

Studio Kids Preschool

Laurel Arts Education & Dance Center
601 Georgian Place – Somerset, PA

Unique Curriculum • Licensed Preschool • Certified Teacher • Affordable Tuition

Laurel Arts' 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 **Full-Day Program** is Monday, Wednesday, and Friday from 9:00 a.m. until 4:00 p.m.
with an Arts and Crafts Learning program from 2:00 until 4:00 p.m.

Full-Day preschool students must be age 4 by September 1st.

Our **Half-Day Programs** are Tuesday and Thursday.

Morning session: 9:00 a.m. to 12:00 p.m. Afternoon session: 1:00 p.m. to 4:00 p.m.

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

DAILY SCHEDULES

M-W-F Full-Day Session (Ages 4-5)

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

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

T-Th Half-Day Morning (Ages 3-4)

9:00 Arrival Activity
9:20 Circle Time
9:35 Themed Activity
9:55 Bathroom Break
10:10 Movement & Music
10:40 Snack
10:55 Story Time
11:10 Center Play
11:40 Arts & Literature
11:50 Circle Time/Pick Up
12:00 Pick-Up

T-Th Half-Day Afternoon (Ages 4-5)

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



2026 -2027 Laurel Arts' STUDIO KIDS Program Information

Tuition, Guidelines and Policies

Studio Kids TUTION

Full-Day Program: \$400/month || Half-Day Program: \$175/month

Studio Kids operates Sept.-May

Scholarships ARE Available— Application included in this packet

Tuition Refund Policy – Preschool Program: Preschool tuition is payable one month in advance on the first day of the month. If a child withdraws from Preschool during the first three weeks of the school year, the prepaid month of tuition will be refunded in full. 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.

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 using 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.

Discipline Policy: 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.

Laurel Arts' 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.

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.

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 2026-2027

***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? Y / N
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
Application fee and 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



**CONSENT OF PARENT(S)/GUARDIAN(S) with
RELEASE OF CLAIMS 2026-2027
LAUREL ARTS' STUDIO KIDS 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 2026-2027 Laurel Arts Studio Kids 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: _____

Laurel Arts' STUDIO KIDS

CONTACT INFORMATION

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.

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: _____

EMERGENCY CONTACT:

Name: _____

Address: _____

Phone: _____

Relationship to child: _____

MEDICAL INFORMATION

Child's Name: _____

Child's physician: _____

Telephone: _____

Medication being taken:

Date of last tetanus shot: _____

Physical impairments:

Specific medical allergies, chronic illnesses or other conditions:



Dorothy B. Dressler Scholarship Application

STUDIO KIDS PRESCHOOL – 2026-27

Please mail completed application to:

Laurel Arts, PO Box 414, Somerset, PA 15501

or drop off at : Laurel Arts. 214 Harrison Ave. Somerset, PA

The Dorothy B. Dressler Scholarship Fund was established for two reasons: to provide arts opportunities to area residents who may not otherwise be able to afford to participate, and to honor a visionary woman who supported Laurel Arts for over three decades. Programs qualifying for scholarships include Studio Kids Preschool, Laurel Arts Dance, summer arts/theatre camps, and adult classes and workshops.

Scholarships will be granted on the basis of financial and family support need without regard to race, creed, sex, age or disability.

Applications for Studio Kids preschool should be submitted with your application and no later than August 15.

Scholarships awarded (the dollar amount) will be at the discretion of the scholarship committee.

PLEASE NOTE: Scholarship recipients will be asked to volunteer. Volunteer opportunities include, but are not limited to Laurel Arts events, Music on the Lawn, helping with fundraisers, Receptionist at the Dance Center or Dressler Center, assisting at the Golf Tournament, etc.

INCOMPLETE APPLICATIONS WILL NOT BE CONSIDERED.

For Scholarship Committee Use: Date received _____ Application complete yes no

Date of application: _____

Full name of Student: _____

Date of birth: _____

Parent(s)' names: _____

Home address: _____

Telephone number (best number to use): _____

Email address (best email address to use): _____

For which program are you applying?

Full-Day (M,W,F)

Half-Day Morning (T, Th)

Half-Day Afternoon (T, Th)

Number of dependents (per IRS) in the household _____

What is the amount of scholarship assistance you are seeking? _____

Annual household income: _____ (you **must** submit a copy of pg 1&2 of your federal tax return)

We recognize that family circumstances can change since you last filed a tax return. If that is the case, or if there are other unusual circumstances you would like the committee to consider, please explain:

In what other Laurel Arts programs does your family/child/children participate?

Parents should write a brief statement as to how the Studio Kids Preschool program will benefit their child(ren).

(you may use another sheet of paper or type your answer and submit a printed copy.)

I affirm that the information on this application is true and correct, to the best of my knowledge, and I am making application for the Dorothy B. Dressler Scholarship. (Incorrect or incomplete information may result in your application being disqualified.)

I understand that my failure to pay my portion of tuition, other fees, or costume expenses when due will result in my scholarship being rescinded.

I understand that scholarship awards for **Studio Kids Preschool** and **Laurel Arts Dance** may be reviewed at any time to ensure that I am meeting my financial obligation as well as attendance requirements.

Parent or guardian Signature: _____

Date: _____