

Pattonville Early Childhood Enrollment Checklist

Thank you for choosing us to serve your child's educational needs. Attached is our enrollment packet. We have included the following checklist, which states all required documents that are needed to complete the registration process.

Only complete registration packets will be able to be processed for enrollment.

All registration packets must include:

- Completed Application
- Immunization Record
- Student Health History Form
- Proof of Residency (Two documents are required 1) a mortgage statement or signed lease and 2) an unpaid utility bill or real estate tax bill. If you reside with someone else, please contact the Special Services office at (314) 213-8090 to complete residency verification forms. Students may enroll without Proof of Residency, but then non-resident tuition rates will apply.)
- \$50 Enrollment Fee (Cash, Check, or Money Order payable to Pattonville EC)

If new to the program please also include:

- Photocopy of an original birth certificate from a state of federal agency (not a hospital copy)
Migrant Survey (District Required)

If applicable please also include:

- Dissolution decree or current legal documents which state custody rights/parenting plan
- Copy of the child's Medicaid card

Parent Portal:

- Parents must create a parent portal once registered and then update information in E-Registration.

Pattonville Early Childhood Program

11097 St. Charles Rock Road

St. Ann, MO 63074

Phone: 314.213.8105 or 314.213.8100

Fax: 314.213.8696 or 314.213.8610

Pattonville Early Childhood

2017-2018 Application

To register your child, please complete this application, attach all necessary documents, and provide the \$50 registration fee.

Step 1 of 2: Information About Your Child	
Child's Legal Name: _____	Today's Date: _____
Date of Birth: _____	Male Female
Child's Primary Language: _____ Child's Secondary Language: _____	
Ethnicity: Asian Black Hispanic Native American Pacific Islander White (check all that apply)	
Are you enrolled in Parents as Teachers? Yes No If yes, please list your parent educator: _____	
Home Address: _____ City: _____ Zip Code: _____	
Child Lives with: Mother Father Both Parents Other: _____	
Mother's First and Last Name: _____	
Home#: _____	
Father's First and Last Name: _____	
Home#: _____	
District Resident: Yes No If yes, elementary attendance area _____	District Employee: Yes No
My Child is: Presently Enrolled in the Pattonville EC Program - if applicable, please complete information below. Location: _____ Teacher: _____ The Sibling of a Presently Enrolled Child - if applicable, please complete information below. Name of student currently enrolled: _____ A New Enrollee - my child previously attended _____ preschool program.	

Note: Applications will be accepted on a first come/first serve basis; however, Pattonville School District residents will receive priority over non-residents. Tuition fees for the 2017-2018 school year will be determined at a later time.

For Office Use Only:			
Application # _____	Registration Fee _____		
AM _____	PM _____	School _____	
Days _____	Teacher _____		
Resident? Y N	New	Returning	Sibling
BC _____	Imm _____	Res _____	Emp _____

***Continue to other side**

Step 2 of 2: Select Your Class Location

*Please indicate your first and second choice by numbering "1" for first choice, and "2" for second choice.

Note: AM Sessions are designated for children that will be three years old on or before July 31, 2017.

PM Sessions are designated for students that will be four years old on or before July 31, 2017.

Learning Center	AM	PM
	___AMM/W - 8:30-11:30	___PMM/W - 12:30-3:30
	___AMT/TH - 8:30-11:30	___PMT/TH - 12:30-3:30
	___AMM-TH-8:30-11:30	___PMM-TH-12:30-3:30
Bridgeway	AM	PM
	___AMT/TH - 8:30-11:30	___PMT/TH - 12:30-3:30
Parkwood Elementary	AM	PM
	___AMM/W - 8:30-11:30	___PMM/W - 12:30-3:30
	___AMT/TH - 8:30-11:30	___PMT/TH - 12:30-3:30
	___AM-TH-8:30-11:30	___PMM-TH-12:30-3:30
Remington Traditional	AM	PM
	AM M/W - 8:20-11:20	___PMM/W - 12:30-3:30
	___AMT/TH - 8:20-11:20	___PMT/TH - 12:30-3:30
	___AMM-TH-8:20-11:20	___PMM-TH-12:30-3:30
Rose Acres Elementary	AM	PM
	AM M/W - 8:20-11:20	___PMM/W - 12:30-3:30
	___AMT/TH - 8:20-11:20	___PMT/TH - 12:30-3:30
	___AMM-TH-8:20-11:20	___PMM-TH-12:30-3:30
Learning Center	FULL DAY	
	___ Full Day M-F - 8:30 a.m. - 3:30 p.m.	
	___ Full Day with Before care ___ Full Day with After care	
	___ Full Day with Before and After care	
Any Location	Please check this box if you are willing to accept any available location/session.	

Pattonville School District

Health History Form

Date _____

The School Nurse will review this form and may be contacting you for additional information, if necessary.

Child's Name _____ Birth date _____ Grade _____

Mother's Name _____ Age _____ Education _____

Mother's Phonenumber _____ Cell or other number _____

Father's Name _____ Age _____ Education _____

Father's Phonenumber _____ Cell or other number _____

Child's Physician _____ Phone Number _____

Child's Dentist _____ Phone Number _____

Date of child's last physical exam. _____

Did child attend preschool? Yes_ No_ Where? _____

Previous School(s) attended _____

Siblings Names and Ages:

_____ Age _____ Birth date _____

_____ Age _____ Birth date _____

_____ Age _____ Birth date _____

Was your child's growth and development (sitting, walking, talking etc) within the normal range?

Yes_ No._ If delayed, explain: _____

Is your child's growth and development different from other children in your family?

Yes_ No_ If yes, how? _____

Does your child appear to be more active than other children? Yes_ No_

Did mother have problems during pregnancy or during labor and delivery? Yes_ No_

If yes, explain _____

Birth weight _____ Was child premature? Yes_ No_ How many weeks early? _____

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Has child been hospitalized since birth? **Yes_ No_** Explain _____

Has child had surgeries? **Yes_ No_** Explain: _____

Has child had fractures? **Yes_ No_** Explain: _____

Has child had blood transfusions? **Yes_ No_** When? _____

Has child had high temperatures > 104 degrees? **Yes_ No_**

If yes, explain: _____

Does your child have any medical concerns (asthma, seizures etc.)? **Yes_ No_**

If yes, please list: _____

List any allergies to medicines, foods or insects _____

What do you do for the allergies? _____

Medications your child is taking: _____

Does your child have physical limitations? **Yes_ No_** If yes, explain: _____

Does your child have any of the following:

- | | | | |
|---|-----|------------------------|-------|
| Trouble with eyes/eyesight | Y/N | Nervous habits | Y / N |
| Wears glasses | Y/N | Abnormal fears | Y / N |
| Trouble hearing | V/N | Frequent colds/illness | Y/N |
| Tubes in ears | Y/N | Stomachaches | Y / N |
| Trouble eating | Y/N | Seizures | Y/N |
| Toileting or bladder,
bowel problems | Y/N | Headaches | V/N |
| Rashes | Y/N | Accident prone | Y / N |
| Excessive thirst | Y/N | Toothaches | Y/N |
| Sleeping Difficulties | Y/N | Wheezing | Y/N |

Please explain _____

Are there any other health or developmental concerns? _____

**Please Include a copy of Immunization records.

Parent signature _____ date _____

Pattonville Early Childhood Enrollment Placement System

Below is the placement system that is used when enrolling students each year.

Level 1	Level 1 includes families that have a child currently enrolled in a Pattonville Early Childhood classroom. An exclusive re-enrollment period is open to these families, prior to starting general community enrollment.		
Level 2	Level 2 includes families that do not have a child currently enrolled in Pattonville Early Childhood classroom. These students are enrolled after level 1 families have been enrolled, if space is still available.		
Resident Families & District Employees Tuition Rates (2016-2017 Rates)		Non-Resident Families Tuition Rates (2016-2017 Rates)	
Monday- Friday Full Day 8:30 – 3:30 p.m.	\$668.50/month	Monday- Friday Full Day 8:30 – 3:30 p.m.	\$930.80/month
Monday & Wednesdays Half Day	\$134.90/month	Monday & Wednesdays Half Day	\$187.70/month
Tuesday & Thursdays Half Day	\$141.60/month	Tuesday & Thursdays Half Day	\$197.10/month
Monday – Thursday Half Day	\$275.70/month	Monday – Thursday Half Day	\$383.90/month
Before <u>or</u> After Care	\$15.00/week	Before <u>or</u> After Care	\$15.00/week
Before <u>and</u> After Care	\$30.00/week	Before <u>and</u> After Care	\$30.00/week

* Tuition fees for the 2017-2018 school year will be determined at a later time. These rates typically increase by approximately 2-3%.