



**Learning and Love SINCE 1978**

293 Wilson Street

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[www.ABCfriendsforme.com](http://www.ABCfriendsforme.com)

Here at ABC, we strive to create a nurturing environment where children feel safe, respected, and cared for. It is our goal to nourish the development of the whole child. Children will take part in active and laughter-filled learning experiences that encourage curiosity, discovery, and problem solving. Individual development of a positive self-image is so important in young learners. This learning is enhanced through conversations with other children and caring, involved adults. ABC teachers and caregivers support children in developing age-appropriate language and communication skills, problem solving skills, and peaceful conflict resolution skills.

ABC Preschool provides Preschool and Pre-K programs for ages 3 to 5 years. We also offer extended Childcare between the hours of 7:00 am and 5:30 pm. In addition, school-age care for 5 to 8 year olds includes bus pick-up/drop off, daily themed activities, snack, and homework help.

## **OUR PROGRAMS**

**\*\*\*Prices begin Fall of 2018\*\*\***

### **Prekindergarten**

Monday/Wednesday/Friday

8:30 - 1:30

\$95.00 per week

Pre-K I (3 ½ - 4 yrs.)

Pre-K II (4 - 5 yrs.)

### **Preschool**

Tuesdays/Thursdays

9:00 - 12:00

\$55.00 per week

Ages: 2 ½ - 3 ½

### **After School Program**

Minimum 2 days per week

\$16.00 per day

Ages: Kindergarten- 3<sup>rd</sup> Grade

### **Before School**

Minimum 2 days per week

\$5 per day

Ages: Pre-K - 3<sup>rd</sup> grade

\*Bus arrives at ABC at 7:35\*

### **Summer Program**

Mid-thru August

7:00 - 5:30

\$155.00 Fulltime

\$42.00 per day

Ages: 2 ½ - 8 yrs

### **Full Time Childcare**

Monday - Friday

7:00 am- 5:30 pm

\$165.00 per week

Ages 3 - 5 yrs

INCLUDES all

Pre-K and Preschool fees

### **Full Day Childcare**

7:00 - 5:30

\$45.00 per day

INCLUDES

Pre-K and Preschool fees

We welcome you to ABC and cannot wait to get to know your child and family! Some important things to keep in mind....

1. We ask that you pay for your child's program at the beginning of each week. If paying by check, please write what weeks the check is for on the memo line of the check and place in payment box. Payment is **due** even if you take personal vacation days and also during school vacation weeks.
2. We require a two -week notice when you are no longer going to be attending ABC.
3. Please **clearly label** your child's lunch box, water bottle and clothing! Thank you!
4. Please add a water bottle and a change or two of clothing to your child's backpack every day. Be sure to send appropriate outdoor clothing as well. We will have outdoor play whenever possible.
6. Any Prescription medication to be given needs to be in the original container with the original dosage label. Over the counter medications require a written note from the parent, explaining the time and dosage.

### Tuition Agreement & Payment Policies

To avoid any misunderstandings, we ask that you please read our policies and sign and return page 4 to us. Please keep this page for your records

**Payments remain the same each week.** We are not in session for Preschool during the weeks of Christmas vacation, February vacation, and April vacation. However, we do charge for these three weeks. If there is a holiday such as Columbus Day, which falls on a Preschool day, your weekly tuition still remains the same. We are open for childcare during vacation weeks!

#### **ABC is closed and charges for the following holidays:**

- |                          |   |
|--------------------------|---|
| *New Year's Day          | *Thanksgiving Day (Thursday & the following Friday) |
| *Memorial Day            | *Christmas Eve Day (12/24)                          |
| *July 4th                | *Christmas Day (12/25)                              |
| *Labor Day               | *Presidents Day                                     |
| * Martin Luther King Day | *Columbus Day                                       |
|                          | *Veteran's Day                                      |

**Please note:** If one of these holidays falls on a Saturday, we observe it on Friday. If the holiday falls on a Sunday, we observe it on Monday.

You must pay your regular tuition when you take personal vacation days or vacation weeks. If Preschool is cancelled because of a snow day, payment is due for the snow day. ABC will still be open for childcare on snow days, except in very extreme conditions.

ABC Preschool charges a Toy/Supplies Fee of \$30.00. This should be added to your Registration fee of \$40.00 to total \$70.00. This will secure your child's spot for the upcoming session.

(Keep this page for your records)

REGISTRATION FORM

Child's Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Mother's Name: \_\_\_\_\_

Mother's Place of Employment & Address: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_ I would like to receive information through email Yes \_\_\_\_\_ No \_\_\_\_\_

Father's Name: \_\_\_\_\_

Father's Place of Employment & Address: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_ I would like to receive information through email Yes \_\_\_\_\_ No \_\_\_\_\_

Other people who may pick up your child or be contacted in case of emergency:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Doctor's Name and Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Dentist's Name and Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Allergies or other information we should be aware of: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Parent/Guardian's Signature

\_\_\_\_\_  
Date

**Interest Inventory**

Child's Name: \_\_\_\_\_ Nickname: \_\_\_\_\_

Has your child be in any daycare/school environment before? If so, where?

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5 favorite things my child really enjoys: \_\_\_\_\_

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My child learns best when: \_\_\_\_\_

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Any fears (such as thunderstorms, etc.): \_\_\_\_\_

I want most for my child to gain the following experience from this program: \_\_\_\_\_

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My child's sibling's names and ages are: \_\_\_\_\_

Any sleeping/ nap time habits: \_\_\_\_\_

Any other special information that may be helpful as we get to know your child:

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Parent/Guardian's Signature

Date

Program in which I would like my child to attend:

Fulltime \$165.00 (Fall '18) \_\_\_\_\_

Full Day \$45/day (Fall '18) Mon\_\_\_\_\_Tues\_\_\_\_\_Wed\_\_\_\_\_Thur\_\_\_\_\_Fri\_\_\_\_\_

TTH Preschool \$55/week (Fall '18) \_\_\_\_\_

9:00am - 12:00pm

MWF PreK \$95.00/week (Fall '18) \_\_\_\_\_

Preschool \$95.00/week (Fall '18) \_\_\_\_\_

8:30am - 1:30pm

Extended Child Care: \$5/hour beyond school hours for Preschool or PreK.

After School: \$16.00/day (Min. 2 days) Mon\_\_\_\_\_Tues\_\_\_\_\_Wed\_\_\_\_\_Thur\_\_\_\_\_Fri\_\_\_\_\_

Before School: \$5.00/day (Min. 2 days) Mon\_\_\_\_\_Tues\_\_\_\_\_Wed\_\_\_\_\_Thur\_\_\_\_\_Fri\_\_\_\_\_

Summer Program: Full time (Monday - Friday 7:00 - 5:30) \$155.00 (summer 2018) \_\_\_\_\_

Part time \$45/day Mon\_\_\_\_\_ Tues\_\_\_\_\_ Wed\_\_\_\_\_ Thur\_\_\_\_\_ Fri\_\_\_\_\_

\*\* I have read and understand the tuition and payment policies of ABC Preschool and will abide by them.

\*\* I give permission for my child, \_\_\_\_\_, to participate in all activities planned and supervised by the teachers of ABC Preschool. This includes field trips to the Brewer Recreation Department and park, as well as supervised water play (shallow water tray placed on table & outdoor sprinklers).

\*\*ABC Preschool has a Facebook page so that parents and families can check in to see photos of their children and the daily happenings and events at our school. We do not post children's names on this page.

(Please check one)

\_\_\_\_\_ **Yes, I give permission** for photos of my child to be posted on the ABC Preschool Facebook page.

OR

\_\_\_\_\_ **No, I wish not** to have photos of my child posted on the ABC Preschool Facebook

Parent/Guardian's Signature

Date

**Medical Emergency Authorization**

I hereby give my consent, in the event of a medical emergency when I cannot be contacted, for the childcare staff to obtain whatever treatment may be deemed necessary for:

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Child's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

This authorization includes my consent for the above named child to receive treatment by a physician in any hospital emergency department.

I hereby give my authorization for emergency medical treatment as outlined above.

Known Allergies: \_\_\_\_\_

Known Medical Problems: \_\_\_\_\_

Last Tetanus Shot: \_\_\_\_\_

Please list here (or attach) a summary record of any significant factors concerning your child's adjustment to school or at home, as well as any unusual events or occurrences: \_\_\_\_\_

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Parent/Guardian's Signature \_\_\_\_\_ Date \_\_\_\_\_

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Witness/Provider's Signature \_\_\_\_\_ Date \_\_\_\_\_

**Please return this packet with your \$70.00  
Registration and Toy Fee and a copy of your child's  
most recent immunization records. Thank you!**

(Office Use Only)

Admission Date: \_\_\_\_\_ Discharge Date: \_\_\_\_\_

Registration Fee Paid: Date: \_\_\_\_\_ Staff Initials: \_\_\_\_\_

Annual Toy/Supply Fee Paid: Date: \_\_\_\_\_ Staff Initials \_\_\_\_\_