973 PA 116  
COMPLETION: Required  
PENALTY: Rule Violation Citation.

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