

Jordan School District is now accepting Preschool applications for the 2020-21 School Year!

The Jordan Child Development Center provides a preschool program promoting a child's cognitive, communication, social emotional, adaptive and motor development. The program is for children who qualify for an Individualized Education Plan (IEP) and for typically developing children from the community.

What does our preschool program look like and what are the benefits for children?

- · Classes are taught by certified teachers
- Curriculum is based on Utah state standards
- Teachers are experts at meeting the needs of each child
- Children learn new skills, meet new friends and have fun

Typical Peer Registration & Tuition Information (not students with active IEP's)

- Children must be 3 or 4 on or before September 1, 2020
- Children cannot be 5 on or before September 1, 2020 if they are 5 they are eligible for Kindergarten and we cannot enroll them in our Preschool Program
- You can register for 2 days per week either Mon/Wed or Tues/Thurs
- You can register for an AM class or a PM class
- There is a non-refundable registration fee of \$40
- Tuition cost: \$95 per month (Sept May)
- Before registering, visit our website at jcdc.jordandistrict.org for the registration packet. This packet needs to be printed, completed and turned in with the child's birth certificate, immunization record and the \$40 non-refundable registration fee before you will be able to pick a class.
- Classes are filled on a first come basis and we will not have a waitlist for classes that are full.
- Registration will open March 2, 2020 between 9 and 2 at:
 Jordan Child Development Center
 2827 West 13400 South Riverton UT 84065

Registration will continue throughout the summer until all classes are filled.

If you feel that your preschool age child may be in need of special education services, please contact the Jordan Child Development Center in Jordan School District (801) 567-8510

For students with current IEP's please speak with their current teacher regarding classes for the 2020-21 school year.



2020-2021 Preschool Registration Form

Registration C	hecklist
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All items must be included when submitting the registration packet. A spot will not be held for your student until all items are completed and received.

Completed and signed

- Typical Peer Enrollment Form
- Home Language Survey
- Student Family Residency Form
- o Permission to Evaluate
- Tuition Instructions

Non-Refundable Registration Fee Paid

Copy of Birth Certificate

Copy of Immunization Record

Return completed registration packet and Non-Refundable fee to:

Jordan Child Development Center

2827 W. 13400 S. (Please park on the West side and enter through the Southwest doors)

M-F between 9am - 2pm

Child's Full Legal Name	Date of	Birth	Gender	Race
Select top 3 locations: Bastian Elementary Columbia Elementary Falcon Ridge Elementary Heartland Elementary Jordan Ridge Elementary Mountain Shadows Elem. Rosamond Elementary Westvale Elementary	Blackridge Elementa Copper Canyon Elementary JATC-South Majestic Elementary Mountain Point Elementary Silver Crest Elementary **We may be adding p within the Jordan School	mentary nentary ary reschools cla	Daybreak E Golden Fiel Jordan Hills Midas Cree Ridge View West Jorda asses at other E	Ids Elementary S Elementary Ek Elementary Elementary In Elementary Elementary Elementary Elementary
Monday/Wednesda	av AM	PM		
Tuesday/Thursday	AM	PM		
Is your child currently under a	ın IEP (Individual Educ	cation Plan)'	? Yes No	
Please list any medical concerns	. If none, write "N/A".			
Parent/Guardian Name Printed	Parent/Gu	ardian Signa	ture D	Date

TYPICAL PEER ENROLLMENT INFORMATION

Date Form Completed:	Person Comple	eting Form:	
Child's Full Legal Name:			
Date of Birth:	Gender: Male Female I	Federal Race:	
Home Address:			
Guardian 1:			
First, Middle, Last Name:		Relationship:	
Cell Phone:	Email Address:	Relationship:	
Does this guardian have legal cu	ıstody: Yes No		
Is this guardian allowed to pick			
Should this guardian also be cor	nsidered an emergency contact	ct? Yes. No	
Guardian 2:			
		Relationship:	
Cell Phone:	Email Address:	Relationship:	
Does this guardian have legal cu	ustody: Yes No		
Is this guardian allowed to pick		Yes No	
Should this guardian also be cor	<u> </u>		
Are there other Legal Guardians	s who live at a different addre	ess? Yes No	
•		Relationship:	
Address:			
Cell Phone: Work	Phone: Em	nail Address:	
Does this guardian have legal cu	ustody: Yes No		
Is this guardian allowed to pick	2	Yes No	
Should this guardian also be cor			
		copy of the most recent legal document	s that
outline custody.			
,			
Emergency Contact outside of y	our home:		
Name	Relationship	P	hone
Please list other children in the l	nome:		
Child's name	Date of Birth	School Child Attends	
1			

(This information is used to match families in Skyward)



Stu	dent Name
	Home Language Survey and Eligibility for Additional Services
Н	ome Language Survey
1.	Which language does your child most frequently speak at home?
2.	Which language do adults in your home most frequently use when speaking with your child?
3.	Which language(s) does your child currently understand or speak?
Qι	nestions 4-7a are optional, however if the answer is yes, your student may be eligible for additional services.
Re	efugee Students
	refugee is defined as a student who has fled to another country to be resettled due to political, religious or social rsecution.
4.	Does your family come from a refugee background?
5.	Is this student a refugee student? (Students CAN be both refugee and immigrant.) ☐ Yes☐ No
lm	migrant Children and Youth
Tit	le III definition of 'immigrant children and youth' means students who:
	 Are aged 3 through 21 Were not born in any one of the 50 United States; and Have not been attending one or more schools in any of the 50 United States for more than 3 full academic years The term "State" means one of the 50 United States, the District of Columbia, and the Commonwealth of Puerto Rico
6.	Is this student an immigrant student? (Students CAN be both refugee and immigrant.) \square Yes \square No
Mi	grant Students
las	migrant student has a parent who works in agriculture, forestry, meat processing plants, dairy or fisheries, and, in the t 3 years, has moved from one school district to another in order to work (temporary or seasonal) in agricultural tivities.
7.	Is your child a migrant student? □ Yes□ No
	a. If yes, what is the date that you moved to this area? (mm/dd/yy)



Student/Family Residency Questionnaire

Your child may be eligible for additional educational services through Title I-Part A, Title I-Part C-Migrant and/or the Federal McKinney-Vento Assistance Act (42 U.S.C. 11435). Please complete this form and return it to your child's school.

1.	. Presently, are you and/or your family living in any of the following situations? Check all that apply.						
00000	 Student is sharing the housing with one or more families due to loss of housing, economic hardship, or similar reason. Student is temporarily living in a motel or hotel due to loss of housing, economic hardship, or similar reason. Student is living in a shelter (family shelter, domestic violence shelter, youth shelter, or transitional housing.) Student is living in a car, park, campground, abandoned building, or public place. Student is living in a place without adequate facilities (not designed for heat, electricity, water services, etc.) Student is seeking enrollment without an accompanying parent (unaccompanied youth). If any of the above conditions were checked, please return this completed form to your child's school office.						
	District. Please also list pres					niddle, or high school in Jordan School nber 1 st of the current year.	
	First Mlddle	Last	M/F	Birthdate	Grade	School Name	
	ting a false record or falsifying records osts. TEC Sec. 25.003(3)(d). The McKinn					I ralse documents subjects the person to liability for tuition of are homeless.	
	Name of parent(s)/legal guardian(s)		Signature			Date	
	Address		City/Zip			Phone	
Pei	rson completing this form:	□ Parent □ Student	☐ Guard ☐ Other	ian (please specify	,	School Personnel (Date/Method): hone conversation, personal knowledge,etc.)	
					1		

Parents(s), Guardians(s), or Student:

- ✓ Please notify the school if your living status changes.
- ✓ If your children qualify for services under the McKinney-Vento Assistance Act they have the right to additional services and support which could include school placement, school supplies, intervention, etc.
- ✓ Please call the Jordan School District Homeless Liaison at 801-567-8308 if you have questions.

School Personnel:

✓ Please return this form for SKYWARD identification purposes to the Jordan School District Homeless Liaison at Alternative Language Services in the Auxiliary Services Building or call 801-567-8308 for questions.

Permission to Evaluate

Dear Parent/Guardian,

To ensure we meet your child's development and learning needs throughout the year, Jordan School District staff will complete regular assessments and screenings of your child's development and learning. These assessments and screenings focus on your child's growth and progress in the areas of social and emotional development, language, vocabulary, early literacy, mathematics, and early concept development. Your child's participation in these assessments and screenings will help us learn how our program can better meet the needs of your child and other children.

Information about your family and your child's scores on the assessments is completely confidential. Your child's name, demographic information and assessment scores will be entered into and stored in a secure electronic database. This database will be stored at the Jordan School District Administrative Offices.

These scores will be used in the following ways:

- 1) By your child's classroom teaching staff to meet your child's learning needs.
- 2) By program administrators and early childhood specialists to identify ways to improve early childhood programs to better meet the needs of all children and families.
- 3) By evaluation staff to report the progress of all children as a group.
- 4) By classroom teaching staff and administrators to address the needs of students and the Jordan Child Development Center.

You and your child are not required to participate in these assessments. If you decide not to participate, it will not affect you or your child's standing in the Jordan Child Development Preschool in any way. You can choose to withdraw your child from the evaluation at anytime. If you have any questions, please do not hesitate to contact your child's teacher or the program coordinator.

Jill Durrant
Program Coordinator
801-567-8512
Jordan Child Development Center

Permission to Evaluate

I have read or have had explained to me the evaluation process used by the Jordan Child Development Center. Please check the first two items if you are willing to allow your child to fully participate in the evaluation process.

YES (Mark these two)	
☐ I give permission for my child to participate in these ass☐ I give permission for my child to be videotaped/photogra	
NO (Mark these two)	
 I do not give permission for my child to participate in the screenings. I do not give permission for my child to be videotaped/pl purposes. 	
Child's First, Middle and Last Name (PLEASE PRINT)	Date of Birth (DOB)
Signature of Legal Parent/Guardian	 Date



Monthly Tuition Payment Information

- Tuition Payments due 1st day of each month
- \$95 per month
 - o 1st payment due September 1st
 - Last payment due May 1st
- Monthly Invoices will NOT be sent
- Late Notices will be emailed after the 25th of each month
- Payments ONLY accepted at the Jordan Child Development Center (teachers can't accept payments)
- Payment options include:
 - Online Payment (instructions attached)
 - o Electronic/Bill Pay through your financial institution
 - Account: Your child's name and preschool location
 - Payable to: Jordan Child Development Center
 - Payment Address: 2827 W. 13400 S. Riverton, UT 84065
 - Cash/Card/Money orders
 - Payments made at the Jordan Child Development Center
 - Payments accepted M-F 9:00 am 2:00 pm
- No tuition reduction for missed days due to illness/vacation

I acknowledge that I have read and understand the information regarding monthly tuition for the 2020-21 preschool year.

Print Name	Date	
Signature		

Questions regarding tuition may be directed to Paula Kraft (paula.kraft@jordandistrict.org or 801-567-8510)

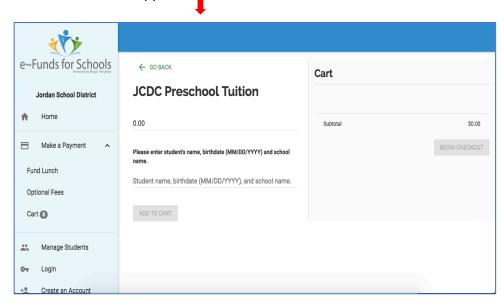
Jordan Child Development Center Online Payment Instructions

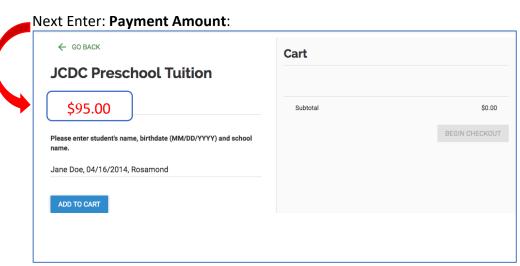
We are excited to offer online payment options for paying preschool tuition. The provider we use to process online payments is e~Funds for Schools.

Please follow the steps below to make your online preschool tuition payments:

Click link: https://payments.efundsforschools.com/v3/districts/55554/add-to-cart/3BQGjtdkDZrQ|5h6fWfyW6LmR|general-item

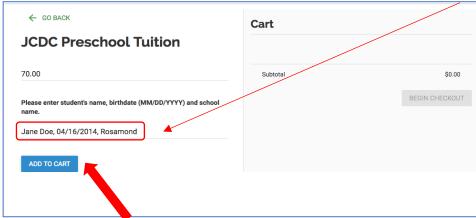
This screen should appear:



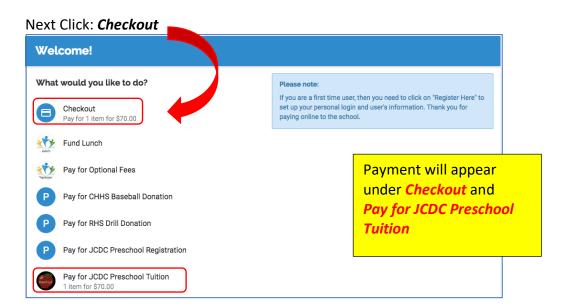


2 days - \$95 per month

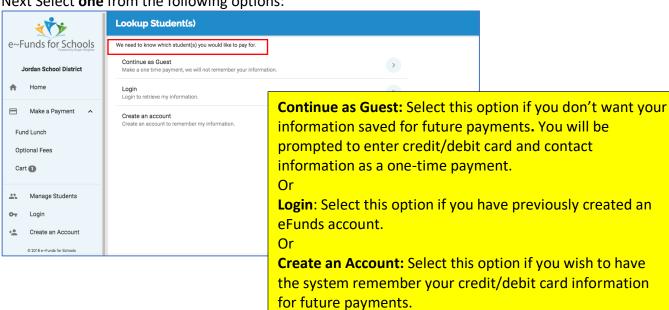
Next Enter Your Child's: First and Last name, Date of Birth, and Preschool Location



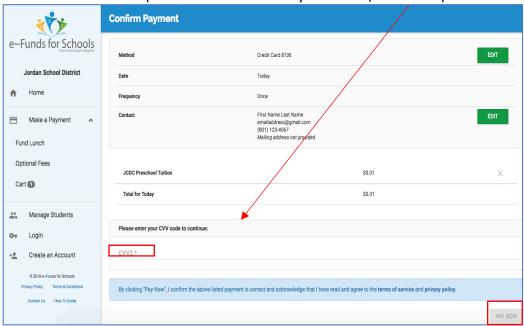
Next Click: Add to Cart



Next Select **one** from the following options:

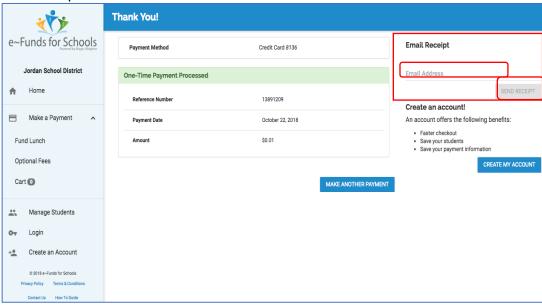


Next Enter: CVV code (located on the back of your credit/debit card)



Next Click: Pay Now

If you would like an emailed receipt of the payment, please enter your email address and click send receipt



If you have questions, contact Paula Kraft (paula.kraft@jordandistrict.org)

Immunization Requirements Early Childhood Programs

Children enrolled in Early Childhood Programs (licensed day care center, nursery or preschool, child care facility, family home care, or Head Start Program) must be immunized appropriately for their age with the following immunizations:

• Hepatitis A

• Polio (3 doses, if 3rd dose was given on/after the 4th birthday)

• Hepatitis B

• Haemophilus influenzae type b (Hib)

• Pneumococcal

• DTaP (Diphtheria, Tetanus, and Pertussis)

• Varicella (chickenpox)

• MMR (Measles, Mumps, Rubella)

A child may be allowed to attend "conditionally" if at least one dose of each required immunization has been completed and the child is currently on schedule to finish the series. The remaining immunizations must be completed on schedule for the child to remain in attendance.

An appropriate Utah Department of Health exemption form must be completed for children who claim an exemption for the following reasons: medical (obtain from your health care provider), religious (obtain from your local health department) or personal (obtain from your local health department).

For questions regarding your child's immunization status, contact your child's health care provider, local health department or the Immunization Hotline at 1-800-275-0659.

This may be copied and distributed.

