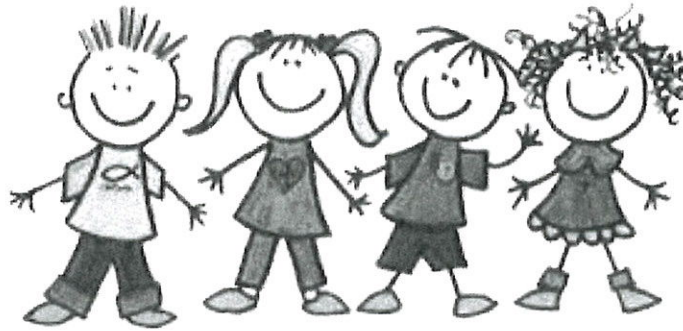


# Porter Lakes PRESCHOOL Registration Packet



## What's Needed for Registration:

- Completed Packet
- \$30 Non-refundable registration fee
- Birth Certificate
- Immunization Record
- Proof of Residency  
(bill or driver's license with current address)

Please return to:

**208 S. 725 W.**  
**Hebron, In. 46341**  
**(219) 306-8076**

# Preschool Tuition Agreement

Initial  
\_\_\_\_\_

**One-Time Registration Fee: \$30.00 due at time of registration, non-refundable.**

**One-Time Supply Fee (amount contingent on program enrolled in), non-refundable.**

These fees are separate from tuition and non-refundable. All families who enroll in Porter Lakes Preschool must pay a registration fee and supply fee.

Initial  
\_\_\_\_\_

**Tuition (amount contingent on program enrolled in) is due the 1<sup>st</sup> of each month, beginning with the August payment and ending with the May payment.**

Tuition has been computed so that you pay the same amount each month, regardless of the number of days in the month. There are no tuition reductions for holidays, illness, or other absences.

Initial  
\_\_\_\_\_

**Tuition (amount contingent on program enrolled in) is due the 1<sup>st</sup> of each month –**

**TUITION WILL BE CONSIDERED LATE IF NOT RECEIVED IN THE SCHOOL OFFICE**

**BY THE 10<sup>TH</sup> OF EACH MONTH.**

**A \$25 LATE FEE WILL INCUR AFTER THE 10<sup>TH</sup>**

A STUDENT MAY BE WITHDRAWN FROM Porter Lakes Preschool for non-payment of tuition and/or incurred late fees. A Late fee *may* be incurred regardless of a student's attendance for the month.

*Late fees may be waived at the discretion of administration.*

Initial  
\_\_\_\_\_

**If you need to withdraw your child, a two-week notice is needed. No refund of tuition will be given for that two-week period.**

**By signing, you are agreeing to –**

- I will pay monthly tuition (amount contingent on program enrolled in) on time each month
- I understand I will incur a \$25 late fee after the 10<sup>th</sup> of each month and this fee must be paid with the tuition.
- I understand my child may be withdrawn for non-payment of tuition and/or late fees

Student Name: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**Thank You!!!**



# Porter Lakes Preschool Registration

Play, Learn, Grow

Name ~ Last: \_\_\_\_\_ First: \_\_\_\_\_ Middle: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Sex: Male Female

Address: \_\_\_\_\_ Home Phone# \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

School Corporation in which you live \_\_\_\_\_

▶ Parent/Guardian #1 Name: \_\_\_\_\_

Relationship to Child: \_\_\_\_\_ Cell Phone # \_\_\_\_\_

Employer: \_\_\_\_\_ Work Phone# \_\_\_\_\_

Email: \_\_\_\_\_

▶ Parent/Guardian #2 Name: \_\_\_\_\_

Relationship to Child : \_\_\_\_\_ Cell Phone# \_\_\_\_\_

Employer: \_\_\_\_\_ Work Phone# \_\_\_\_\_

Email: \_\_\_\_\_

▶ With these documents, please send in a copy of your child's birth certificate, proof of residency (copy a front page of a bill, your driver's license), and immunization record.

▶ All Preschoolers must be able to take care of their own bathroom needs.

Students who will be **3 years-old** by August 1 of the current year will attend pre-school:

**2 Half-Days                      2 Full-Days**

Students who will be **4 years-old** by August 1 of the current year will attend pre-school:

**3 Half-Days                      3 Full-Days                      5 Full-Days**

# WELCOME

- The REGISTRATION and SUPPLY fee is a one-time, non-refundable fee.
- **The registration fee is \$30.**  
**The supply fee is:**  
**\$60 for ½ day students**  
**\$80 for Full Day students**  
**\$100 for Five Full Day students**
- Tuition Rates:

## 3-Year Olds

- Two Half Days - \$140 per month
- Two Full Days - \$255 per month

## 4-Year Olds

- Three Half Days - \$180 per month
- Three Full Days - \$335 per month
- Five Full Days - \$535 per month

- TUTION contract payments can be arranged.
- Classes begin the same day as all PTSC Schools.
- To withdraw your child, a two-week written notice is required.
- You may contact the preschool at the Porter Lakes office, 219-306-8076

## Emergency Contacts

In the absence of parent/guardian, the child may be released to:

Name: \_\_\_\_\_

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

Name: \_\_\_\_\_

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

Name: \_\_\_\_\_

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

Additional Information which may be helpful to our teaching staff:

# Porter Lakes Elementary

## Race and Ethnicity

Student Name: \_\_\_\_\_ Grade: \_\_\_\_\_

(as shown on Birth Certificate)

The Indiana Department of Education requires districts to collect ethnicity and race information on students using this two part question.

**RACE AND ETHNICITY:** (Note: Both Part 1 and Part 2 must be answered)

### Part 1: Ethnicity

Is this individual Hispanic/Latino? (Choose only one)

**No**, not Hispanic/Latino

**Yes**, Hispanic/Latino (A person of Cuban, Mexican, Puerto Rican, South or Central America, or other Spanish culture or origin, regardless of race.)

### Part 2: Race

What is the individual's race? (Choose one or more)

**American Indian or Alaskan Native:** A person having origins in any of the original peoples of North America and maintaining cultural identifications through tribal affiliation or community recognition.

**Asian:** A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Phillipine Islands, Thailand, and Vietnam.

**Black or African American:** A person having origins in any of the black racial groups of Africa.

**Native Hawaiian or Other Pacific Islander:** A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.

**White:** A person having origins in any of the original peoples of Europe, North Africa or the Middle East.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date



DEPARTMENT OF EDUCATION

Dr. Jennifer McCormick  
Superintendent of Public Instruction

*Working Together for Student Success*

## Home Language Survey (HLS)

The Civil Rights Act of 1964, Title VI, Language Minority Compliance Procedures, requires school districts and charter schools to determine the language(s) spoken in each student's home in order to identify their specific language needs. This information is essential in order for schools to provide meaningful instruction for all students as outlined Plyler v. Doe, 457 U.S. 202 (1982).

The purpose of this survey is to determine the primary or home language of the student. The HLS must be given to all students enrolled in the school district / charter school. The HLS is administered one time, upon initial enrollment, and remains in the student's cumulative file.

Please note that the answers to the survey below are student-specific. If a language other than English is recorded for ANY of the survey questions below, the W-APT will be administered to determine whether or not the student will qualify for additional English language development support.

**Please answer the following questions regarding the language spoken by the student:**

1. What is the native language of the **student**? \_\_\_\_\_
  
2. What language(s) is spoken most often by the **student**? \_\_\_\_\_
  
3. What language(s) is spoken by the **student** in the home? \_\_\_\_\_

**Student Name:** \_\_\_\_\_ **Grade:** \_\_\_\_\_

**Parent/Guardian Name:** \_\_\_\_\_

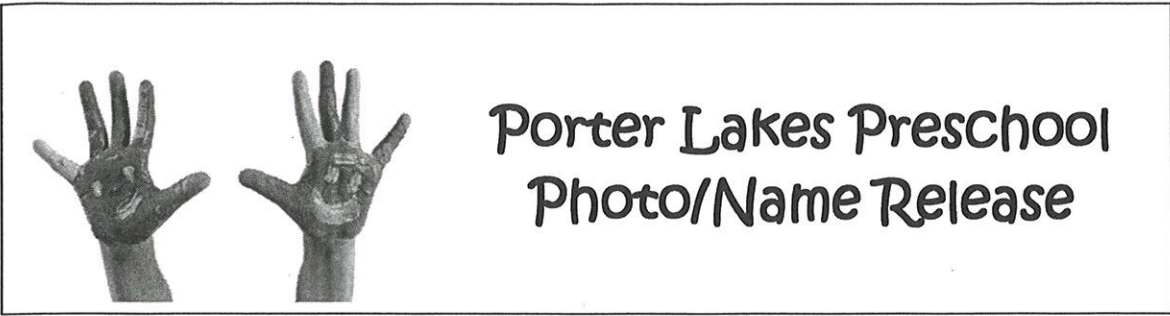
**Parent/Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

By signing here, you certify that responses to the three questions above are specific to your student. You understand that if a language other than English has been identified, your student will be tested to determine if they qualify for English language development services, to help them become fluent in English. If entered into the English language development program, your student will be entitled to services as an English learner and will be tested annually to determine their English language proficiency.

**For School Use Only:**

School personnel who administered and explained the HLS and the placement of a student into an English language development program if a language other than English was indicated:

**Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_



Student Name: \_\_\_\_\_ Grade: \_\_\_\_\_  
(LAST) (FIRST)

**PHOTOGRAPHY/NAME RELEASE FORM**  
(To Remain on File For Duration of Enrollment at Porter Lakes Elementary School)  
(Any Changes Must be Dated and Submitted in Writing)

I give permission for Porter Lakes Elementary and Porter Township School Corporation to release my child's photo and/or name for the following purposes:

**NEWSPAPER:**

I give permission for my child's picture and/or name to appear in the local newspaper and/or school newsletters for school related events.

**WEB PAGE:**

I give permission for my child's photograph and/or name to appear on our school or corporation web page.

**YEARBOOK:**

I give permission for my child's picture and name to appear in our school yearbook.

**TWITTER/FACEBOOK:**

I give permission for my child's picture and/or name to appear on our school or corporation Twitter and/or Facebook page.

\_\_\_\_\_  
(parent signature) (date)

**\*\*\* If you DO NOT wish for one or all of these items to be allowed, please come in to the school office and we will be glad to discuss the matter with you.**

**Please Print**

**Student Name:** \_\_\_\_\_ **Grade:** \_\_\_\_\_  
(LAST) (FIRST)

**INTERNET USAGE FORM**

(To Remain on File For Duration of Enrollment at Porter Lakes Elementary School)  
(Any Changes Must be Dated and Submitted in Writing)

Please check all appropriate items:

- \_\_\_\_\_ I give permission for my child to use the Internet with direct supervision of a teacher or authorized adult.
  
- \_\_\_\_\_ I give permission for my child to work independently on the Internet for school projects.
  
- \_\_\_\_\_ I give permission for my child to view teacher selected Internet sites for school projects/lessons.
  
- \_\_\_\_\_ I do not give permission for my child to work on the Internet at school for school related projects.

\_\_\_\_\_  
(Parent Signature)

\_\_\_\_\_  
(Date)

**PLEASE COMPLETE THE REVERSE SIDE OF THIS FORM**



Porter Lakes Elementary Emergency Card

Student Name: \_\_\_\_\_ Grade \_\_\_\_\_ Date of Birth \_\_\_/\_\_\_/\_\_\_  
                                Last                                First                                Middle

Address \_\_\_\_\_ City \_\_\_\_\_ Home phone # \_\_\_\_\_  
Parent email address: \_\_\_\_\_

Mother's name: \_\_\_\_\_ Place of Employment: \_\_\_\_\_

Work Address: \_\_\_\_\_ City: \_\_\_\_\_

Work phone: \_\_\_\_\_ Cell phone: \_\_\_\_\_

Father's name: \_\_\_\_\_ Place of Employment: \_\_\_\_\_

Work Address: \_\_\_\_\_ City: \_\_\_\_\_

Work phone: \_\_\_\_\_ Cell phone: \_\_\_\_\_

**In case of an emergency and parents cannot be reached:**

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone # \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone # \_\_\_\_\_

Doctor's Name \_\_\_\_\_ Phone # \_\_\_\_\_

**SEE OTHER SIDE FOR MORE INFORMATION**

Student Health Information Card

Student Name: \_\_\_\_\_ Grade \_\_\_\_\_ Date of Birth \_\_\_/\_\_\_/\_\_\_  
                                Last                                First                                Middle

**Allergies: Please list all allergies including medications, foods, insect/bite/stings, etc.**

Treatments: \_\_\_\_\_

Surgical History: \_\_\_\_\_

**Illnesses/Diseases: Please check all those that have been diagnosed by a physician:**

\_\_\_\_ Asthma      \_\_\_\_ Attention Deficit Disorder      \_\_\_\_ Cardiac Disorder      \_\_\_\_ Diabetes  
\_\_\_\_ Depression      \_\_\_\_ Eating Disorder      \_\_\_\_ Hyperventilation      \_\_\_\_ High Blood Pressure  
\_\_\_\_ Seizures      \_\_\_\_ Other, name of disease/illness \_\_\_\_\_

Treatment/restrictions as they apply to the above: \_\_\_\_\_

Daily Medication: \_\_\_\_\_

Time: \_\_\_\_\_

Reason: \_\_\_\_\_

P.R.N. Medications (medications taken as needed/occasionally)

**Please keep the school nurse/health aide informed of all newly diagnosed health conditions.  
Health information may be shared with significant school personnel to ensure continuity of care.**

Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

## PORTER TOWNSHIP SCHOOL CORPORATION

I give the Porter Township School Corporation, permission to release the following information concerning my child to the Indiana State Department of Health Immunization Registry (CHIRP). I understand that the information in the registry may be used to verify that my child has received proper immunizations and to inform me or my child of his/her immunization status or that an immunization is due, according to recommended immunization schedules. I understand that my child's information (name, immunization data, birth date or other identifying information as applicable) may be available to the immunization data registry of another state, a healthcare provider or provider's designee, a local health department, an elementary or secondary school, a child care center, the office of Medicaid policy and planning or a contractor of the office of Medicaid policy and planning, a licensed child placing agency, and a college or university. I also understand that other entities may be added to this list through amendment to I.C. 16-38-5-3. I hereby consent to the release of such information.

Student: \_\_\_\_\_ Grade: \_\_\_\_\_

Printed parent/guardian name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_