

FULL-TIME PRESCHOOL

AT

BASIC BEGINNINGS

SCHOOL TERM 11-12

September 4, 2012 – August 23, 2013



**Basic Beginnings Full-Time Preschool is located in
Acrobatic Academy Fitness & Education Center**

2111 N. Maize Road

Wichita, KS 67212

721-7946

FULL-TIME PRESCHOOL

3, 4, & 5 yr. Olds

Monday thru Friday 7:00 am – 5:30pm

**Full time students will have priority enrollment over part-time students.*

**Student must have a completed file prior to the first day of school.*

Registration Fee: \$50.00 (*non-refundable*)
\$150.00 weekly
\$50.00 daily



Our program offers:

- Full Educational Curriculum
- Themed Activities Weekly
- Morning and Afternoon Snack
- Hot Catered Lunch
- Regular Use of Gymnastics Facilities
- Field Trips

Basic Beginnings Pre-School Philosophy

Basic Beginnings Pre-School recognizes that young children learn through active involvement with their environment. This involvement provides for the growth and development of the child, physically, intellectually, socially and emotionally. To nurture this development in a relaxed setting requires time. We believe implementation of this philosophy will provide children the time to experience their childhood.

Order of the Day

7:00 Room Play
8:00 Wash hands/Breakfast snack
8:30 Gym Time
8:50 Rest Room/Wash hands/Songs
9:15 Circle Time
9:40 Center explanation
9:45 Centers (small group learning)
10:30 Story/Group Art/Game
11:00 Free time
11:20 Outdoor Gross Motor
11:45 Rest room/Wash hands/Table setting/Songs
12:00 Lunch
12:30 Brush teeth/Quiet time activity/Bed time story
1:00 Rest/Quiet time
3:00 Wake-up/Rest room
3:15 Snack
3:40 Project Time
4:00 Outdoor/Gym Gross Motor
4:30 Rest room/Drinks/Free time
5:30 Dismissal

To enroll please include registration fee along with completed form on back of brochure.

Registration Form

FULL TIME PRE-SCHOOL 3, 4 & 5 yr olds

School Term _____

Sept. 4th, 2012 – Aug. 23rd, 2013
\$50.00 reg. fee

Student Name _____

Student Age _____ Birthdate _____ Male Female

Address _____

City _____ Zip _____

Home Phone _____ Cell Phone _____

Mother's Name _____ Work # _____

Father's Name _____ Work # _____

E-mail _____

Please List days and time you will be using the day care:

	Arrival Time	Departure Time
<input type="checkbox"/> Monday	_____	_____
<input type="checkbox"/> Tuesday	_____	_____
<input type="checkbox"/> Wednesday	_____	_____
<input type="checkbox"/> Thursday	_____	_____
<input type="checkbox"/> Friday	_____	_____

You will be allowed one week (Mon. thru Fri.) vacation without payment.

Parent Signature _____ Date _____

Registration Fee: \$50.00 per child. (**Non-refundable**)

Amount Paid \$ _____ CASH VISA/MC CHECK # _____

Date Enrolled _____