



MT. VERNON
COMMUNITY SCHOOL CORPORATION

Mini-Marauder PRESCHOOL

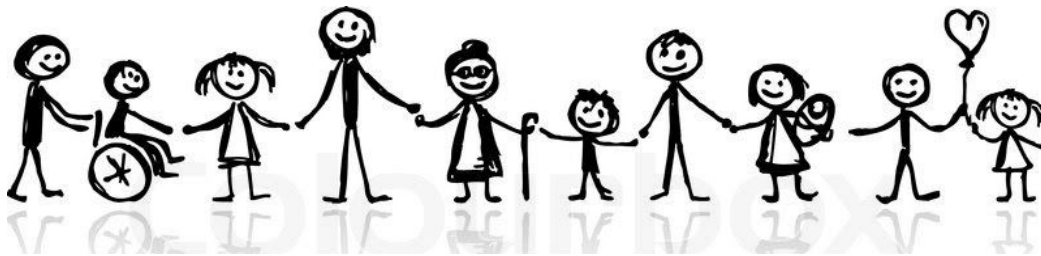


2020-2021 Preschool Enrollment Packet



Mt. Vernon Early Learning Academy's Mission Statement

To ensure that all children attending the Mini-Marauder Preschool develop a positive self-concept, the ability to problem solve, the ability to negotiate with their peers, and engage in a variety of hands-on, language rich, learning experiences that will establish the foundation for lifelong learning.





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Early Learning Center Preschool Agreement School Year 2020-2021

I agree to abide by the following terms of the Mini-Marauders Preschool of
Mt. Vernon Community School Corporation

Students Name: _____ Students D.O.B _____

Parent/Guardian Information	Parent/Guardian Information
Name:	Name:
Address:	Address:
Primary Phone #:	Primary Phone #:
Email Address:	Email Address:

Program Options (Choose One)

Full day preschool (7:30am-2pm) \$120 Full day preschool w/ aftercare (7:30-4:30pm) \$160

I understand the programs fees are as follows:

1. I understand that I can pre-pay at any time during the school year.
2. I understand I will be financially responsible for 38 weekly payments. I understand there will be no credits given for illness or vacations.
3. I understand that the Preschool will follow Mt. Vernon Community School student calendar.
4. I understand all payments are due within two days from the beginning of the service week.
5. I understand there is a fee for picking my child after their scheduled program time. This will result in a \$1/minute fee for every minute I am late.
I further understand that multiple late pick ups can result in termination of services
6. Non-payment will result in the student being removed from the preschool program and the account being turned over to a collection agency with the added expense of the collection fee.
7. If I choose to remove my student from the preschool program, a two week written notice with usual payment is required. I understand that I will be held responsible for payment unless written notice is provided.
8. I understand that my child will be officially enrolled when all required documents and the non-refundable \$50.00 registration fee is submitted.
9. A \$75 material fee is due the first week of *each semester* with your weekly tuition.

Parents/Guardian Signature _____

Date: _____

(School use only)	STN:	Other ID:
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Enrollment Application

Students Name: _____
(Last) (First) (M.I.)

Birthdate _____ Age _____ Gender _____ Current Grade Level _____

Name of Last School Attended _____ Phone Number of Last School Attended _____

Elementary School your child will be attending:

- McCordsville Elementary
- Fortville Elementary
- Mt. Comfort Elementary
- Out of District

Any other information we should know about your child (no contact order, IEP, taken any ECA's, etc.)

Discipline Information- Please choose Yes or No

In the past 12 months has your child been suspended or expelled _____ Yes _____ No

Has your child been suspended or expelled for possessing a firearm _____ Yes _____ No

Has your child been suspended or expelled for causing physical injury to another student, employee or visitor to the school _____ Yes _____ No

Has your child been suspended or expelled for violating a drug or alcohol rule _____ Yes _____ No

Child resides with: Father _____ Mother _____ Both _____ Other _____

Father's/Guardian Name: _____

Street Address _____ P.O. Box/Apt# _____

City: _____ State: _____ Zip: _____

Primary Phone#: _____ Work #: _____

Email Address: _____

Mother's/Guardian Name: _____

Street Address: _____ P.O. Box/Apt# _____

City: _____ State: _____ Zip: _____

Primary Phone#: _____ Work #: _____

Email Address: _____



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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 W-APT or 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: _____

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: _____



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Speech & Language Screening

Dear Parent/Guardian:

At the beginning of each year, a speech and language screening is conducted at the preschool. Each child is screened for articulation and language. If further evaluation is needed you will be notified. Your permission is required before any screening or evaluation can take place.

If you **do not** want your child screened, please check the box below and return with your registration packet. If the box is **not** checked, your child will be screened at the beginning of the school year.

If you have any questions, please contact either Nedra Herbert or Nicole Allen at the information listed below.

Thank You.

I do not want my child screened

Student's Name: _____

Nedra Herbert, M.A., CCC-SLP
Preschool Speech/Language Pathologist
Mini Marauder Preschool
317 485-3100 Ext. 5307
Nedra.Herbert@MVCSC.K12.in.us

Nicole Allen, M.A., CCC-SLP
Preschool Speech/Language Pathologist
Mini Marauder Preschool
317 485-3100 Ext. 5117
Nicole.Allen@MVCSC.k12.in.us



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Field Trip Permission Slip

As a parent/guardian of a student at Mini Marauder Preschool, I acknowledge that I have read, understood and agree to the following:

I, _____, give my permission for _____, who
(parent/guardian name) (student name)

attends _____, to participate in any off campus field trips provided by Mt.
(program name)

Vernon Community Schools Transportation Department.

Medical conditions, medication information or any known allergies should be made aware of below:

1. _____
2. _____
3. _____

I acknowledge that this activity entails known and unanticipated risks, which could result in physical or emotional injury. I understand such risks simply cannot be eliminated. I certify that my child has medical conditions that are listed, or no medical or physical conditions in which that would interfere with his/her safety in a field trip. In the event of an emergency, I authorize the school district staff in charge to obtain care for my child.

Signature of parent/guardian

Date



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Permission for Student Pick-up

Student: _____ Birth Date: _____

Please list those who will be allowed to pick up your student, including yourself. Identification will be required, so please state their **LEGAL NAME**

Parents/Guardians Name: _____

Parents/Guardians Name: _____

Legal Name: _____

Relationship: _____

Legal Name: _____

Relationship: _____

Legal Name: _____

Relationship: _____

Legal Name: _____

Relationship: _____

Legal Name: _____

Relationship: _____

Legal Name: _____

Relationship: _____

I give permission for those listed above (including myself) to pick up my student from preschool

Parent/Guardian Signature: _____ Date: _____

FEDERAL RACE AND ETHNICITY SURVEY

THIS FORM ONLY NEEDS TO BE COMPLETED IF YOUR STUDENT IS ENTERING PUBLIC EDUCATION INDIANA FOR THE FIRST TIME. IF THIS INFORMATION WAS GIVEN AT PRIOR INDIANA PUBLIC SCHOOL, YOU DO NOT NEED TO COMPLETE THIS FORM

The U.S Department of Education requires all states to collect information on the race and ethnicity of public school students and staff. This data will be used in all state and federally sponsored statistical data collections that include data on ethnicity or race. An example would be test results.

Students Name:

Race and Ethnicity: (Note: Both Part 1 and Part 2 of the question 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 original 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.**

Signature of Parent/Guardian

Date

- I understand that checking this box constitutes a legal signature confirming that I am verifying the information above is correct to the best of my knowledge.**



MT. VERNON
COMMUNITY SCHOOL CORPORATION

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STANDARD PHOTO/VIDEO RELEASE FORM FOR MINOR CHILDREN

I hereby authorize Mt. Vernon Community School Corporation (MVCSC) to publish photographs or video taken of the undersigned minor children, and their names, for use in the MVCSC's printed publications and website, or for any marketing purposes on behalf of, produced by MVCSC or partners in cooperation with MVCSC, (including the media).

I release MVCSC from any expectation of confidentiality for the undersigned minor children and myself and attest that I am the parent or legal guardian of the children listed below and that I have the authority to authorize MVCSC to use their photographs and names. I understand the photos/videos may be edited at MVCSC's discretion and used indefinitely by/for MVCSC.

I acknowledge that since participation in publications, video, website or marketing materials produced by or in cooperation and/or partnership with MVCSC, confers no rights of ownership whatsoever. I release MVCSC, its contractors and its employees from liability for any claims by me or any third party in connection with the participation of the undersigned minor children.

Print Name of Parent or Legal Guardian: _____

Signature: _____ Date: _____

Street Address: _____

City, State, Zip: _____

Names and Ages of Minor Children:

Name: _____ Age: _____

Name: _____ Age: _____

Name: _____ Age: _____

Name: _____ Age: _____



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Behavior Support

The Early Learning Academy teaches and encourages positive, prosocial behaviors through a variety of methods. Typically, preschool children need to be taught and positively reinforced for demonstrating prosocial behaviors. Some examples of prosocial behaviors include: requesting to take a turn with a toy by verbally asking or using a “My Turn” card, inviting peers to play by asking, gesturing, or using visual supports, etc. Methods to teach prosocial behaviors are incorporated throughout the preschool curriculum. This includes establishing classroom rules and procedures at the beginning of the year. The rules are printed (pictures paired with words) and explicitly taught through modeling, role playing, and feedback. Children also learn how to express their emotions in a manner that is respectful to all.

When an inappropriate behavior occurs, staff address it immediately. Staff attempts to identify why the behavior occurred (i.e does the child want a toy that another child is playing with? Does the child want to play with a group of peers but is unsure how to join?) Staff teach children how to respond next time the situation arises.

When a child demonstrates physically aggressive behavior towards peers or staff, the staff attempts to determine what the child is communicating through his or her behavior. The child may be asked to sit for a couple minutes in order to calm himself or herself; however, more importantly, staff will teach the desired behavior so the child will be better able to respond next time. Sometimes pictures are paired with words so that the child better understands what to do next time. Additionally, teachers model appropriate behavior, role play, and provide positive feedback when the child demonstrates the desired behavior. Positive feedback includes verbal descriptive praise, smile, high five, positive attention, etc.

If inappropriate behavior occurs repeatedly, staff communicates with parents and develops a plan to support the child’s social emotional development.

Childs Name

Parents Name

Parent Signature

Date



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Student Health Information An Important Message from Your Child's School Nurse

In order for the school nurse to have the most current health information on your student and to help you student have a healthy and successful year, please complete, and submit with your registration packet. If you have any questions completing this form or need to talk with your school nurse please do not hesitate to contact the preschool office or email the school nurse at: tracy.furnas@mycsc.k12.in.us. Thank you for your cooperation!

Student's Name: _____ **Date of Birth:** _____
Grade/Teacher: _____

Parent/Guardian Information

Name/Relationship:	Name/Relationship:
Primary Phone #:	Primary Phone #:
Work Phone #:	Work Phone #:
Email:	Email:

IN CASE OF AN EMERGENCY AND A PARENT CANNOT BE REACHED, THE FOLLOWING LOCAL PEOPLE CAN BE CONTACTED TO RESPOND IN THE PARENTS ABSENCE

Name	Phone Number	Relationship
1		
2		
3		

Medical Concerns (Examples: Allergies, Asthma, Diabetes)	
Medications Taken at Home/School	
Name of Physician and Phone #	
Hospital Preference and Phone#	

PERMISSION STATEMENT:

I give my permission for the school nurse to share or receive health-related information needed to care for my above-named child with other healthcare providers (for example doctors, specialists, case managers) during the 2020-2021 school year. The purpose of exchanging this data shall be for diagnostic/educational purposes only. I understand that I may revoke this consent at any time, except to the extent that action based on this consent has been taken. I also understand it is the responsibility of the parent/guardian to notify the school nurse of any changes in the above-named child's health status during the school year. This authorization is fully understood and is made voluntarily on my part.

Signature of Parent / Legal Guardian

Date



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CHILDREN AND HOOSIERS IMMUNIZATION REGISTRY PROGRAM (CHIRP) FORM

Dear Parent/Guardian,

The Indiana State Department of Health maintains an immunization registry entitled Children and Hoosiers Immunization Registry Program (CHIRP). CHIRP allows all health care providers within the state of Indiana to enter immunization data as a method of electronic documentation to ensure that the most up-to-date record of immunization is available. The Indiana Department of Education has mandated that all schools within the state of Indiana utilize CHIRP to document annual immunizations reports. Schools are required to submit these immunization reports to maintain the schools' accreditation

I give Mt. Vernon Community School Corporation permission to release the following information concerning my student to the Indiana State Department of Health's Children and Hoosiers Immunization Registry program (CHIRP): Student's full name, date of birth, immunization data, current address, parent/guardian name, race and school.

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 my child's immunization status or that no immunization is due according to the recommended immunization schedules.

I understand that my child's information may be available to the immunization data registry of another state, a healthcare provider or provider dessinee, a local health department, an elementary or secondary school, a child care center, the office of Medicaid policy and plan or 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 understand by checking this box this constitutes a legal signature confirming that I consent to the release of such information.

OR

By checking this box I decline the release of such information.

Please type Parent/Guardian

Students name

Parent/Guardian Signature

Date



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IMMUNIZATION REQUIREMENTS FOR 2020-2021 SCHOOL YEAR

3-5 years old	<ul style="list-style-type: none"> • 3 Hep B (Hepatitis B) • 4 DTaP (Diphtheria, Tetanus & Pertussis) 	<ul style="list-style-type: none"> • 3 Polio (Inactivated Polio) • 1 Varicella (Chickenpox) 	<ul style="list-style-type: none"> • 1 MMR (Measles, Mumps, Rubella)
K-4th Grade	<ul style="list-style-type: none"> • 3 Hep B • 2 Hep A (Hepatitis A) 	<ul style="list-style-type: none"> • 5 DTaP • 4 Polio 	<ul style="list-style-type: none"> • 2 MMR • 2 Varicella
5th Grade	<ul style="list-style-type: none"> • 3 Hep B • 5 DTaP 	<ul style="list-style-type: none"> • 4 Polio • 2 MMR 	<ul style="list-style-type: none"> • 2 Varicella
6th Grade	<ul style="list-style-type: none"> • 3 Hep B • 5 DTaP • 4 Polio 	<ul style="list-style-type: none"> • 2 MMR • 2 Varicella • 2 Hep A 	<ul style="list-style-type: none"> • 1 Tdap (Tetanus, Diphtheria & Pertussis) • 1 MCV4 (Meningococcal conjugate)
7th- 11th Grade	<ul style="list-style-type: none"> • 3 Hep B • 5 DTaP • 4 Polio 	<ul style="list-style-type: none"> • 2 MMR • 2 Varicella 	<ul style="list-style-type: none"> • 1 MCV4 • 1 Tdap
12th Grade	<ul style="list-style-type: none"> • 3 Hep B • 5 DTaP • 4 Polio 	<ul style="list-style-type: none"> • 2 MMR • 2 Varicella • 2 Hep A 	<ul style="list-style-type: none"> • 2 MCV4 • 1 Tdap

- ❖ **Hep B:** The minimum age for the 3rd dose of Hepatitis B is 24 weeks of age.
- ❖ **DTaP:** Four doses of DTaP/DTP/DT are acceptable if the 4th dose was administered on or after the child's 4th birthday.
- ❖ **Polio:** Three doses of Polio are acceptable for all grade levels if the third dose was given on or after the 4th birthday and at least 6 months after the previous dose with only one type of vaccine used (all OPV or all IPV). *For students in grades kindergarten through 8th grade the final dose must be administered on or after the 4th birthday, and be administered at least 6 months after the previous dose.
- ❖ **Varicella:** Physician documentation of disease history, including month and year, is proof of immunity for children entering preschool through 10th grade. Parental report of disease history is acceptable for grades 11-12.
- ❖ **Tdap:** There is no minimum interval from the last TD dose.
- ❖ **MCV4:** Individuals who receive dose 1 on or after their 16th birthday only need 1 dose of MCV4.
- ❖ **Hep A:** The minimum interval between 1st and 2nd dose is 6 calendar months. 2 doses of Hep A is required for grades K-4, 6 and 12.

* For grades 5, and 7-11, 2 doses of Hep A vaccine are recommended.

I have read and understand the Indiana School Immunization Requirements as listed above.

Please type Parent/Guardian

Students name

Parent/Guardian Signature

Date

★ A copy of the Indiana Immunization Requirements will be provided upon request



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Checklist

A complete registration packet must include each of the following items:

1. Agreement
2. Enrollment Applications
3. Home Language Survey
4. Speech & Language Screening Information
5. Field Trip Permission Slip
6. Permission for student pick-up
7. Race/ethnicity Data Questionnaire
8. Standard photo/video release for minor
9. Behavior Support Form
10. Student Health Information
11. CHIRP
12. Immunization Requirement Form
13. Copy of birth certificate, current immunization records, parent photo ID (copies can be made at time of registration)
14. This signed checklist with your **\$50 registration fee**

I have completed the Mini-Marauder Preschool packet and appropriate forms are included

Signature of Parent/Guardian

Date

In accordance with Indiana law HEAP.L 16-1990 IC 20-8.15-3 we are asking to take a few minutes to read our Mini-marauder Preschool Student Handbook which is located in our MVCSC website under the preschool tab

This is to acknowledge that I have read and agree to abide by the student handbook of the Mini-Marauder Preschool for the 2020-2021 school year.

Signature of Parent/Guardian

Date