

Preschool>>Program Details Page:

Mrs. Davi and Mrs. Hilton, along with their part time aides: Ms. Mary Kate & Mrs. West, create a positive learning environment for each one of our preschoolers. Mrs. Davi and Mrs. Hilton believes that learning and playing go hand-in-hand. Students will develop mathematics, science, reading and language skills through exploration and play. While at Christ the King Catholic school, your student will be exposed to a variety of activities that will foster a love of God, love of life, family, friends and oneself.

PK3 & PK4 Morning Program: 7:50-11:30

Stay and Play: 11:30-3:00

AfterCare: 3:00 p.m. to 6:00 p.m

AfterCare is available for all students PK3-8th grade. The cost of the program is \$10 per day for the first child, \$15.00 for 2 children, and \$20.00 for 3 or more children. The fee is deducted monthly. All AfterCare families pay an annual, non-refundable registration fee of \$5 per child.

Christ the King Preschool is sensitive to the variety of family dynamics that attend our school. We offer 2, 3, 4, or 5 day week preschool. We ask that our families are consistent throughout the school year.

These are the basic Preschool Requirements (please see the Preschool Handbook for complete details):

- Children should be potty-trained:
 - o Capable of fastening and unfastening pants
 - o Using restroom without assistance
 - o Washing hands
- Child must turn 3 on or before 8/1 for the 3-year-old program
- Child must turn 4 on or before 8/1 for the 4-year-old program
- Completed Enrollment Process

Jordan: add to Melissa's update under the FACTS page:

Facts allows CKS families to access grades, behavior documentation, enrollment information for the upcoming school year, school family directory, and other useful school documents.

Students in grades 4th-8th are able to access the Student Portal of Facts.

Physician Consent for Medication Administration

Date: _____ Name of Student: _____

Medication: _____ Dose: _____

Time Interval: _____

Diagnosis or reason for treatment: _____

Side effects to look for: _____

Restrictions: _____

Signature: _____

Parental Consent for Medication Administration for their Child

Date: _____

School: Christ the King

Student: _____ Grade: _____

My child is to receive _____ medication according to
the physician's directions given for _____ .

The treatment will last _____ .

My child has _____ drug allergies.

I give my permission for this medication to be administered to my child at school. The school has my permission to call the physician with any questions regarding the medication.

I understand and acknowledge that any medication to my child during school will more than likely not be administered by a registered nurse or other medical professional. In consideration of the school administering medication to my child pursuant to this authorization, I hereby release and hold harmless the school, the Archdiocese of St. Louis, and their employees, agents or representative, from any liability that may arise from administering medication to my child.

Signature: _____

Relationship to student: _____

Physician Contact Information: _____