

**West Lincoln-Broadwell ESD #92
2695 Woodlawn Road
Lincoln, IL 62656
217-732-2630**



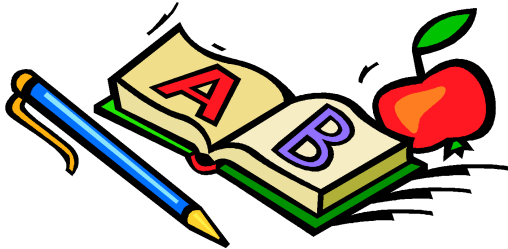
**2016-2017
PRE-SCHOOL
PROGRAM**

Dear Pre-School Parents:

**Thank you for considering WLB for your child's introduction to the Academic World!
In this booklet you will find the following information:**

- 1. Curriculum description**
- 2. General guidelines and payment information**
- 3. Graduation expectations**
- 4. Registration Forms**
 - a. Student registration forms**
 - b. Release list**
 - c. Liability waiver**
 - d. Medical information and consent form**

We look forward to working with you and your child. If there are any questions or concerns, please contact WLB. Again, thank you for your support of this program.



WLB ESD #92

PRE-SCHOOL GUIDELINES

1. Pre-school classes will follow the WLB school calendar and school day.
2. Hot lunch is provided by WLB.
3. Limited bus transportation available
4. Children must wear tennis shoes and dress appropriately for outdoor play.
5. Upon arrival, sign in, and wait for the teacher to acknowledge your child's arrival.
6. Children must be three years old by September 1st to enroll in the three-year old class and four years old by September 1st to enroll in the four- year old class.
7. All children must be self-sufficient in the bathroom.

CURRICULUM DESCRIPTION

Our program curriculum is based on the Illinois Early Learning Standards that were developed and written by the Illinois State of Education. Please visit www.isbe.org for detailed information. See the following for a summary of those standards.

Subject Areas

Language Arts:

- *Pictures and symbols have meaning and that print carries a message
- *Understanding that reading progresses from left to right and top to bottom
- *Identify labels and signs
- *Letter-sound matches
- *Story predictions
- *Phonological awareness: Rhyming activities

- *Story re-tells**
- *Reading comprehension (auditory)**
- *Different forms of text**
- *Use scribbles and/or approximations of letters to represent written language**
- *Story dictation**
- *Use drawing and writing skills to convey meaning**
- *Listening**
- *Speak effectively to communicate needs, ideas and thoughts**
- *Seek answers to questions through exploration**
- *Communicate information with others**

Math:

- *Number recognition**
- *Counting**
- *Quantity comparisons**
- *Begin an understanding of measurement**
- *Sense of time**
- *Estimating and measuring activities**
- *Sort and classify objects**
- *Patterns**
- *Orders**
- *Math manipulatives**
- *Geometric shapes**
- *Represent data using pictures and graphs**
- *Gather data**

Science/technology

- *Explore phenomena using senses**

- *Collect, describe and record information**
- *Use scientific tools**
- *Investigate and categorize living things in the environment**
- *Environmental changes**
- *Basic needs of living things**
- *Forces in nature**
- *Weather-related vocabulary**
- *Recycling**
- *Night/day and seasons**
- *Safety practices**
- Social Science**
- *Rules**
- *Voting**
- *Citizenship**
- *Leaders**
- *Services and works**
- *Goods and services**
- *Begin geographic thinking**
- *Culture**
- *Family**
- Physical development and health**
- *Active play using-**
 - a. Gross motor skills**
 - b. Fine motor skills**
 - c. Co-ordinate movements to perform tasks**
 - *Use safety rules**
 - *Physical fitness activities**
 - *Group co-operation**

***Good health**

***Identify body parts and their functions**

***Personal hygiene**

***Conflict resolution**

Fine Arts

****Investigate the following:***

a. Dance

b. Drama

c. Music

d. Visual arts

GOALS

Reading

- 1. Recognize upper and lower case letters***
- 2. Know one word that begins with each letter***
- 3. Answer basic comprehension questions***

Writing

- 1. Write first and last name using upper and lower case letters***
- 2. Write capital letters***



Math

- 1. Recognize a circle, square, triangle, rectangle***

- 2. Write numbers 1-10 and recognize 11-20**
- 3. Count objects to 25**
- 4. Recognize basic colors**
- 5. Sort objects by one attribute**

Other

- 1. Phone number and address**
- 2. Birthday**
- 3. Follow 2-step directions**
- 4. Know the days of the week and month of year**
- 5. Tie shoelaces**



**WEST LINCOLN-BROADWELL ESD #92
Pre-School Registration Form**

2016-2017

Child's Name _____

Date of Birth _____

Address _____

WLB Resident Yes _____ No _____

Phone _____ **Email** _____

Three-Year Old Program

Full Day _____

Half Day _____

Four-Year Old Program _____

RELEASE LIST

_____ has permission to leave WLB with one of the following people:

| NAME | RELATIONSHIP | PHONE # |
|-------------|---------------------|----------------|
|-------------|---------------------|----------------|

| | | |
|----------------|--|--|
| 1 _____ | | |
|----------------|--|--|

| | | |
|----------------|--|--|
| 2 _____ | | |
|----------------|--|--|

3 _____

4 _____

5 _____

**CERTIFICATION OF MEDICAL INSURANCE
AND INDEMNITY AGREEMENT**

The undersigned, as parent(s) or legal guardians of:

Child:

Section I

_____ **The child is covered under a medical insurance policy or health care plan, specifically:**

Name of Insurer or Plan:

Policy or Group Number:

I/We further understand that West Lincoln-Broadwell ESD #92 does not provide medical insurance coverage for the child and that I/we assume all responsibility for payment of any medical expenses incurred by the child due to any injury or illness that occurs while the child is in attendance at WLB, or any participating school sponsored activity.

I/We have read the above agreement and fully understand the terms contained herein, and agree to abide by its terms.

PARENT/GUARDIAN_____ DATE_____

MEDICAL INFORMATION AND CONSENT FORM

School Name and City_____

Participant's Name _____

Date of Birth_____

Address_____

City/State/Zip_____

Home Phone_____

Work Phone_____

Cell Phone1_____Cell2_____

EMERGENCY CONTACT:

Name _____Phone_____

Physician's Name/Phone_____

MEDICAL INFORMATION

1. Describe any medications taken regularly
2. Describe any allergies or chronic illnesses
3. Describe any drug allergies
4. Provide a current immunization record
5. Provide a certified copy of Birth Certificate
(purchased at the courthouse-you may keep the original)

In the event of an emergency, I give consent for my child_____, to receive the following medical treatment:

1. Personnel supervising my child to arrange for emergency medical care at an appropriate medical facility or Hospital _____
2. Medical personnel at the medical facility to render any necessary treatment to my child _____

I further acknowledge and agree that I will assume responsibility for payment of ALL expenses associated with the medical care above described.

Parent/Guardian _____

Date _____

TUITION RATES AND PAYMENT SCHEDULE

Three Year Old Program

\$175.00 per month/Full Time

\$100.00 per month/Part Time

Four Year Old Program

\$250.00 per month/Full Time

\$100.00 registration fee for non-residents of the WLB District

First month's tuition and registration fee are due at registration

PAY SCHEDULE

Tuition is due at the beginning of each month.