

ISLAND PRESCHOOL, INC.

POST OFFICE BOX 43, GROSSE ILE, MI 48138

THREE YEAR OLD CLASS

Tuesday and Thursday

8:45-11:15 am

Tuition: \$80.00/month

FOUR YEAR OLD CLASS

Monday, Wednesday and Friday

8:45-11:45 am

Tuition: \$100.00/month

ENRICHMENT PROGRAM

Monday and Wednesday

12:30-2:30 pm

Ages 3-5

See application form for prices

STAY FOR LUNCH

Monday and Wednesday

11:45-12:30 pm

Ages 3-5

\$5 per day

CLASSROOM LOCATION: 23276 East River Road. We are located in the Administration Building, directly behind the Grosse Ile Middle School.

GENERAL MEMBERSHIP MEETINGS: Are held once a month, every second Monday of the month at 7:30 pm. Meeting dates are subject to change, occasionally, although ample notice will be given. Adult only attendance at these meetings is mandatory.

TO APPLY FOR MEMBERSHIP: Complete the application packet and return along with the proper fees (see application form) to: Island Preschool, Inc., P.O. Box 43, Grosse Ile, MI 48138.

If you have any questions, please feel free to contact
Applications Chairperson at (734) 675-5825.

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ENRICHMENT PROGRAM
APPLICATION FORM

Child's Full Name: _____

Nickname: _____ Birth date: _____ Sex: _____

Mother's Name: _____ Father's Name: _____

Address: _____

Telephone: Home: _____

Cell: _____ Work: _____

E-mail Address: _____

Fees which must be submitted with this application:

September	Me, Family, and Community	Member \$75	Non-Member \$95	\$ _____
October	5 Senses	Member \$100	Non-Member \$120	\$ _____
November	Science	Member \$75	Non-Member \$95	\$ _____
December	Art Exploration	Member \$75	Non-Member \$95	\$ _____
January	Polar Animals	Member \$100	Non-Member \$120	\$ _____
February	Health and Nutrition/Exercise	Member \$100	Non-Member \$120	\$ _____
March	Fairy Tales and Fables	Member \$100	Non-Member \$120	\$ _____
April	Insects	Member \$75	Non-Member \$95	\$ _____
May	Nursery Rhymes	Member \$100	Non-Member \$120	\$ _____

*Each child enrolled receives a tote bag

TOTAL SUBMITTED WITH APPLICATION..... _____
(Make checks payable to Island Preschool, Inc.)

Board Use Only:

Application Received Date: _____ Number: _____

Received By: _____ Fees Received: \$ _____

Date to Treasurer: _____ Check #: _____

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TEACHER INFORMATION SHEET

Please answer each question on the information sheet regarding child being enrolled in Island Preschool.

1. Child's name: _____ Sex: _____ Birth date: _____
2. Name you would like him/her to use in school: _____
3. Address: _____
4. Telephone: (home) _____ (cell) _____ (work) _____
5. Father's Name: _____ Occupation/Employer: _____
6. Mother's Name: _____ Occupation/Employer: _____
7. Siblings & Ages: _____
8. Does your child have previous preschool experience? _____ yes _____ no
9. What do you expect your child to gain from their Preschool experience?

10. Is your child on medication? _____ yes _____ no if so, what kind? _____
11. Is medication administered prior to school? _____
12. Are there any problems with:
_____ Hearing _____ Allergies _____ Coordination*
_____ Speech _____ Bladder/Bowel Control *special shoes, walking, step
_____ Vision _____ Sleeping climbing, handling objects, etc.
_____ Eating (any foods your child should not have?) _____

13. Does your child have any nervous habits, tantrums or fears? _____
14. If this occurs, what helps alleviate the behavior? _____
15. Are you anticipating separation anxiety when your child begins preschool? _____
16. Is there anything else you feel the teacher should know (recently moved, death in family, new baby, etc.?)

17. Is your child left or right handed? _____ left _____ right
18. What ages and sexes are his/her closest playmates? _____
19. What activities does your child like to do at home? _____
20. Will you be the assisting parent in the classroom? _____ yes _____ no
If not, please name the person who will assist: Name: _____
Address: _____ Phone: _____

21. During one of your assisting days, what special projects/talents would you be willing to share with the children once or twice during the year? _____
22. Are there any enrichment experiences or parent education topics you would like to see us take part in or any you could help arrange? _____

23. Are you qualified to serve as a substitute teacher? _____ yes _____ no

*If yes to #23, forward information to Director

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ENRICHMENT RELEASE/PUBLICITY RELEASE/MARKETING INFO

Section A Release for Enrichment Trips:

We understand that any Enrichment Trips attended by our child are strictly our responsibility. Island Preschool, Inc. accepts no responsibility for the safety of our child. These events are parent sponsored and we understand that our child and we are not required to attend the event, but if we elect to attend we are accepting full responsibility for taking our child to the event, supervising the child while at the event and taking our child home from the event.

Mother's signature _____ Date _____
Father's signature _____ Date _____

Section B Publicity Release:

I agree/disagree (circle one) with the use of my child's picture in any publicity format the Island Preschool, Inc. may use (i.e. school newsletter, brochures, offspring newsletter, or school hallways.)

Mother's signature _____ Date _____
Father's signature _____ Date _____

Section C Marketing Information:

How did you first learn of Island Preschool?

_____ Advertising _____ Referral _____ Former Member _____ Other

Reason you selected Island Preschool: _____

Board Use Only:

Give this form to Membership Applications board member, Teacher and Director.

(revised December 2007)