

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 1st 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 1st of each month –
TUITION WILL BE CONSIDERED LATE IF NOT RECEIVED IN THE SCHOOL OFFICE
BY THE 10TH OF EACH MONTH.

A \$25 LATE FEE WILL INCUR AFTER THE 10TH

A STUDENT MAY BE WITHDRAWN FROM Porter Lakes Preschool for non-payment of tuition and/or incurred late fees.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 10th 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- I understand my child may be withdrawn for non-payment of tuition and/or late fees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.

Emergency Release Contacts

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

Name: _____

Phone: _____ Relationship: _____

Name: _____

Phone: _____ Relationship: _____

Name: _____

Phone: _____ Relationship: _____

WELCOME

- The REGISTRATION and SUPPLY fees are one-time, non-refundable fees.
- **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:

T/Th Half Day - \$145 per month

T/Th Full Days - \$265 per month

4 Year Olds:

M/W/F Half Day - \$185 per month

M/W/F 3 Full Days - \$345 per month

5 Full Days (M-F) - \$545 per month

- TUITION 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

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

Additional Information which may be helpful to our teaching staff:

Porter Lakes Elementary

Race and Ethnicity

Student's 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, Cuban, South or Central American, 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 Alaska Native:** A person having origins in any of the original peoples of North America and maintaining cultural identification through tribal affiliation or community recognition.
- Asian:** A person having origins in any of the peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine 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, the Middle East, or North Africa.

Parent's Signature: _____ Date: _____



Indiana Department of Education

Dr. Katie Jenner, Secretary of Education

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 in Indiana, 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 WIDA Screener 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: _____



Porter Lakes Preschool 2019-2020 Photo/Name Release

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.**

OFFICE USE ONLY: NO PERMISSION ____ np ____ wp ____ yrb ____ t/f

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)

Porter Lakes Elementary is a “1 : 1” school. This means that administration allows each enrolled student to use an electronic device in order to access the Internet, digital course materials, and digital textbooks.

- Your child will use the Internet with direct supervision of a teacher or authorized adult.
- Your child to work independently on the Internet for school projects.
- Your child will view teacher selected Internet sites for school projects/lessons.

Your signature acts as an agreement with the above statements.

(Parent Signature)

(Date)

If you do not agree with the above statements, please come in to the school office and we will be glad to discuss the matter with you.



Porter Lakes Preschool

Health Info

♡ Play, Learn, Grow ♡

Student Name: _____

Date of Birth: _____

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: _____

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

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 Guardian Name: _____

Guardian Signature: _____ Date: _____