Little Honey Bees Preschool

Hamilton R-II School District Missouri Preschool Program

Student Information

Student (First, Middle, Last Name):		
Address:		**Age:**
City:	**State:**	**Zip:**
Check one: O Male O Female	**SSN#:**	
Date of Birth::		
Potty Trained: O Yes O No		
Ethnicity: (circle one) Hispanic/Latino Non-Hispanic Latino		
Race: (circle one or more) American Indian or Alaskan Native African American or Black White Asian Native Hawaiian or Pacific Islander		

Parent Information

Primary Household Parent/Guardian #1 (Where Student Resides)		
Name (First, Middle, Last Name):		
Relationship to Student:	**Home Phone:**	
Cell Phone:	**Email:**	
Employer:	**Work Phone:**	

Primary Household Parent/Guardian #2 (Where Student Resides)		
Name (First, Middle, Last Name):		
Relationship to Student:	**Home Phone:**	
Cell Phone:	**Email:**	
Employer:	**Work Phone:**	

Secondary Household Parent/Guardian #1		
Name (First, Middle, Last Name):		
Relationship to Student:	**Home Phone:**	
Cell Phone:	**Email:**	
Employer:	**Work Phone:**	

Secondary Household Parent/Guardian #2		
Name (First, Middle, Last Name):		
Relationship to Student:	**Home Phone:**	
Cell Phone:	**Email:**	
Employer:	**Work Phone:**	

Is there custody, parenting plan, or other legal documents that affect parent rights?
Y □ N □
Is there a restraining order against other individuals that pertain to this student?
Y □ N □
*****If a yes to either or both of these questions, please attach current copies of both documents**.***

Emergency Contact Information

Emergency Contact #1	
Name (First, Middle, Last Name):	
Relationship to Student:	**Home Phone:**
Cell Phone:	**Email:**
Employer:	**Work Phone:**

Emergency Contact #2	
Name (First, Middle, Last Name):	
Relationship to Student:	**Home Phone:**
Cell Phone:	**Email:**
Employer:	**Work Phone:**

Special Services/Previous Schooling

1. Has your child ever qualified for or been enrolled in a special education program? **Y** □ **N** □

2. Has your child ever qualified for or had a 504 plan**?** **Y** □ **N** □

3. Has your child ever participated in: **IEP OT/PT SPEECH THERAPY FIRST STEPS UCP**

4. Has your child participated in childhood screening? **Y** □ **N** □ If Yes when? _____

5. Has your child had any other previous schooling/day care? Please specify_____

Transportation

Transportation Needed: **Yes** □ **No** □

The school district will be providing transportation through the regular bus system. Please indicate whether your child will be riding the bus. Provide contact information and location if pick up/drop off is different than your home address:

Pick up location:_____

Child's Guardian:_____ Relationship:_____ Contact Number: _____

Drop off location:_____

Child's Guardian:_____ Relationship:_____ Contact Number: _____

Payment Amounts for preschool: 26-27 school year:

Monthly payment is based on the daily rate x *170 school days / by 9 months.

Full Day Program

Daily Schedule: 8:00am to 2:50pm (breakfast, lunch, recesses, nap and snack time)
Transportation: Students in the full day program can ride the school bus with other K-12 students to and from school if the parent chooses. Three year olds must wear a seatbelt on the bus.

Full Pay = $20 per day ($3,400 for the year)

Monthly payment = $377.78

Reduced = $16 per day ($2,720 for the year)

Monthly payment = $302.22

Payments are due the first school day of each month beginning September 1, 2026 and ending May 1, 2027. (Tuition is based on income as reported on the Free/Reduced Lunch Form.)

Meals: Full Pay Breakfast $2.25 Reduced Breakfast: $0.30

Full Pay Lunch $3.00 Reduced Pay Lunch: $0.40

½ Day Program

Daily Schedule: 8:00am-10:55am and 12:00pm-2:50pm (breakfast and lunch are NOT included, snack will be provided, NO nap time)
Early outs- morning class will be at their regular scheduled time. The afternoon class is invited to come at their regularly scheduled time, 12:00, however the school will dismiss at the designated early out time, which is typically 1pm.

2-Hour delay- The morning class, during a 2-hour delay, is invited to come to school at 10am, however dismissal will remain the same at 10:55am. The afternoon class will be at their regular scheduled time.

Transportation: Students in the morning program may ride the bus to school and students in the afternoon program may ride the bus home from school with the other K-12 students.

Full Pay = $10 per day ($1,700 for the year)

Monthly payment = $188.89

Reduced = $8 per day ($1,360 for the year)

Monthly payment = $151.11

Payments are due the first school day of each month beginning September 1, 2026 and ending May 1, 2027. (Tuition is based on income as reported on the Free/Reduced Lunch Form.)

I have read the tuition information and understand that I am responsible for making payments on time. If payments are not made on time I understand my child is at risk of being removed from the program.

Parent/Guardian Signature _____ Date_____

McKinney-Vento Act: (Additional questions regarding residence)

1. Are you sharing the housing of other persons due to the loss of housing, economic hardship, or a similar reason? **Y □ N □**

2. Are you currently residing in a hotel, motel, car, or at a campsite because your home has been damaged or because of economic reasons? **Y □ N □**

3. Are you currently residing in a shelter**? Y □ N □**

4. Are you currently living in a temporary housing arrangement due to economic hardship**? Y □ N □**

Student language Survey

1. Was the first language this student learned English? **Y □ N □**

2. Can this student speak a language other than English? **Y □ N □**

3. Which language is used most often when this student speaks to friends? English
Specify other _____

4. Which language is used most often when this student speaks to parents? English
Specify other_____

5. Does anyone in your home speak a language other than English? **Y □ N □**
Specify other _____

Federal Migratory Worker Survey

If the student is between the ages of 3-21 and if either the student or parent/guardian has moved from one school district to another school district with in the preceding 36 months, the student may be eligible for a special program of supplemental services. Please answer the following questions to help us determine eligibility.

1. Before the move, was the student or either parent/guardian employed in some form of temporary seasonal agricultural-related work? **Y □ N □**

2. Was the move from one school district to another made for the purpose of looking for or obtaining some form of seasonal agricultural work? **Y □ N □**

3. Has the student or either parent/guardian with the student, moved away during only the summer months to engage in crop harvesting or other seasonal agricultural work**?**
Y □ N □

Safe Schools Act (167.023 RSMo)

The undersigned hereby certifies and represents to the Hamilton RII school district, for the purpose of the Missouri Safe Schools Act that the answers to the following two questions are true and correct the best of his/her knowledge and belief. Any person making a materially false statement or affirmation shall be guilty upon conviction of a class B misdemeanor.

1. Is the student currently suspended or expelled from any other charter school private school, parochial school, or public school in this state or any other state? ? **Y □ N □**
2. Has the student been convicted of or indicted for any of the following offenses in adult court or charged with or adjudicated to have committed an act which if committed by an adult would be one of the following? ? **Y □ N □**

a. First degree murder (Sect. 565.020 RSMo)
b. Second degree murder (Sect. 565.021 RSMo)
c. First degree assault (Sect. 565.050 RSMo)
d. Forcible rape (Sect. 566.030 RSMo)
e. Forcible sodomy (Sect. 566.060 RSMo)
g. statutory sodomy (Sect. 566.062 RSMo)
h. Robbery in the first degree (Sect. 569.020 RSMo)
i. Distribution of drugs to a minor (Sect. 195.212 RSMo)
j. Arson in the first degree (Sect. 569.040 RSMo)
k. kidnapping classified class A felony (Sect. 565.100 RSMo)

If the answer is yes to question 1 or 2 the registration is stopped pending review of discipline by the principal and/or superintendent.

Parent/Guardian signature

_____Date:_____

Parents as Teachers Program

Enrollment in the preschool also enrolls your child in the Parents as Teachers program. Students and parents will receive 2 home visits from the PAT educator each semester to discuss their student's progress in preschool. These visits usually last about an hour. The parent and child should be present at the visit. This visit will include a fun activity that will reinforce what is being taught in school. Parents will have an opportunity to discuss their ideas and have questions answered about how best to help their child to succeed in school and be ready for kindergarten. More home visits will be offered if determined by the parent and the school. This program is free of charge and demonstrates the high level of commitment that the school has in helping each child reach their full potential.

I have read the information about the PAT home visiting program and agree to participate.

Parent signature _____ Date_____

I certify that the above information is correct and agree to participate and comply with all of Hamilton Elementary Preschool's policies and conditions.

Parent/Guardian Signature _____ Date_____