



LITTLE  
MOUNTIE

— PRESCHOOL —

## Southmont - Little Mountie Preschool

Preschool is the beginning step to your child's educational journey, and Southmont Schools is excited to assist you in that journey. The following information will help you with the process to begin that first step.

### Classroom Recommendations and Information

1. Preschool will follow the Southmont Schools' calendar which includes any early release times snow days and delays.
2. In accordance with Southmont Schools attendance policies please notify the school when your child is sick or absent. Doctor's notes will be necessary when appropriate.
3. There will be speech, occupational and physical therapists working in the classroom several times per week. Your child can participate in these activities.
4. At times parents and school staff may need to work together if a child is having difficulty with the classroom routine. Other preschool options may be considered.
5. Preschoolers should be fully toilet trained during the daytime by the first day of preschool.
6. Parents will receive information on their child's overall classroom performance 4 times per year.
7. Each preschooler must be at least 4 years old on or before August 1, 2017.
8. **Payments (cash, check or money order) are due by the 15<sup>th</sup> for the following month with August payment due July 15, 2017.** Failure to pay by the 1<sup>st</sup> of the month may result in the child's removal from the preschool program. Payment will be required for 10 months. The first payment, due July 15, 2017 can be dropped off at the corporation office or mailed to:

Southmont Schools-Little Mountie Preschool  
Attn: Kristin Charles  
PO Box 8  
New Market, IN 47954  
765-866-0203

## ENROLLMENT PROCESS

1. Enrollment Packet Information for the Little Mountie Preschool is posted on the Southmont Schools website: [www.southmont.k12.in.us](http://www.southmont.k12.in.us) under Corporation News. You can also pick up the enrollment packet at any of our schools and the corporation office
2. Completed enrollment packet includes:
  - Completed Application
  - Copy of Birth certificate
  - Copy of Immunization records
  - Registration Fee-\$50.00, checks made payable to Southmont Schools
3. A confirmation letter will be sent out to each parent in March.

**Return completed application and necessary paperwork to:**

Southmont Schools-Little Mountie Preschool

Attention: Kristin Charles

PO Box 8

New Market, IN 47965

If you have further questions please contact Kristin Charles –Director of Business and Human Resources for Southmont Schools @ 765-866-0203 ext. 804 or email- [kristin.charles@southmont.k12.in.us](mailto:kristin.charles@southmont.k12.in.us)

Nondiscrimination Statement - It is the policy of this Corporation to provide an equal opportunity for all students, regardless of race, color, creed, disability, religion, gender, ancestry, age, national origin, limited English proficiency, (marital status SHS only), place of residence within the boundaries of the school Corporation, or social or economic background, to learn through the curriculum, programs or activities offered in this Corporation.

Revised 11/9/2015

**South Montgomery PreSchool Enrollment Form**

Date\_\_\_\_\_

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

Child's Birthday\_\_\_\_\_ Child's age\_\_\_\_\_

Address\_\_\_\_\_  
\_\_\_\_\_

**Contact Info:**

Mom's name\_\_\_\_\_

Dad's name\_\_\_\_\_

(Mother)Home Phone\_\_\_\_\_

(Mother)Work Phone\_\_\_\_\_

(Mother's) Cell Phone\_\_\_\_\_

(Father)Home Phone\_\_\_\_\_

(Father)Work Phone\_\_\_\_\_

(Father's) Cell Phone\_\_\_\_\_

Emergency Contact Person\_\_\_\_\_

Contact's phone\_\_\_\_\_

Emergency Contact Person\_\_\_\_\_

Contact's phone\_\_\_\_\_

Do you have a backup care provider? \_\_\_\_\_

**Transportation Info:**

Morning (circle 1) Car rider Bus rider

Afternoon(circle 1) Car rider Bus rider

**Your Child's Health**

CHILD'S HEALTH RECORD: (A copy of your child's immunizations and birth certificate will be needed.)

General state of health:

\_\_\_\_\_  
\_\_\_\_\_

Doctor's name\_\_\_\_\_

Doctor's phone number\_\_\_\_\_

Dentists' name\_\_\_\_\_

Dentists' name\_\_\_\_\_

Are your child's immunizations up to date? \_\_\_\_\_ (Please attach a copy of immunizations.)

Does your child have any known allergies?

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Does your child have any medical conditions which I should be made aware of?

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Has your child had the following common childhood illnesses? (*please circle*)

Does your child have any problems with any of these?

Constipation  
Convulsions  
Diarrhea  
Fainting Spells  
Frequent Colds  
Frequent Ear Infections  
Frequent Sore Throats  
Lice  
Ringworm  
Skin Rash  
Soiling  
Stomach Upsets  
Urinary Problem  
Worms

Has your child had any of these diseases?

Asthma  
Bronchitis  
Chicken Pox  
Diabetes  
Heart Disease  
Hepatitis  
Impetigo  
Measles  
Mumps  
German Measles  
Polio  
Scarlet Fever  
Tuberculosis  
Whooping Cough

Does your child have any speech, hearing or visual problems?

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Would there be any restrictions to play or activities?

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### **About Your Child**

Has your child ever been in child care before? \_\_\_\_\_

What type (center, family daycare, grandma etc.) \_\_\_\_\_

Was it a positive experience? \_\_\_\_\_

How does your child feel about preschool and being left by his/her mommy/daddy?

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Are there any recent traumatic situations the child has been exposed to such as a death in the family, divorce, new sibling etc.?

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What is your normal method of discipline? \_\_\_\_\_

What is your child's temperament? Are they easy going, hard to please, demanding, aggressive, etc \_\_\_\_\_  
\_\_\_\_\_

Are there any food restrictions? \_\_\_\_\_

What is your child's favorite food? \_\_\_\_\_

What food does your child dislike? \_\_\_\_\_

Can your child be relied upon to indicate bathroom wishes? \_\_\_\_\_

What words does your child use for:

Bowel movements \_\_\_\_\_

Urination \_\_\_\_\_

What time does your child awaken? \_\_\_\_\_

What time does your child go to sleep at night? \_\_\_\_\_

Do they sleep through the night? \_\_\_\_\_

Does your child sleep in a bed or crib, other? \_\_\_\_\_

Are there any siblings? Please name them and specify ages and gender.

Name \_\_\_\_\_ age \_\_\_\_\_ gender \_\_\_\_\_

Name \_\_\_\_\_ age \_\_\_\_\_ gender \_\_\_\_\_

Name \_\_\_\_\_ age \_\_\_\_\_ gender \_\_\_\_\_

Has your child had experience playing with other children? \_\_\_\_\_

What language(s) are spoken at home? \_\_\_\_\_

Does your child have any security objects such as a blanket, soother, bottle, toy etc. ?  
\_\_\_\_\_

What are your child's favorite activities, toys, books, or games? \_\_\_\_\_

Are there any other comments or information you would like to let me know about?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Any specific concerns? \_\_\_\_\_  
\_\_\_\_\_