



# 2017-2018 Integrated Preschool Outreach Program (IPOP) Application

*For three and four year olds*

**Application Deadline: March 10, 2017**

The York County IPOP is a language-based, preschool environment offering a wide variety of enriching activities in a nurturing, educational setting. This preschool program is designed for students who are typically developing (who serve as role models) and those with special needs.

The Integrated Preschool Program is a four-day preschool experience for our role models zoned for any YCSD elementary school. Selected children will be attending their zoned IPOP School for a three-hour, Monday-Thursday program.

The curriculum places emphasis on school readiness and socialization skills. Students are involved in school-wide activities including resource classes as appropriate. The IPOP teachers are certified teachers with advanced backgrounds in education and have vast experience teaching children with a wide range of readiness levels.

**\*Note: GBES and SES students should apply to DES. WMES students should apply to MES for IPOP.**

Zoned School:		School Option 2:	
<b>Student Information:</b>			
Child's Name:		Date of Birth:	Age: Sex:
<b>Student Medical Information:</b> <i>The information is CONFIDENTIAL and will only be shared with appropriate staff on a need to know basis or with emergency personnel. If your child has a noted health problem(s) that may affect him/her in the school setting, it's the parent's responsibility to notify the school nurse and appropriate staff.</i>			
Please note any type of physical limitation, disability, chronic illness, or allergy your child might have:			
Allergies:			
Medications:			
Special Instructions:			
<b>Parent/Guardian Information:</b>			
Parent(s)/Guardian(s) Name:		Address:	
Home Phone:	<b>Parent/Guardian 1:</b> (Cell Phone): _____ (Work Phone): _____ (E-mail): _____	<b>Parent/Guardian 2:</b> (Cell Phone): _____ (Work Phone): _____ (E-mail): _____	

Date received (for office use only): \_\_\_\_\_

**Emergency Contact Information:**

Name:	Relationship:
Home Address:	Phone:

**Additional Information:**

Is English the primary language in your home?  
 Yes       No

Has your child previously been enrolled in a preschool program?  
 Yes       No

What qualities do you see in your child that might make him/her a good role model for other children?

1. \_\_\_\_\_

2. \_\_\_\_\_

**Please read all information carefully before signing this document:**

- ❖ Initial IPOP selections will be made by school based administration and staff.
- ❖ After the initial selections, interview screenings/play dates will be arranged and conducted at the IPOP location zoned for the school.
- ❖ Written notification will be mailed following the interview screening to students selected for the 2017-2018 IPOP class no later than April 14, 2017.
- ❖ **If your child is offered a placement, confirmation of attendance along with a nonrefundable \$100 deposit fee (which is applied toward your total tuition) is required.**
- ❖ If confirmation and deposit is not received within two weeks of the notification of acceptance, the next child on the list will be offered the position.
- ❖ A child not selected during the initial selection process will have his/her name placed on a wait list. Placement of your child’s name on the wait list does not guarantee that your child will be selected for the next available opening.

**Please read and initial the following understandings:**

\_\_\_\_\_ I understand that the tuition and fees for the four day IPOP program for the entire school year is (\$1400.00). The tuition is payable in four equal installments of (\$325.00). (See payment schedule below)

*Note: Your child will not be admitted to class in the fall until all financial obligations have been fulfilled.*

\_\_\_\_\_ I understand that tuition and fees are **non-refundable** if the parent decides to **withdraw** the child from the IPOP program after September 30th.

\_\_\_\_\_ I understand that if all payments are not received by due dates, my child will not be allowed to attend or return to the IPOP program. Reminders will be sent to parents after Winter Break to remind them of the second semester payment due date.



\_\_\_\_\_ I understand that I am responsible for my child's tuition, in spite of absences. The program's budget is based upon full enrollment; therefore, compensations cannot be given for absences.

\_\_\_\_\_ Tuition and fees cover the cost of all materials (unless otherwise specified by preschool teacher), field trips, and special events.

\_\_\_\_\_ I understand that I must be a resident of York County or an employee of the school division to participate in IPOP.

\_\_\_\_\_ I understand that my child's admission as a role model student in the York County School Division IPOP classroom is dependent upon my child's successful completion of the district's interview screening (play date) prior to starting preschool.

\_\_\_\_\_ I understand that my child must be at least 3 years of age (36 months) by September 30, 2017.

\_\_\_\_\_ I understand that my child's immunizations must be up to date prior to coming to school.

\_\_\_\_\_ I understand that my child must demonstrate appropriate social skills and behavior to remain in the program. *\* Any role model child that demonstrates aggressive behaviors may be asked to leave the program after more than one incident and meeting with parents.*

\_\_\_\_\_ I understand that I am responsible for my child's transportation needs unless otherwise specified.

\_\_\_\_\_ I understand that if accepted, that I must register my child for school. (IPOP students will register at the attending school location).

\_\_\_\_\_ I understand that role model students must be able to independently take care of their toileting needs.

\_\_\_\_\_ I understand that the program will follow the YCSD school calendar.

\_\_\_\_\_ I understand that children will not attend on delayed opening or early dismissal days.

**\* Checks for tuition are to be made payable to the school which your child will attend for the IPOP.**

**\* Please make sure that you include your child's name and IPOP location on each tuition check in the memo section. See payment schedule below:**

Payment	Amount	Due Date
Payment 1	\$325.00	August 25, 2017
Payment 2	\$325.00	November 10, 2017
Payment 3	\$325.00	January 31, 2018
Payment 4	\$325.00	April 15, 2018

Thank you for considering the York County School Division IPOP program for your child's early education needs.

Parent/Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_