

FOR CHILDREN ENTERING PRE-K IN THE FALL OF 2024

LOCATION = JORDAN ELEMENTARY SCHOOL

First day of Early EdVentures is August 26 th , 2024 First day of preschool is September 4th, 2024

If you have an unpaid balance from the school year (2023-2024) or summer of 2024, you will be put on a waiting list.

Registration Fee

- \$50 Registration is for the full school year of Kids' Company/Early Ed-Ventures programming.
- A non-refundable registration fee will be applied to your ActiveNET account.
- Your child must be registered in Early Explorers to attend Early Ed-Ventures.

Early Ed-Ventures pricing for 2024-2025 School Year

4 & 5 year olds	ALL day class Attends EE, before only 6am - 8:30am Attends EE, after school 2:30 - 6pm	8:30am - 2:30pm \$11 a day \$13 a day
4 & 5 year olds	Monday - Thursday Attends EE, before and after	12:15 pm - 3:15 pm \$40 a day
3 & 4 year olds	AM Classes Attends EE, before only 6am - 8:30am Attends EE, before and after; or after	8:30am - 11:00 am \$11 a day \$40 a day
Non-Preschool Days	Attends EE ALL day Non school day with Field Trip Fun Day (on site special event)	\$40 \$70 \$45

CHILD INFORMATION

Name		DOB		
Name		DOB		
Mother's Name/Guardian		nber to be reached at	Alternative Pho	ne Number
E-mail Address				
Father's Name/Guardian		nber to be reached at		ne Number
E-mail Address				
Student lives with: Both Parents	Father	Mother	Stepparents	
	•			
RELEASE AUTHORIZATION				
We will release a child to either pare take responsibility for your child in co				ople willing to
Name	Relatio	nship	Phone Number	
Name	Relatio	nship	Phone Number	
PERMISSION TO SHARE	INFORMA	TION		
I, give to share information about my child	e Early Ed-Venture	es staff and Jordan E 	lementary School staff r yes no	my permission
My child has an IEP (Individual Educ	cational Plan)	yes no		
If yes, I give my permission for Early I	Edventures to ha	ve a copy of my chil	d's IEP for their files	yes n
Other information that you feel we r	need to have on	file for your child.		
Medical Information				
			alama:	
Hospitalization/Reason:	Allorgio		olems:	

Office: Registration Fee Fall ____

If your child has any special concerns/needs that we should be aware of, please share here				
I agree to release Kids' Company Programs: Early Ed-Ventures and all of its employees from any liability related to accidents or injuries that may occur during childcare. In the event of any emergency, I give permission to Kids' Company staff to obtain medical help, including the services of a rescue squad or emergency room of the nearest health facility. I understand that I will be held responsible for all medical expenses. Parent/Guardian Signature				
FIELD TRIP PERMISSION POLICY				
SCHOOL YEAR: I understand if my child attends Early Ed-Ventures on a NON SCHOOL DAY - FIELD TRIP DAY, the will be attending the scheduled field trip.				
☐ I have read and understand Kids' Company/Early Ed-Ventures's Field Trip Policy. I give my child permission to attend the scheduled field trips if they are in attendance.				
BEHAVIOR GUIDELINES				
We have designed rules based on promoting child safety and positive learning experiences. We strive on the behavior philosophy of Love and Logic. This philosophy enables the childcare providers and children to share control and decision-making while improving self-concept, behavior, and achievement for each child. It empowers children to learn from their mistakes and gain responsibility over their own choice. We have designed our rules at the children's developmental level. Our goal is to intervene and redirect to change the course of behavior before a rule may be broken. We believe in praising appropriate behavior and being positive role models.				
We expect our students to display J-Town Pride, which is the model of Jordan Elementary's Safe, Respectful, and Responsible behavior.				
When an inappropriate behavior occurs these are the steps that will be taken:				
 Children are given a warning. Children are asked to take a break from the activity. An email is composed to parents with the child to make them aware of the situation. If behavior continues, a meeting is scheduled to determine a plan of action. 				
Early Ed-Ventures may not be suitable for all children. Prior to suspension or termination of care, our staff will ensure that all options have been exhausted.				
☐ I have read and understand the Early Ed-Ventures Behavior Guidelines above.				
PARENTAL CONSENT: Initial is required				
I give permission for my child to be included in photographs that are related to Jordan Community Education, ISD717 Early Ed-Ventures, and all Kids' Company programs for presentation or publication.				
I understand that I must enter the building to sign in and out my child each day.				
I give permission for my child to leave the school premises with Early Ed-Ventures/Kids' Company for walks or field trips in an authorized school bus or van.				
I understand that it is my responsibility to inform the Early Ed-Ventures staff of any changes to my child's registration form phone number, address, release authorization, medical changes, or schedule changes.				
I agree to pay for the days contracted, regardless of my child's attendance.				

Early EdVentures **CANNOT** administer medicine without a medical permission form - *Please ask for a form if needed!*

_____I understand that a 2 week notice is required if I will be withdrawing my child from the program.

·	could result in the dismissal of my child from potty trained to attend Early EdVentures.	on in program.	
☐ I have read and understand the	Early Ed-Ventures Parental Consent a	bove.	
EARLY ED-VENTURES / P	RESCHOOL EXTENDED C	CARE	
Name of student	Preschool Class: Please ch	neck your child's class	
MWF 8:30-11	M-Th 12:15-3:15	T/Th 8:30-2:30	
T/Th 8:30-11	MWF 8:30-2:30		
Name of student	Preschool Class: Please check your child's class		
MWF 8:30-11	M-Th 12:15-3:15	T/Th 8:30-2:30	
T/Th 8:30-11	MWF 8:30-2:30		
	choice of HOT lunch daily or COLD luck building to sign them. In the IPAD. It to sign your child out. It eak each day. It ing. It is greatly Ed-Ventures from the snack	c cart and send a water bottle.	
	hrough your ActiveNET account. With at iwendorff@isd717.org or 492-4336.	n any billing questions, please contact	
Data provided on this registration for student and family for the Kids' Compto the best of my knowledge.			
Parent/Guardian Signature	Parent/Guardian Printed Nam	Date	