

Eagle's Nest Preschool



Eagle's Landing High School

November 1, 2014

Dear Parents,

The Early Childhood Education classes of Eagle's Landing High School would like to invite your child to participate in the Eagle's Nest Preschool. Our preschool, beginning January 21th through May 14, 2015 is for children ages 3 to 5. Preschool is held Tuesday, Wednesday, and Thursday from 8:30 am to 10:45 am in the Family and Consumer Science Department. There is a one time registration fee of \$100.00 and no monthly tuition. This fee includes and all preschool supplies. Children will bring their own snack and drink each day.

Children are exposed to wide a variety of activities during preschool. Our goal is to promote a love for learning, self esteem, and the ability to work independently and in groups. Activities include the following:

Learning Activities	Learning experience are individualized as well as planned for the entire group. Various math, science, and language activities are planned each day and books are read to the children frequently.
Art Activities	Children express themselves through the use of paints, crafts, and other art supplies. Children bring their art/craft projects home and may use these projects to tell you about their day.
Music Activities	Children explore music through listening, singing, movement songs, and musical instruments.
Centers	Children choose from a variety of activities including blocks, puzzles, and dramatic play.
Physical Activities	Games and movement activities, both indoors and outdoors, are planned for the children.

All Children attending preschool must be potty trained (no pull-ups allowed), able to leave parents with little difficulty, maintain appropriate behavior, and be free of contagious diseases. Your doctor or public health department must complete a Certificate of Immunization.

If you wish to enroll your child in Eagle's Nest Preschool, return the completed application and registration fee to the school. The Certificate of Immunization is due by January 21th no later than January 21, 2015, but is not required to register.

Applications are accepted on a first come first serve basis. Space is limited this year so early registration is encouraged! Checks should be made payable to:

Eagle's Landing High School.

Applications may be brought to the school or sent to:

**Denita Sanders
Eagle's Landing High School
301 Tunis Road
McDonough, GA 30253**

We are looking forward to having your child as part of our program. An optional Open House is planned for Thursday, January 15, 2015 from 8:30am – 10:45am in room #820. If you have any questions, please contact me at school 770-954-9515 or by email denitasanders@henry.k12.ga.us

Sincerely,

Denita Sanders
Early Childhood Education Teacher

EAGLE'S NEST PRESCHOOL REGISTRATION

Child's Name _____ Age (as of 1/18/2014) _____

Preferred Name _____ Sex (M or F)

Date of Birth _____ Home Phone _____

Home Address _____

Street Address

City, State, Zip

Father's Names _____ Cell/Work # _____

Mother's Name _____ Cell/Work # _____

Names and ages of other children in family _____

List two persons (other than parents) who could be reached in case of an emergency:

Name _____ Phone # _____

Name _____ Phone # _____

Does your child have any allergies, serious illness or handicaps? **YES or NO**

If yes, please explain: _____

Who will bring your child to preschool? _____

Other names authorized to pick up your child _____

We use photographs for memory books and media coverage. Do you grant permission to have your child photographed? **YES** or **NO**

In the event of disruptive behavior of your child, you will be notified. If the disruptive behavior continues, it may result in dismissal from the preschool program.

We will provide your child with a safe environment. However, in the event of an accident or injury, Eagle's Landing High School and Henry County Board of Education cannot be held liable.

Please sign the consent form below if you agree with the following statement:
If my child is injured, I authorize Eagle's Landing High School personnel to seek emergency treatment.

Parent's Signature _____ Date _____

Child's Physician _____ Phone # _____

Send to: Denita Sanders
Eagle's Landing High School
301 Tunis Road
McDonough, GA 30253