

# TPS “Summer Friends” 2024

Dear Parents,

Our summer program at Temple Preschool has been very popular. It will be offered Mondays, Tuesdays, Wednesdays, and Thursdays for 2 different summer sessions as long as there is enough interest from our preschool families. Miss Misty will be in charge of the program with help from other staff members.

Session I: 4 weeks / Monday, June 3<sup>rd</sup> – Thursday, June 27<sup>th</sup>  
Session II: 4 weeks / Monday, July 8<sup>th</sup> – Thursday, August 1<sup>st</sup>  
9:00 a.m. – 12:30 p.m.

The session will run from 9:00 a.m. to 12:30 p.m. (note: this is one hour longer than our morning classes offered during the school year). This program will be for children who are 2-5 years of age AND are enrolled at Temple Preschool for the fall (we will include our graduating 4-year-olds who are going to kindergarten in the fall).

Each child will bring his/her lunch to eat during this time. This will not be a structured, academic class; however, it will be a fun, social, well supervised time! Some activities may include stories, crafts, playground time, bubbles, music, etc. We typically have themed activities we work with each week and the kids have a lot of fun learning as we go along.

Each child would need to be enrolled on a continuous basis for either Session I, Session II, or both. We will not be able to offer a drop-in / “pay as you go” option during the summer. You may choose 1, 2, 3 or 4 days per week. New students to Temple require at least 2 days a week to help them adjust to the new routine of school. One day isn’t enough to become acclimated. If your child is absent during a class time, you would still be responsible for payment. Tuition is due during the first week of each session. The tuition will be as follows:

## Session Tuition

1 day / week = \$85 per 4-week session  
2 day / week = \$160 per 4-week session  
3 day / week = \$230 per 4-week session  
4 day / week = \$295 per 4-week session

We are registering now on a first come – first serve basis. If you would like a spot for our Summer 2024 Program, please return the attached information sheet along with a \$10 non-refundable registration fee per session (checks made out to Temple Preschool) as soon as possible. If you do both sessions the registration is \$20 total.

If there are any questions, please stop by the office or call. We hope this will be a great opportunity to provide time for “errand running in peace” as well as offering a set routine to those students who have a hard time with change (no school all summer and then preschool, suddenly, in the fall). It is also a great way to introduce new students to school with fewer kids and more play time.

We are excited about offering this opportunity. We hope it will be a success, again, this summer! Thanks.

Janet Friedrich

# Temple Preschool

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Terre Haute, IN 47802  
812-299-3336 – preschool@wearetemple.org

## Summer Friends 2024 Registration Form

Please check the session desired. Also, list desired days of the week.

\_\_\_ Session I (4 weeks /Monday, June 3<sup>rd</sup> - Thursday, June 27<sup>th</sup> / \$10 registration fee)

Session I: days desired: \_\_\_\_\_

\_\_\_ Session II (4 weeks /Monday, July 8<sup>th</sup> - Thursday, August 1<sup>st</sup> / \$10 registration fee)

Session II: days desired: \_\_\_\_\_

\_\_\_ Both Sessions (8 weeks/Monday, June 3<sup>rd</sup> - Thursday, August 1<sup>st</sup> / \$20 reg. fee)  
(No School the week of July 1<sup>st</sup> - July 4<sup>th</sup>)

Both Sessions: days desired: \_\_\_\_\_

Child \_\_\_\_\_ ( \_\_\_\_\_ )  
(Name child goes by)

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Date of birth \_\_\_\_\_ Boy \_\_\_ Girl \_\_\_ Phone \_\_\_\_\_

Parents \_\_\_\_\_

Parents' Occupations:

Father: \_\_\_\_\_ Mother: \_\_\_\_\_  
(company name) (company name)

\_\_\_\_\_ (position) \_\_\_\_\_ (position)

\_\_\_\_\_ (work phone) \_\_\_\_\_ (work phone)

Cell phone (Father) \_\_\_\_\_ Cell phone (Mother) \_\_\_\_\_

Parents are: married \_\_\_ separated \_\_\_ divorced \_\_\_

Names and ages of siblings: \_\_\_\_\_

Primary Language spoken at home \_\_\_\_\_ Does student speak English? \_\_\_\_\_

Please list 2 names and local phone numbers of persons who could be notified in case of emergency or illness if mother and father could not be reached. They maybe asked to pick up your child in an emergency, so please list persons you will allow to transport your child.

1. \_\_\_\_\_ ( \_\_\_\_\_ ) Phone \_\_\_\_\_  
(relationship)

2. \_\_\_\_\_ ( \_\_\_\_\_ ) Phone \_\_\_\_\_  
(relationship)

Doctor's Name: \_\_\_\_\_ Phone \_\_\_\_\_ We require all students be up-to-date on immunizations according to CDC Guidelines. My child \_\_\_\_\_ is up to date. Signed \_\_\_\_\_ Date: \_\_\_\_\_  
New students need a copy of records before the first day of school. No waivers.

Does your child have any physical condition(s), health problem(s), or allergies which could or would affect his/her participation that we should be aware of? If so, please describe: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please list any information that will help us in planning a successful summer for your child. This includes health limitations, fears, favorite activities, etc. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### Parental Agreement with Temple Preschool

Should my child, \_\_\_\_\_, become ill or suffer an accident of any character while he/she is in the care of Temple Preschool, the Preschool shall attempt to contact me immediately. In the event the school is unable to reach me immediately, the Preschool and/or its designated employees shall be authorized to secure and consent to such medical attention, treatment, and services for my child as may be deemed necessary. Any qualified person providing such required medical attention, treatment or services may accept such consent as if given by me in person. I agree to assume responsibility for payment of all medical costs incurred. I understand there are health risks to attending preschool. Communicable diseases including Covid-19 may be present in group settings. The preschool takes reasonable measures to protect students, but there is an understood risk parents are agreeing to take when registering their child.

Signed \_\_\_\_\_ Date \_\_\_\_\_

Note: Our TPS teachers and staff have received Basic First Aid and Red Cross CPR training. We are concerned with the health and welfare of our students and strive to maintain standards of the highest quality of safety and emergency care.

### Authorization for Pick-Up

These are the people who are authorized to pick up my child. I understand that if one of those persons listed below picks up my child, I will not need to send a note to the preschool. However, if someone other than one of those listed below is to pick up my child, I understand a note is to be sent that morning to the teacher.

Furthermore, if this person is not recognized by a Temple Preschool staff member(s), he/she will be required to show picture identification. Thank you.

Persons authorized to pick up my child:

Note: Parents do not need to list themselves. Please let us know if there is an extenuating circumstance and one parent or a certain person is NOT allowed to pick up the child.

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

Not Allowed to Pick Up: \_\_\_\_\_  
\_\_\_\_\_