Parent-Child Center
2026-2027

Submit your application to:
pcc.applications@fallscityps.org

Pre-K Transitional Application

Date:	Enrollment Date: **August 2026**
Child's Full Name:	Date of Birth:

Check all that apply to this child:

☐ Male	☐ On IEP
☐ Female	☐ Potty Trained

Section 1

The PCC Pre-K Transitional Classroom will run an all day, 8am-3pm schedule from M-F.

ONLY complete section 2 if you are in need of after school care.

		FEES	REDUCED FEES	FEES for Brigance Score Lower than 70
☐	Pre-K Transitional Room Monday-Friday 8am-3pm	$12/DAY	$8/DAY	FREE

Section 2

BEFORE AND/OR AFTER SCHOOL OPTIONS and fees
(fees are IN ADDITION to above amounts)

(Choose One)	(Choose One)	(Choose One)	FEES
☐	Before AND After School TIL 4:15	M-F ☐ MWF ☐ TTH ☐	$4/Day
☐	Before AND After School TIL 5:30	M-F ☐ MWF ☐ TTH ☐	$7/Day
☐	After School ONLY 3:00-4:15	M-F ☐ MWF ☐ TTH ☐	$3/Day
☐	After School ONLY 3:00-5:30	M-F ☐ MWF ☐ TTH ☐	$6/Day

I have read and understand all pages and agree to the terms and conditions of the application including, but not limited to, any fees for the schedule selected above.

Parent Name _____ **Parent Signature** _____

Parent Email _____ **Phone #s** _____

Department of Health & Human Services
DHHS
NEBRASKA

Division of Public Health – Licensure Unit – Children's Services Licensing Program

Children's Record

PARENTS: PLEASE FILL IN ALL BLANKS

Child(ren)'s Name: _____ Birthdate(s): _____

Enrollment Date: **August 2026** _____ pdates: _____ Date Care Ceased: _____

Parent or Guardian's Home Address and Employment Address:

Father (or Guardian):

Name: _____ Employer: _____

Address: _____ Address: _____

City: _____ Phone: _____ City: _____ Phone: _____

Mother (or Guardian):

Name: _____ Employer: _____

Address: _____ Address: _____

City: _____ Phone: _____ City: _____ Phone: _____

Person(s) to whom the child(ren) may be released by the caregiver: (If no one, write "none")

Name: _____ Name: _____

Address: _____ Address: _____

City: _____ Phone: _____ City: _____ Phone: _____

Name: _____ Name: _____

Address: _____ Address: _____

City: _____ Phone: _____ City: _____ Phone: _____

Person(s) who will take responsibility for the child(ren) in an emergency when the parent (or guardian) cannot be reached: (ONE NAME MUST BE GIVEN)

Name: _____ Name: _____

Address: _____ Address: _____

City: _____ Phone: _____ City: _____ Phone: _____

Name: _____ Name: _____

Address: _____ Address: _____

City: _____ Phone: _____ City: _____ Phone: _____

Consent to Contact Physician in Emergency

In the event I cannot be reached to make arrangements, I hereby give my consent to _____ to contact Doctor _____ _____
Caregiver Name of Physician Phone
_____ and, if necessary, take my child(ren) to the following
Address City
doctor(s), clinics, or hospital _____

_____ _____
Parent Initials Date

MEDICATION COMPETENCY STATEMENT

I, _____ have determined that
Parent/Guardian Name
_____ is/are competent to give or apply medication to my child(ren).
Provider/Director/Staff Name(s)

_____ _____
Parent Initials Date

CHILD'S MEDICAL INFORMATION

Current health status or any health problems caregiver should know: _____

_____

Medication, if any: _____

List any allergies and/or intolerance to food, insect bites, or stings, or other factors that result in a medical reaction. Please give clear instructions in the event of an exposure of that factor.

_____

Special Concerns (glasses, hearing aid, crutches): _____

Any activities child(ren) should NOT engage in: _____

Company providing health and/or accident insurance coverage (OPTIONAL): _____

I certify that the above information is correct to the best of my knowledge:

_____ _____
Parent Initials Date

Parent-Child Center Fee Structure

The fees for the Pre-K Transitional Program for the 2026-2027 school year are as follows:

Your August and September fees will be billed on September 1. Each month's fees will be billed on the first and payable by the 15th of each month. Any questions about fees should be directed to the office.

Children Eligible for No Charge

***Children scoring below benchmark for their age.**

Pre-K Transition Fees

	Full Pay	Free/Reduced	No charge exceptions
8:00am-3:00pm:	$12/day	$8/day	FREE

Additional Fees if Applicable

Before and After School Care:

7:30 a.m. + After School till 4:15	$4.00/day
7:30 a.m. + After School till 5:30	$7.00/day

After School Care:

Part Time 3:15 p.m.-4:15 p.m.	$3.00/day
Full Time 3:15 p.m.-5:30 p.m.	$6.00/day

Any other extra hours over your contracted time will be billed the following month at $3.00/hour.

*All children will be served a morning and/or afternoon snack based on their schedule. School lunch will be offered for a fee (unless approved for free and reduced meals) to those who select that option.

*Children must turn five between January 1 and July 31 prior to the beginning of the school year.

***Please refer to the Parent-Child Center potty training procedures regarding potty training.**

*Children will **not** be taken on a drop-in basis.

Please note that you will be billed according to your contracted hours to ensure your spot at PCC.

Any days missed due to illnesses, appointments, etc. will still be charged (prolonged exceptions may apply).

Parent Child Center Potty-Training
Effective Date: August 14, 2025

1. Purpose

The purpose of this document is to outline expectations, procedures, and accommodations regarding potty training for all children enrolled in Falls City Public Schools' Parent-Child Center. Our goal is to support the development of independent toileting skills while ensuring a safe, respectful, and inclusive learning environment for all children, including those with disabilities.

2. General Expectations for All Students

- It is highly encouraged that a child be potty-trained prior to the start of the school year to ensure a smooth transition and success in the classroom. A child must be potty-trained within eight (8) weeks of the first day of the preschool year, unless they have an Individualized Education Program (IEP) or a documented medical need that requires additional support.

- Toilet trained means a child can:
  - Recognize when they need to use the restroom.
  - Communicate their need to use the restroom.
  - Use the toilet with minimal assistance.
  - Pull up/down their clothing and wipe appropriately.
  - Wash hands after using the restroom.

3. Procedures for Accidents

- Occasional accidents are expected, especially in younger children adjusting to a new environment.

- Parents must provide an extra set of clothes, including underwear, socks, and pants, to be kept at school.

- If a child has a potty accident:
  - The child will be guided to clean themselves as independently as possible.
  - Staff will provide verbal prompts and assistance as needed.
  - The wet clothing will be placed in a sealed bag and sent home.

  - In the event of a bowel accident, a parent or guardian will be contacted to assist with their personal care needs.

4. Special Education & Individualized Accommodations

- For children with an IEP or a medical condition that impacts toilet training, accommodations will be made based on their specific needs.
- Possible accommodations may include but not limited to:
  - Scheduled bathroom breaks.
  - Use of visual supports or communication devices.
  - Assistance from trained staff, including paraprofessionals.
  - Alternative toileting methods, such as pull-ups if necessary.
- Parents and the child's educational team will collaborate to include potty-training goals in the child's IEP if applicable.

5. Parental Responsibilities

- Parents/guardians are expected to:
  - Continue reinforcing potty-training at home.
  - Provide a consistent toileting routine.
  - Supply necessary toileting supplies (e.g., wipes, extra clothing, pull-ups if applicable).
  - Inform staff of any medical or developmental concerns that may impact toilet training.

6. Staff Responsibilities

- Staff will:
  - Encourage and support children in their potty-training efforts.
  - Maintain a positive, patient, and non-punitive approach.
  - Communicate regularly with parents regarding any concerns or progress.
  - Ensure all toileting areas are clean, safe, and developmentally appropriate.

7. Non-Discrimination & Confidentiality

- No child will be excluded or penalized for toilet training delays due to disability or medical conditions.
- All potty-training needs and accommodations will be handled with respect, privacy, and confidentiality.

8. Review & Revisions

This document will be reviewed annually and updated as needed to align with best practices and state regulations.

Date: Feb. 5, 2025

In District/Out of District Residence:

Falls City Public Schools is committed to supporting the developmental and educational needs of all students enrolled in our preschool program. If challenges or needs for additional support arise for a student who resides outside of the Falls City Public Schools district boundaries, Falls City Public Schools will fulfill its obligation under Child Find by notifying the student's home district of the identified concerns. It is the responsibility of the parent/guardian to follow up with their home district regarding any necessary evaluations, services, or supports that may be required.
