

 Dear [PARENT NAME],

We are honored that you have become a part of the [PRESCHOOL NAME] family. We take our jobs as educators and care providers seriously and are privileged to be allowed to influence your child’s learning and developmental goals.

Our mission at [PRESCHOOL NAME] is to [MISSION STATEMENT].

Our goal for this school year is to impact our students’ lives positively. We aim to provide them with a strong foundation for their educational career as they transition from preschool into grade school.

To achieve this, we work with families individually to help each child reach their goals. We strive to provide a safe, inclusive atmosphere for all of our students. Our biggest priority is ensuring that your child feels comfortable and secure with all of our staff and their peers.

We hope that we can exceed your expectations and want to take this time to personally welcome your family to [PRESCHOOL NAME] and the [ACADEMIC YEAR] school year.

Below you will find information regarding our school information, policies and contact numbers to help ensure you know exactly what to expect from our institution this upcoming school year.

**School Hours**

Please visit our enrollment office to ask for a hard copy of the school calendar. It is complete with all school holidays and early closings.

[PRESCHOOL NAME] is open Monday through Friday from [Time]

Our school day is structured in the following manner:

* [Time ] to [Time]: Drop-off and free play
* [Time ] to [Time]: Morning classes (half-day dismissal at [Time])
* [Time ] to [Time]: Lunch and recess
* [Time ] to [Time]: Afternoon classes
* [Time ] to [Time]: After-school programs/late pickup

**Pickup Policy**

At our preschool, we have a pickup policy in place to ensure the safety and well-being of all our students. Parents or guardians must show a valid form of identification at pickup. They also need to be listed on the student’s emergency contact information.

If anyone else is picking up the child, they must be authorized by the parent and listed on the emergency contact information. The authorized person must also show their identification at pickup.

We understand that emergencies can happen and sometimes a different person may need to pick up your child, but we need to know who is picking up your child for their safety. Thank you for understanding and cooperating with our pickup policy.

**Other Policies**

You can find all of our policies attached at the end of this letter. This includes our:

* [POLICY NAME]
* [POLICY NAME]
* [POLICY NAME]
* [POLICY NAME]

If you didn’t complete these forms when you enrolled your child, then we request that you read, sign and return these forms to your child’s teacher before [DATE].

These policies may include guidelines for outdoor playtime, sharing toys, weekly schedules and even behavioral expectations. They are nothing to be afraid of. They are just helpful tools for creating consistency throughout the day and making sure everyone is treated fairly and safely!

**Curriculum**

Please check directly with your child’s teacher to view the specific curriculum for their classroom. Don’t forget to attend our Back to School Night on [DATE] from [TIME] so you can meet your child’s teacher, learn about their curriculum and get to know our school better.

**After-School Programs**

We offer a variety of after-school programs for parents who want to enrich their children’s lives and educational careers throughout their time at [PRESCHOOL NAME]. The programs include:

* [PROGRAM NAME]: [PROGRAM DESCRIPTION]
* [PROGRAM NAME]: [PROGRAM DESCRIPTION]
* [PROGRAM NAME]: [PROGRAM DESCRIPTION]
* [PROGRAM NAME]: [PROGRAM DESCRIPTION]





**Fees and Payment Schedules**

The total annual fee for [PRESCHOOL NAME] for the [ACADEMIC YEAR] school year is $[AMOUNT].

We request an initial deposit of $[AMOUNT] on or before [DATE]. Following the initial deposit, we request payments via the following payment schedule:

* Semester 1 First Payment: $[AMOUNT] due on [DATE]
* Semester 1 Second Payment: $[AMOUNT] due on [DATE]
* Semester 2 First Payment: $[AMOUNT] due on [DATE]
* Semester 2 Second Payment: $[AMOUNT] due on [DATE]

You can make payments directly online through our secure school website. You can also deliver checks straight to our enrollment coordinator, [NAME], at the front office.

**Contact Information**

Your child’s teacher should be your first point of contact for information regarding assignments, attendance, learning goals and related issues. In the welcome packet you receive from your child’s teacher, you will receive their contact information.

For information or issues related to enrollment payments or fees, please contact [CONTACT NAME] at [CONTACT EMAIL ADDRESS].

For information or issues related to lunch or lunch fees, please contact [CONTACT NAME] at [CONTACT EMAIL ADDRESS].

In the case of a medical emergency or any issues related to our sick policy, please contact [CONTACT NAME] at [CONTACT EMAIL ADDRESS].