

# Little Griffins

Preschool



*Preschool program for Diller-Odell  
Children ages 4-5.*

Dear Families:

We are excited to offer families, in our communities, a wonderful educational opportunity for their children! Little Griffins Preschool, located at the elementary building, offers a high quality educational environment where children ages 4 on or before July 31<sup>st</sup> of the calendar year, can learn and grow in a variety of ways. We offer an all-day preschool program on Mondays through Thursdays from 8:10-3:30 p.m.

Family interaction and involvement is essential to an early childhood education program. The goal of our preschool program is to create a learning environment that includes you, the parent/guardian of your preschool child. Mrs. Goosman will conduct one home visit per year with each family per request. The initial meeting will include an assessment of the child's strengths and likes/dislikes. Diller-Odell will share resources with parents and relay information about developmental stages and growth of your child. Two parent-teacher conferences are also offered throughout the school year.

Little Griffins Preschool utilizes Teaching Strategies Gold for our early childhood education assessment tool. It is comprehensive in design, which will aid the teachers in creating age-appropriate themes. This assessment system describes what kind of experiences a preschool should provide, how to work with children at different developmental levels, and how to involve families in the program to ensure they are developing age appropriately.

The Little Griffins Preschool will offer enrollment to children according to the following tuition guidelines (Sliding Fee Scale):

Program Tuition (per month August through May)

Special Education (IEP) -	No Cost
Free Meal Program Eligibility -	No Cost
Reduced Meal Program Eligibility -	\$55.00/per month
Full Pay Meal Program Eligibility -	\$110.00/per month

Annual tuition is to be made in nine payments of \$110 for Full Pay Meal Program eligibility. The first payment is due on or before August 13<sup>th</sup> and covers tuition for August and May combined. Subsequent payments are to be paid on the first of each month beginning September 1<sup>st</sup>. Other tuition payment options include advance quarterly, semester, and annual payments. Failure to remit a payment for the program tuition will result in discontinued enrollment.

The Little Griffins Preschool will provide nutritionally-balanced meals for *participating* children. Children participating in the programs will have the opportunity to be served a full family-style meal during daily programming. Children will learn how to set up their own place settings, as well as serve their own food independently. All children will also be offered a daily snack. If participation is chosen, the following are the meal program costs:

**(Next Page)**

Meal Program (4 days per week)

Free Meal Eligibility -	No Cost
Reduced Meal Eligibility -	\$0.30 for (Breakfast) \$0.40 for (Lunch)
Full Pay Eligibility -	\$1.60 for (Breakfast) \$2.35 for (Lunch)

Meal prices are subject to change. Monthly or periodic deposits into your child's lunch account are recommended.

**Please return the enclosed forms to Little Griffins Preschool, PO Box 8, 315 Smith Street, Diller, NE 68342. Forms can also be given to Dawn at the Elementary office in Diller. For your child to attend preschool, please include a copy of your child's current immunization records and birth certificate, which will be due prior to the start of preschool in the fall.**

Families will be notified of formal acceptance once applications have been received. Handbook and policy information will be presented to the families prior to the start of preschool.

# Little Griffins

Preschool 2016-2017 Application



Preschool program for Diller-Odell  
Children ages 4-5.

## CHILD INFORMATION:

Child's Legal Name: Last \_\_\_\_\_ First \_\_\_\_\_

Race Black White Native American Asian Pacific Islander

Child's SS # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Sex: **F** **M** Age: (Years-Months) \_\_\_\_\_ - \_\_\_\_\_ Birthday \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Primary Language: \_\_\_\_\_ Secondary Language: \_\_\_\_\_ English Prof \_\_\_\_\_ (O=None, 1-Poor, 2-Moderate, 3-Proficient)

Nationality \_\_\_\_\_ (El-Salvador, GU-Guatemala, MX-Mexico, PH-Philippines, PR-Puerto Rico, US-United States, VI-Vietnam, Other \_\_\_\_\_) Ethnicity \_\_\_\_\_ (FI-Filipino, GU-Guamanian, HI-Hispanic, MC-Mexican, Chicano, PR-Puerto Rican, VT-Vietnamese, WH-White (Non-Hispanic) Other \_\_\_\_\_)

## FAMILY INFORMATION:

Primary Adult/Guardians \_\_\_\_\_

Living Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Mailing Address (if different) \_\_\_\_\_ Email: \_\_\_\_\_

Phone: First Contact # \_\_\_\_\_ Cell \_\_\_\_\_ Home \_\_\_\_\_ (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_  
Second Contact # \_\_\_\_\_ Cell \_\_\_\_\_ Home \_\_\_\_\_ (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Place of Work: \_\_\_\_\_ Contact# \_\_\_\_\_

Foster Parent: **Yes** **No** Parental Status: **One-Parent** **Two-Parents**

No. Persons: **In Family** \_\_\_\_\_ No. Children: **In Family** \_\_\_\_\_

**Diller-Odell Little Griffins preschool is a state grant-funded program. The following information is needed to continue use of grant funding. Please select the best choice for the following based on primary adult(s) in the home.**

First & Last Names \_\_\_\_\_ Birthday \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Soc Sec # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Sex **F** **M**

Educ. Level \_\_\_\_\_ (G9=9<sup>th</sup> grade or less, G10=10<sup>th</sup> Grade, G11=11<sup>th</sup> grade, G12=12<sup>th</sup> Grade, HSG=High School Grade, GED=General Education Diploma, COL=Some College, GTG=College Degree/Training Cert., A=Associates Degree, B=Bachelor's Degree, M=Master's Degree)

Empl. Status \_\_\_\_\_ (F=Full time, P=Part Time, S=Seasonal, B=Full Time Work/Training, L=Part Time Work/Training, U=unemployment, R=Retired/Disabled, T=Training School)

Race Black White Native American Asian Pacific Islander Primary Language: \_\_\_\_\_ Secondary Language: \_\_\_\_\_

English Prof \_\_\_\_\_ (O=None, 1-Poor, 2-Moderate, 3-Proficient)

Nationality \_\_\_\_\_ (El-Salvador, GU-Guatemala, MX-Mexico, PH-Philippines, PR-Puerto Rico, US-United States, VI-Vietnam, Other \_\_\_\_\_)

Ethnicity \_\_\_\_\_ (FI-Filipino, GU-Guamanian, HI-Hispanic, MC-Mexican, Chicano, PR-Puerto Rican, VT-Vietnamese, WH-White (Non-Hispanic) Other \_\_\_\_\_)

First & Last Names \_\_\_\_\_ Birthday \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Soc Sec # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Sex **F** **M**

Educ Level \_\_\_\_\_ (G9=9<sup>th</sup> grade or less, G10=10<sup>th</sup> Grade, G11=11<sup>th</sup> grade, G12=12<sup>th</sup> Grade, HSG=High School Grade, GED=General Education Diploma, COL=Some College, GTG=College Degree/Training Cert., A=Associates Degree, B=Bachelor's Degree, M=Master's Degree)

Empl Status \_\_\_\_\_ (F=Full time, P=Part Time, S=Seasonal, B=Full Time Work/Training, L=Part Time Work/Training, U=unemployment, R=Retired/Disabled, T=Training School)

Race Black White Native American Asian Pacific Islander Primary Language: \_\_\_\_\_ Secondary Language: \_\_\_\_\_

English Prof \_\_\_\_\_ (O=None, 1-Poor, 2-Moderate, 3-Proficient)

Nationality \_\_\_\_\_ (EI-El Salvador, GU-Guatemala, MX-Mexico, PH-Philippines, PR-Puerto Rico, US-United States, VI-Vietnam, Other \_\_\_\_\_) Ethnicity \_\_\_\_\_ (FI-Filipino, GU-Guamanian, HI-Hispanic, MC-Mexican, Chicano, PR-Puerto Rican, VT-Vietnamese, WH-White (Non-Hispanic) Other \_\_\_\_\_)

**HEALTH CARE/INSURANCE INFORMATION:**

Private Health Insurance Company: \_\_\_\_\_

Does Child have an Educational Disability (IEP)? Yes No Suspected

Describe \_\_\_\_\_

Diagnosed By: \_\_\_\_\_ Date of Diagnosis: \_\_\_\_\_

Is the child receiving services? Yes No Who is the provider: \_\_\_\_\_

Does child have special needs or health problems? Yes No

Describe: \_\_\_\_\_

Referred to program by other agency/professional? Yes No By Whom & Why \_\_\_\_\_

Any specific family need or crisis? Yes No Describe: \_\_\_\_\_

Does the family receive Public Assistance Benefits: Yes No List the Benefits Received: \_\_\_\_\_

**ALLERGIES and MEDICAL ISSUES:**

*Please Note: Medication must be supplied by parent(s)/guardian(s) and sent in the original container that details doctor's orders. Parent must also fill out the authorization for self-administration of medications at school and turn return to office. The doctor must sign this form before any medication can be given. If your child has Asthma, a separate form will need to be filled out after the start of school.*

(Please circle Yes or No to the following questions:)

Chicken Pox                    yes      no      Date \_\_\_\_\_

Bee/wasp Sting Allergy    yes      no      Medication \_\_\_\_\_

Asthma                        yes      no      Medication \_\_\_\_\_

Medicine/Drugs            yes      no      Medication \_\_\_\_\_

Food Allergies \_\_\_\_\_

Other Allergies \_\_\_\_\_

Is student currently taking medications/drugs? If yes, what kind? \_\_\_\_\_

Does student have epilepsy or other seizure disorders? Yes \_\_\_ No \_\_\_

Other: Corrective glasses/contact lens, hearing impairment, or health (physical or emotional) or behavioral problems \_\_\_\_\_

Family Doctor \_\_\_\_\_ Phone \_\_\_\_\_

Do you carry Health Accident Insurance? Yes \_\_\_ No \_\_\_ Carrier's Name \_\_\_\_\_

Do you have other children in your household? Please include pre-school children.

Last name	First name	Middle Name	Date of Birth	Grade & School (if attending)

**CERTIFICATION:** I certify that this information is true. If any part is false, my participation in this school district's programs may be subject to legal action. I also understand that the information in this application will be held in strict confidence within the school district and will be accessible to me during normal business hours.

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

*Please Note: A copy of your child's birth certificate and immunizations record will be needed prior to the start of preschool.*