



Amanda Barton, Early Childhood Coordinator
Romona School
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November 16, 2018

Dear Parents,

Registration for the 2019-20 school year will open on December 1, 2018. I would like to remind you that the Connecting Kids Preschool registration is due to Kathy Hughes at the Mikaelian Education Center prior to January 31, 2019. While we will be accepting registration forms as long as we have space available, please note that we cannot ensure your child's spot if the registration materials are returned after January 31st.

For your convenience, as a returning family, I am attaching a 2019-2020 registration form to this letter. On November 26, 2018 you may download an additional copy of the 2019-2020 Connecting Kids Registration Form by going to the Romona School website and going to the Connecting Kids Preschool tab. If you are planning on your child returning to the Connecting Kids Preschool next year, please complete the form, attach a \$100.00 deposit, and **return it to Kathy Hughes at the Mikaelian Education Center.**

Our classroom options for the 2019-20 school year will be as follows:

- AM 4 day~multi age 3, 4, 5 year olds meeting Monday-Thursday, 8:45-11:05
- PM 4 day~multi age 3, 4, 5 year olds meeting Monday-Thursday, 12:40-3:00
- PM 5 day~multi age 3, 4, 5 year olds meeting Monday-Friday 12:40-3:00

Please indicate your 1st, 2nd and 3rd choices. If the request for a particular section exceeds the space allowed, there will be a lottery on February 12, 2019. Placement confirmation letters will be sent out shortly after the lottery. If you have two or more children, and need to have those children in the same session, please contact Amanda Barton for options.

Please feel free to call me if you have questions at 847-512-6463.

Sincerely,

A handwritten signature in black ink that reads 'Amanda E. Barton'.

Amanda Barton
Early Childhood Coordinator

Other important information about your child:

Who are other important people in your child's life? _____

With whom does your child spend most of his/her time? _____) _____

Which preschool and/or preschool activities does your child attend? _____

Days and time of attendance _____

Program/School phone number _____

Your child's teacher _____

Teacher contact info: phone # _____

email address _____

Has your child received services through CFC? Yes No

If so, when? _____ Which services? _____

Service Coordinator _____

Any past and/or current services/private therapies that your child receives:

When: _____ Where: _____

Therapist: _____ phone/email _____

When: _____ Where: _____

Therapist: _____ phone/email _____

Do you have concerns about your child's development or speech? Yes No
Please explain _____

Has anyone expressed concerns about your child's development or speech? Yes No
Please explain _____

Do you have concerns about your child's eating, sleeping, or toileting habits? Yes No
If so, please explain _____

Is there anything that worries you about your child? Yes No
If so, please explain _____

What things do you enjoy most about your child?

Is there any information about your child that should be known in case of an emergency?
(allergies, asthma, etc.) Yes No

If so, please explain. (Attach an addition sheet if necessary):

Do you think your child hears well? Yes No

Do you think your child talks like other children his/her age? Yes No

Can you understand most of what your child says? Yes No

Do you think your child walks, runs, and climbs like other children his/her own age?
 Yes No

Does either parent have a family history of childhood deafness or hearing impairment?
 Yes No

Do you have any concerns about your child's vision? Yes No

Has your child had any medical problems in the last several months? Yes No

Does anything about your child worry you? Yes No

Are you receiving T.A.N.F. or S.N.A.P.? Yes No

Thank you for completing this questionnaire

Parent signature _____ Date _____

Course Sign up Information

Session Preference **Please indicate 1st, 2nd and 3rd preference

AM 8:45-11:05

_____ 4 day-Multi age 3, 4 and 5 year olds (Monday-Thursday) FEE is \$3525.00

PM 12:40-3:00

_____ 4 day-Multi age 3, 4 and 5 year olds (Monday-Thursday) FEE is \$3525.00

_____ 5-day-Multi age 3, 4 and 5 year olds (Monday-Friday) FEE is \$4390.00

A deposit of \$100 to secure your spot for students starting in the fall. For ongoing enrollment, parents may hold a spot one month in advance. For students with a start date more than a month out, full tuition will be required to hold a spot. Payable by check or credit card.

Remaining Tuition Payment Options:

Make checks payable to Wilmette Public Schools District 39

- One payment due on August 1, 2019
- Monthly payments due on the 15th of each month beginning August 2019.
- Two payments due on August 1, 2019 and January 15, 2020.
- Make online payments at <http://wilmette.revtrak.net/tek9.asp>

Charge to credit card: Mastercard or Visa (circle one) Expiration Date: _____

Card number _____

Print cardholder's name _____

Signature _____

*****You will be charged \$4.95 for each transaction*****

Return registration form to:
Mikaelian Education Center
Attn: Kathy Hughes
615 Locust Road
Wilmette, IL 60091

(Please include your deposit with your registration form)



HOME LANGUAGE SURVEY

The state requires the district to collect a Home Language Survey for every new student. This information is used to count the students whose families speak a language other than English at home. It also helps to identify the students that need to be assessed for English language proficiency.

Please answer the questions below and return this form to your child's school.

Date _____ School _____

Student's Name _____

1. Is a language other than English spoken in your home? (Check one)

Yes _____ No _____

If you checked yes, what language? _____

2. Does your child speak a language other than English?

Yes _____ No _____

If you checked yes, what language? _____

Please note: If the answer to either question is yes, the law requires the school to assess your child's English language proficiency.

Parent/Legal Guardian Signature

Date