

Studio Kids Preschool

Laurel Arts Education & Dance Center
601 Georgian Place, Somerset

Unique Curriculum • Licensed Preschool • Certified Teacher • Affordable Tuition

Studio Kids Preschool offers a unique academic and arts-focused curriculum aligned to state academic standards. Studio Kids is licensed through the Pennsylvania Department of Education as a Private Academic Preschool. Our teacher, Angela Fullard is a certified teacher with a degree in Early Childhood Education and Elementary Education. She is assisted in the classroom by preschool aides.

Our half day classes are scheduled on Tuesday and Thursday.

Morning session is 9:00 a.m. to 12:00 p.m., afternoon session is from 1:00 p.m. to 4:00 p.m.

Our all day program is Monday, Wednesday, and Friday from 9:00 a.m. until 2:00 p.m. with an Arts and Crafts Extension Learning program from 2:00 until 4:00 p.m.

Half Day Preschool students must be age 3 by September 1st.

All day preschool students must be age 4 by September 1st.

DAILY SCHEDULES

Morning Session Ages 3-4

9:00 to 9:20 a.m. Arrival Activity
9:20 to 9:35 a.m. Circle Time
9:35 to 9:55 a.m. Themed Activity
9:55 to 10:10 a.m. Bathroom Break
10:10 to 10:40 a.m. Movement & Music
10:40 to 10:55 a.m. Snack
10:55 to 11:10 a.m. Story Time
11:10 to 11:40 a.m. Center Play
11:40 to 11:50 a.m. Arts & Literature Activity
11:50 a.m. to Noon Circle Time/Pick-Up

Afternoon Session Ages 4-5

1:00 to 1:20 p.m. Arrival Activity
1:20 to 1:35 p.m. Circle Time
1:35 to 1:55 p.m. Themed Activity
1:55 to 2:10 p.m. Bathroom Break
2:10 to 2:40 p.m. Movement & Music
2:40 to 2:55 p.m. Snack
2:55 to 3:10 p.m. Story Time
3:10 to 3:40 p.m. Center Play
3:40 to 3:50 p.m. Arts & Literature Activity
3:50 to 4:00 p.m. Circle
4p.m. Time/ Pick-Up

All Day M/W/F Session Ages 4-5

9:00-9:30 a.m. Arrival Activity (free play)
9:30-9:50 a.m. Morning Meeting
9:50-10:15 a.m. Language Arts*
10:15-10:25 a.m. Bathroom Break
10:25-10:50 a.m. Math*
10:50-11:30 a.m. Movement & Music
11:30-11:50 a.m. Read Aloud
12:00-12:40 a.m. Lunch
12:40-12:50 a.m. Bathroom Break
12:50-1:40 p.m. Quiet Time
1:40-2:00 p.m. Snack
2:00-4:00 p.m. Arts & Crafts/Extension Learning*

*Science and Social Studies concepts are incorporated into the Language Arts and Math curriculum as well as touched upon during Extension Learning

2025 -2026 Tuition Prices

Tuition Rate for our Half Day Program: \$150/month

Tuition Rate for All Day Program: \$350/month

Studio Kids operates Sept.-May

(All rates are subject to change, depending on funding availability for scholarships).

Guidelines and Policies

Tuition Refund Policy – Preschool Program: Preschool tuition is payable one month in advance on the first day of the month. During the first three weeks of the school year, tuition will be refunded in full if a child withdraws from preschool. If a child withdraws from preschool after the first three weeks, the tuition refund will be prorated in accordance with the time the child attends the program during the final month. Preschool registration fees are nonrefundable. All requests for a tuition refund must be submitted in writing to Laurel Arts' Executive Director. A refund will be issued within 14 days of receipt of the written request.

All application and student records will be kept confidential and stored in a locked and restricted location.

STUDIO KIDS Medication Policy

Ideally, all medication should be given at home. However, any student who is required to take medication during the regular school day must comply with school regulations. These regulations include the following:

1. All medication that will be given during school hours must be brought to the office and accompanied by written parental permission and a physician's order. No medication will be given without this documentation. This includes prescriptions as well as non-prescription medication (such as Tylenol, cold medication, antacids, etc.). Medication that is brought into the office with the appropriate parental and doctor permission will be locked and stored there and can be used for the entire school year.
2. We will not give ANY medication at a parent's request without physician's order. Parents are permitted to bring a dose of medication to the school to administer themselves to their child.
3. All medication must be in the original prescription or non-prescription container – no medication will be accepted in baggies, etc.
4. Inhalers for children with asthma must also be accompanied by written parental permission and a physician's order. Inhalers for preschool student will be kept in the office.

Laurel Arts' STUDIO KIDS Preschool Program

Studio Kids Preschool is located at 601 Georgian Place, Somerset. It includes supervised free play, circle time, and directed activities for learning. The curriculum includes learning through the use of gross motor development, early reading concepts, small group games, use of manipulatives (play dough, blocks, puzzles), dramatic play, art, basic math concepts, oral language development, patterning, and listening skills. The program prepares students for the Kindergarten classroom. Activities include planned learning and development, such as phonemic awareness, developmental art, beginnings writing skills, and early spelling. Each preschool day includes snack, story time, music, movement, and additional curriculum directed to target development needs of each student. There is supervised indoor studio movement time to achieve exercise and fitness goals.

Each child's learning aptitude varies and every student is treated as an individual. Your child's teacher will provide you with a monthly calendar of activities and events. Communication is vital; feel free to ask any questions you may have. When it comes to your child, we want to work as a team! Please advise the teacher if your child has special learning needs or anxieties so that your child will receive the attention they may require. Once the children are comfortable with the schedule of the preschool, the teacher may ask for parental involvement with readers, crafts, and guest speakers. Any parent interested in volunteering to help with preschool would be greatly appreciated! Let the teacher know of any special skills, talents, or interests you may want to share.

Safety is very important! Each family will need to provide a list of caregivers that will be involved with picking up their child. Only those people listed on the approved persons list will be allowed to remove your child from school. If at any time a child will be leaving the school with a different person, a signed note to the school from the primary caregiver will have to be provided. All the people on this list may be asked to show proof of identity until the staff knows each of the families and caregivers. Your cooperation is appreciated. The safety of your child is the utmost concern to us.

All students are required to be potty trained before entering our program. If need be, a pull up may be worn and sent until your child is comfortable with the preschool environment. Scheduled bathroom breaks will be provided daily and additional bathroom time will be added when necessary. Please make sure your child wears clothing that is easy and comfortable for them. If your child is not good with buttons, zippers, etc., try pull on pants. We want every child to feel accomplished and independent.

An immunization record will need to be provided before the first day of school. Any additional information about your child that the staff may need to know (food allergies, medical conditions, etc.) must be provided as well.

Our discipline policy emphasizes our children's respect for adults and each other. Each situation will be handled on an individual basis. If at any time a serious problem arises, the teacher will contact you so that a team approach is used to solve any problems.

We are extremely excited about Studio Kids Preschool and the opportunity it provides to the youth of the area. We look forward to seeing you and your child in September. If you have any questions, please do not hesitate to call Angela Fullard, at (814)443-1835.

Laurel Arts STUDIO KIDS Preschool Application 2024-2025

*****There is a **\$10.00 non-refundable** application fee payable to Laurel Arts.

Name of Child _____ Age _____ Date of
Birth _____ Gender M F
Mother/Guardian _____
Occupation/Employer _____
Father/Guardian _____
Occupation/Employer _____
Home _____ address

City _____ State _____ Zip _____
_____ Telephone (Home) _____ (Mom's cell) _____
_____ (Dad's cell) _____ E-mail Address _____

Is the child potty trained? _____ Are there any medical or behavioral issues that we should be aware of?
_____ Please describe:

I am requesting the following placement:

Tuesday and Thursday Morning Preschool Ages 3-4	Tuesday and Thursday Afternoon Preschool Ages 4-5
All Day Session M/W/F (3 days) Ages 4-5	

Certification: All of the information on this form is true and complete to the best of my knowledge. I also agree to all program policies as outlined.

Parent or Guardian (Print) _____

Signature of Parent or Guardian _____ Date _____

Submit completed application with all supporting materials to:

Laurel Arts Studio Kids Preschool

601 Georgian Place

Somerset, PA 15501

Phone: (814)443-1835 Fax: (814)443-1853 E-mail:

studiokids@laurelarts.org



**Laurel Arts Education and Dance
Center**

601 Georgian Place

Somerset, Pa 15501

(814)443-1835

www.laurelarts.org



**CONSENT OF PARENT(S)/GUARDIAN(S) with
RELEASE OF CLAIMS 2024-2025
LAUREL ARTS DANCE/PRESCHOOL PROGRAM**

The undersigned certifies that undersigned is/are the parent(s) or legal guardian(s) of _____ ("Child") and that as such parent(s) or legal guardian(s), the undersigned hereby consent(s) and agree(s) as follows:

1. Consent is hereby given for the Child to fully participate without restriction in the 2025-2026 Laurel Arts Dance/Preschool Program to be conducted by Laurel Arts, Inc. 2. During the Child's participation in the Program, if the Child would be injured or become ill, and if the undersigned cannot be immediately contacted, the undersigned grant(s) full power and authority to the Laurel Arts staff to do as follows:

A. To arrange for the transportation of the Child, whether by ambulance or otherwise, to a proper facility where emergency medical treatment would normally be administered, including, but not limited to, an emergency room of a hospital, a doctor's office, or a medical clinic; and,

B. To sign any releases as may be required in order to obtain any emergency medical or surgical treatment as is required in the judgment of medical authorities at the

facility.

C. This authorization does not cover major surgery unless the medical opinions of two other licensed physicians concurring in the necessity for such surgery are obtained prior to the performance of such surgery.

3. The undersigned further agree(s) to indemnify, protect and hold harmless Laurel Arts, Inc., its officers, board members, supervisors, agents, servants, employees, and all private persons or organizations volunteering services without charge to supervise or chaperon the Program, from any claim or liability whatsoever, including, but not limited to, personal injury, property damage, court costs, attorney's fees and interest, however caused, as a result of the Child's participating in the Laurel Arts Program.
4. The undersigned do further agree(s) that Laurel Arts, Inc., its officers, agents, and/or employees reserve the right to terminate the participation of the Child in the Dance Program for failure to properly behave, for failure to follow the instructions and directions of the Staff, supervisor and volunteers, or for any acts of conduct by the Child deemed by the board, its officers, agents, or employees, to be detrimental to or incompatible with the interest, harmony, comfort or welfare of the Program as a whole. If the participation of the above Child is terminated, only the funds not actually used will be refunded.
5. Consent is hereby given to Laurel Arts to utilize any photographs of your child in any/all public relations format.

_____ (Parent or Guardian Signature)

Date signed: _____

PLEASE PROVIDE ACCURATE AND CURRENT INFORMATION. THE INFORMATION IS KEPT CONFIDENTIAL. IT IS IMPORTANT THAT YOU UPDATE THIS INFORMATION IF ANYTHING CHANGES. IF THERE IS AN EMERGENCY WE NEED TO BE ABLE TO HAVE THE CORRECT INFORMATION IN ORDER TO CONTACT THE APPROPRIATE PARTIES. LAUREL ARTS WILL NOT BE HELD RESPONSIBLE IF ACCURATE INFORMATION IS NOT PROVIDED.

CONTACT INFORMATION

Mother (or guardian)

Name: _____

Address: _____

City: _____

State: _____

Zip Code: _____

Home Phone: _____

Work Phone: _____

Cell Phone: _____

Email: _____

Father (or guardian)

Name: _____

Address: _____

City: _____

State: _____

Zip Code: _____

Home Phone: _____

Work Phone: _____

Cell Phone: _____

Email: _____

Other Contact in Case of Emergency:

Name: _____

Phone: _____

Relationship to child: _____

MEDICAL INFORMATION

Child's physician: _____

Telephone: _____

Medication being taken:

_____	_____
_____	_____
_____	_____

Date of last tetanus shot: _____

Physical impairments:

Specific medical allergies, chronic illnesses or other conditions:

