

Little Griffins Preschool



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

Dear Parents/Guardians:

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 age 4 on or before July 31st 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 a.m. - 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 the preschool child. Mrs. Kostal will conduct two home visits per year with each family. The initial meeting will include an assessment of the child's strengths. Goals will be set for the child following the initial parent meeting. The second home visit will be during the second semester. This home visit will include transition information for next year's program or to kindergarten. Diller-Odell Public Schools will share resources with parents and relay information about developmental stages and growth of your child.

Diller-Odell Public School's has chosen the 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):

Little Griffins 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 15th and covers tuition for August and May combined. Subsequent payments are to be paid on the first of each month beginning September 1st. Other tuition payment options include advance quarterly, semester and annual payments. Failure to remit payment for program tuition will result in discontinued enrollment.

The Little Griffins Preschool will provide nutritionally-balanced meals for *participating* children. All children will be offered a daily snack, as well. If participation is chosen, the following are meal program costs:

Meal Program (4 days per week)

Free Meal Eligibility:	No Cost
Reduced Meal Eligibility:	\$0.30(Breakfast) and \$0.40 (Lunch)
Full Pay Eligibility:	\$1.75(Breakfast) and \$2.50 (Lunch)

- ◆ Please Note: The following lunch prices will change when the new state guidelines are released in July and advance

Enrollment Information:

Diller-Odell Public Schools preschool enrollment guidelines are set in order to maximize the support and potential of students in need within our communities. Little Griffins Preschool registration will officially start on January 1 and it will run until March 15. Parents will be notified of acceptance into Little Griffins Preschool after April 1 of the current year.

Priority for enrollment into the Little Griffins Preschool program is based on the following indicators in order of importance:

1. Children living within the district boundaries.
2. Preschool Eligible,
 - a. Must be 4 on or before July 31, of the current year- for the all-day 4-year-old program located in Diller-Odell Elementary School.
3. Income Eligibility
4. Students with Disabilities
5. English Learners, and
6. Date of Completion of the Preschool Application.

Please return 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 through the district website.

Little Griffins

Preschool 2023-2024 Application



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Children ages 4 and 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-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-Parent**

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=9th grade or less, G10=10th Grade, G11=11th grade, G12=12th 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-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=9th grade or less, G10=10th Grade, G11=11th grade, G12=12th 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)

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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:

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 medication/drug? If yes, what kind? _____

Does student have epilepsy or other seizure disorder? 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 is accessible to me during normal business hours.

Signature _____ Date _____

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