

Centerville Baptist PreSchool

Parents Morning Out
908 Centerville Turnpike, S.
Chesapeake, Virginia 23322
757.482.4466
cbcpreschool@verizon.net

2011-2012

Dear Parents:

On behalf of the Parents' Morning Out staff, pre-school teachers and ministerial staff of Centerville Baptist Church, I welcome your interest in our weekday pre-school program. We strive to provide a quality early childhood program in a happy, warm and nurturing Christian environment that encourages growth and discovery. These values are reflected by our philosophy:

“We believe a child is one of the most precious gifts that God entrusts to us. The purpose of our ministry is to provide a warm and caring Christian environment that will nourish personal and spiritual growth and encourage discovery. Through the use of learning centers and our kindergarten readiness curriculum, our pre-school presents a balanced, semi-structured, age and developmentally appropriate learning environment.

Through their association with the teachers, pastor and church staff, all of whom strive to be dedicated Christian influences, each child is encouraged to grow in love and appreciation of God, His creation and His Son Jesus.

Centerville Baptist supports parents as the most significant adults in the lives of their children. Parents and teachers, in partnership, become instrumental in the physical, social-emotional, intellectual and spiritual development of the individual child.”

Together, we will make this year one of joy and discovery. Our classes are limited to a specific number of students. The administrative guidelines and parent information is included in this informational package. Please take time to read the policies we have established to provide a safe and happy environment for your child.

I look forward to hearing from you soon.

Sincerely,

Cathy Curling

A Quick Glance . . .

We understand that children come from diverse backgrounds and cultures, with different personalities, temperaments, abilities and experiences. Our staff, likewise have diverse talents, personalities and backgrounds.

Social development is one aspect of childhood that must be learned. Children learn the rules of acceptable behavior, cooperation and compromise while at play. Structured and unstructured activities in the classroom and on the playground provide opportunities for conflict resolution, problem solving and encourage pro-social behavior.

Biblical principles are practiced throughout the program. Bible stories, songs and prayer before meals are included in the curriculum. Theme oriented art and craft activities provide avenues for our teachers to explore these principles and provide age appropriate guidance. Large and small muscle development opportunities are important for active children, and form the foundation for play.

Staff

Teachers and assistants have been certified by a practicing physician, to be free of any disabilities which would prohibit supervision of children entrusted into our care, as required by the Code of Virginia. All of our staff members have received a Criminal History Records Clearance and Search of the Central Registry from Child Protective Services prior to employment. Staff members participate in workshops throughout the school year to update skills and review requirements of the Commonwealth of Virginia.

Staff members trained and certified in First Aid and CPR are on duty daily.

Student:Adult Ratios

Age-based classes have a limited number of students per classroom. The National Association for the Education of Young Children, NAEYC, recommends the following ratios:

6 weeks to 2 years old	4 students	1 adult
2—5 Mixed Age Class	10 students	1 adult

Hours of Operation

PMO operates between the hours of 9:00 a.m. and 1:00 p.m. Children must be escorted into the building by an adult, and registered on the daily attendance log in the classroom. At the conclusion of the day, parents must pick-up the child from the classroom.

We understand that traffic tie-ups occur and that you may be late, occasionally. Please strive to be here between 12:45 and 1:00 p.m. ***Pick-up after 1:00 p.m. is subject to a late charge. Late charges are due at pick-up time.***

PMO is open five days per week from September through May. Parents may utilize the program 2 days per week. During the summer months, June through August, the program operates 3 days per week, Tuesday, Wednesday and Thursday. PMO is closed for all public school holidays and weather related closures. You may check with your child's teacher regarding scheduled closings.

Participation Requirements

Reservations

PMO is a reservation based program. Parents are strongly encouraged to make reservations in person. The reservations books are located in the foyer. There are separate books for the infant room and preschool room. You may make your reservations several weeks in advance.

You may call the church 24 hours a day and utilize the voice mail options. When the voice-mail

system is activated, select the option for “Cathy Curling and the Pre-School program.” You may leave reservation requests on voice mail. If a position is available in the classroom for the requested day, you will receive a telephone confirmation. However, there are times when glitches occur and messages are misplaced. If you make a reservation, fail to attend for the day and do not telephone to cancel 24 hours in advance, you will be charged the daily fee.

We cannot admit any unregistered child for the day, if our class registration is full, based on ratios and total classroom occupancy.

Health Screening/School Physical

Parents/guardians of children entering the program are required to submit a school physical report. This will include a record of the child’s immunization history. School physical report forms are included in your enrollment package.

An Allergy Disclosure form is also included in your package. Please complete and return the form, *even if your child does not display any signs or symptoms of allergies.*

Proof of Identity/Proof of Date of Birth

The commonwealth of Virginia’s Code of Virginia requires parents/guardians to present proof of the applicant’s date of birth. We are required to view and record information from the child’s certified birth certificate, Social Security card or passport. Failure to provide the documentation later than the first full week of attendance must be reported to the local law enforcement agency.

Legal Authorization

To protect the welfare, health and safety of the students, staff, church and parent volunteers, CBC requires notarized legal authorization for the transport of a child. This authorization includes transportation by emergency medical personnel, pre-school and church staff.

Transportation Providers

Parents/guardians are required to register the names of emergency contacts as well as individuals authorized to transport children. This information is to be included on your registration form.

Ages and Cost Schedule *Effective through August 2012*

Registration fee: \$25.00 first year \$15.00 each consecutive year

6 weeks to 24 months: \$23.00 daily 2-3 years of age: \$21.00 daily 3-5 years of age: \$20.00 daily

Peanut Free Classrooms

Children and adults with food allergies risk a variety of symptoms, ranging from rashes to gastrointestinal distress to anaphylactic shock which can result in death, when exposed to foods to which they are allergic. Please consult the “Allergy Alert” poster in the classroom for items that should be excluded from the classroom. For example: children with severe PEANUT allergies risk death when exposed to the oils in peanut butter. With PEANUT allergies, even the smell can trigger allergic reactions. Therefore, Centerville Baptist PreSchool programs are totally PEANUT-FREE zones. Please allow your child to enjoy his/her peanut butter and peanut products and/or by-products at home.

Illness

The Department of Social Services of the Commonwealth of Virginia regulates child care centers and preschool across the state. The department legislates many facets of our operations, including health and safety regulations.

The health and safety of every child is our first priority. In an effort to protect children and staff members from illness or disease, our staff members observe each child as they enter the classroom. They have been instructed to make inquiries regarding any signs or symptoms of illness or contagious disease.

By law, and in accordance with the Department of Social Services, children exhibiting signs of illness ***MUST*** be excluded from the program. Children displaying symptoms such as, running nose, diarrhea (even related to foods, allergies or medications), productive coughs, fever over 100° etc., are not eligible to attend until ALL symptoms have been cleared for at least 24 hours.

Parents will be called to pick-up any child developing any symptom of illness during the day. Children need to be removed from the classroom as soon as symptoms are detected. Therefore, it is necessary for parents to leave a telephone number of an individual who can retrieve the child within 30 minutes.

Another issue regarding the health and safety of each child relates to allergic reactions. Please consult the “Allergy Alert” poster in the classroom for items that should be excluded from the classroom. For example: children with severe PEANUT allergies risk death when exposed to the oils in peanuts, by-products or other foods processed in plants where peanuts and peanut products are processed.

Topical Medications

According to the regulations we receive from DSS, we have instituted a policy regarding topical “medications.” Due to possible allergic reactions, if your child requires sunscreen, insect repellent, ointment for diaper rash, etc., you are required to furnish the “medications.” Additionally, you need to sign a release for “The Administration of Medication.”

Staff Illness

The regulations pertaining to illnesses for children apply to our staff as well. Occasionally staff members cannot report to work due to illness. On these occasions, we generally call a substitute teacher to work. However, there have been times, especially due to flu season, when substitute teachers are not available. When this occurs, we reserve the option to call you and cancel for the day. We realize that this can be inconvenient, however unavoidable. We will make every effort to contact each parent with a reservation for the day and ask if it is possible to reschedule. We will try to accommodate parents with scheduled appointments first, and ask that if you can possibly rearrange your schedule, that you do so.

To demonstrate our appreciation for your understanding when this occurs, we will offer the parents that can reschedule without a great hardship, one day at NO CHARGE.

Natural Body Rhythms

All children experience natural body rhythms. When a child needs to use the restroom, or have a diaper changed, the child will be given the assistance he/she needs. When a child is hungry, he/she will be fed. When a child is thirsty, he/she will be given a drink of water. When a child is sleepy, he/she will be allowed to sleep.

These rules may seem simplistic, but regulations require preschools and child care centers to honor a child’s natural body rhythm.

A Final Word

Our staff members strive to care for all of the children in their care with their utmost attention. A sick, tired or unhappy child creates a strain in the classroom, as the teacher must try to provide extra attention to one child while maintaining a standard of care for the other children. We ask for your full cooperation and understanding as we strive to offer our best for your children.

Classroom Supplies

1 box of tissues
1 container of baby wipes
1 box (100 count) non-latex exam gloves

Daily Supplies

Morning snack with drink
Lunch with drink
Change of clothing

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Please check the appropriate boxes.

- 6 weeks—12 months
- 12 months—18 months
- 18 months—24 months
- 2 years—3 years
- 3 years—5 years

School Year 2011-2012
 Forms must be completed annually

INFORMATION REQUESTED IS REQUIRED AND NECESSARY. PLEASE COMPLETE ENTIRELY.

Child's full name: _____ Telephone Number: _____
 To what name does your child answer? _____ Gender: M F
 Age _____ Date of birth: _____ Full-term Premature birth Adopted
 Child's complete address: _____

Parent/Family Information:

- Married, living together Separated Divorced Single Parent Unmarried, living together

(If child does not reside with both parents, please attach a description of the custody agreement)

(If you are a stay-at-home parent, please list your career choice in the "Occupation" category. You may list your employer as "Home.")

Father's Information:

Name: _____
 Occupation: _____
 Employer: _____
 Work address: _____
 E-Mail address: _____
Telephone numbers:
 Business: _____
 Cellular: _____

- Same home information as child

Mother's Information:

Name: _____
 Occupation: _____
 Employer: _____
 Work address: _____
 E-Mail address: _____
Telephone numbers:
 Business: _____
 Cellular: _____

- Same home information as child

If child resides with an adult, other than the natural parent, please provide information below.)

Name: _____
 Occupation: _____
 Work address: _____
 Work phone number: _____
 Relationship to child: Step-parent Grandparent

What does child call the adult? _____
 Employer: _____
 E-Mail address: _____
 Cellular phone number: _____
 Other: _____

Siblings name(s): _____	Gender: _____	Ages: _____
_____	_____	_____
_____	_____	_____

- Support network of family in area Relationship with "grandparent" figure(s)

Office Use Only

Identity Verification

The Commonwealth of Virginia requires parents/guardians to provide proof of a child's age and identity. Proof of the child's identity and age may include an original or certified copy of the child's birth certificate, passport, copy of placement agreement from a child placing agency, or a records from a public school, i.e., certified by a principal of a public school in the United States. Failure to provide the proper documentation must be reported to local law enforcement agencies according to statute.

Place of birth: _____ DOB: ____/____/____ Date of Issue: ____/____/____
 Birth Certificate Number: _____ Birth Certificate Social Security Card
 Other _____

Transportation Providers:

Please register the names and phone numbers of individuals authorized to provide transportation for your child.

(1) _____ (2) _____
(3) _____ (4) _____

Emergency Transportation Provider

Please list the names and telephone numbers of two individuals authorized to pick up your child in the event of emergency, sudden on-set illness, etc., when you will not be home and able to pick up your child within thirty (30) minutes.

(1) _____
(2) _____

Person(s) **NOT** authorized to pick up your child: *(Appropriate custody papers must be provided to the church if a parent is NOT allowed to pick up a child from our facility.)*

Name: _____ Relationship to child: _____

Medical History:

Yes No Health Insurance
 Yes No Regular routine physical examination within the past six months
Date of last exam: _____
 Yes No Regular routine dentalexamination within the past six months Date of last exam: _____
 Yes No Immunizations per CDC guidelines
 Yes No Visual examination: No Impairment Yes _____
 Yes No Speech evaluation No Impairment Yes _____
 Yes No Developmental assessment: No Yes _____
 Physical/orthopedic Emotional Behavioral Other _____
 Yes No Allergies : _____
How are allergies manifested? _____
 Yes No Routine medications: _____

Name and telephone number of child’s primary physician: _____

Name and telephone number of child’s dentist: _____

If your child has experienced any serious illnesses, injuries, hospitalizations, minor/major surgery, please provide the approximate dates, nature of the event and name of the physician: _____

Describe your child’s eating habits:

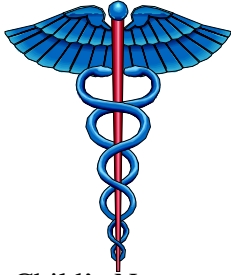
Eats a substantial breakfast daily Likes most foods Eats only at mealtime
 Likes selective fods Snacks throughout the day Not much of a breakfast eater
 Other _____

Does your child have any dietary restrictions? If yes, please describe: _____

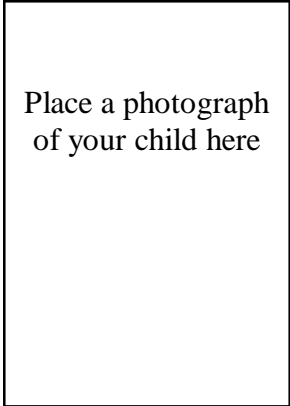
Are these restrictions medical, family preference, religious/cultural, etc.? _____

Please list any food items that you do not allow your child to consume: _____

Yes No I would like to be a room parent and participate in activities
 Yes No I would like to assist in the classroom ocaasionally (Substitute teacher, reading, prepare craft projects, etc.)



This form requires the signature of a physician if your child exhibits signs of food allergy.



Place a photograph of your child here

Emergency Health Care Plan Food Allergy Information

Child's Name: _____ DOB: _____

My child has NOT exhibited any signs of allergic reactions

Allergy to: _____

Please check all reactions that apply:

- Asthma
- Mouth: itching and swelling of the lips, tongue or mouth
- Throat: itching and/or sense of tightness in the throat, hoarseness and hacking cough
- Skin: hives, itchy rash and or serlling about the face or extremities
- Gastro: nausea, abdominal cramps, vomiting and/or diarrhea
- Lung: shortness of breath, repetitive coughing and/or wheezing
- Heart: "thready" pulse, passing out

The severity of symptoms can quickly change. All of the above symptoms can potentially progress to a life-threatening situation.

ACTION:

If ingestion is suspected, give _____ and call _____
(medication/dosage/route)

- 911 Dr. _____ at _____
- Mother's telephone numbers: _____
- Father's telephone numbers: _____
- Emergency contact: _____

DO NOT HESITATE TO ADMINISTER MEDICATION OR CALL RESCUE SQUAD EVEN IF PARENTS OR DOCTOR CANNOT BE REACHED.

Parent Signature

Date

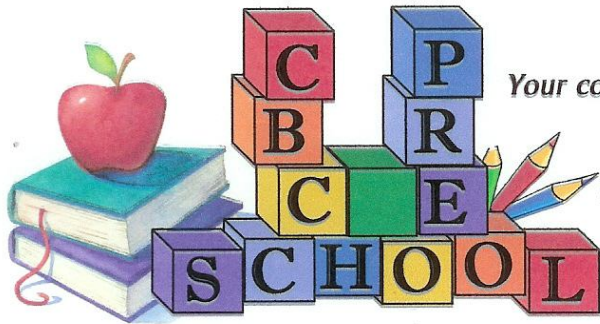
Physician Signature

Date

Additional Emergency Contacts

- (1) Name: _____ Phone number: _____
Relationship to child: _____
- (2) Name: _____ Phone number: _____
Relationship to child: _____
- (3) Name: _____ Phone number: _____
Relationship to child: _____

This document must be signed in the presence of a Notary Public



Your community partner in Early Childhood Education

908 Centerville Turnpike, S.
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(757) 482-4466

Legal Authorization Form and Emergency Medical Release

I/we hereby give permission for _____ to participate in events, activities and field trips with Centerville Baptist Church Pre-School for the school year 2011-2012.

In case of injury to my/our child, I/we hereby waive all claims against the church, staff/employees and sponsors.

I/we assume all risks and hazards incidental to the conduct of events, activities and normal classroom participation.

I/we hereby authorize EMERGENCY transportation for my/our child in the church owned 15-passenger vans, private vehicles owned and operated by CBC PreSchool staff, or emergency medical transport and assume all responsibility in the event of incident/accident or injury. I/we do hereby release, absolve, indemnify and hold harmless Centerville Baptist Church, the staff, supervisors, parent volunteers and organizers from any and all loss, injury or other damages to me/our above referenced child.

In the event of accident, illness or injury, I/we hereby grant permission to Emergency Medical Personnel, Attending Physicians and hospital personnel to perform whatsoever care is necessary for the welfare of my/our child, until I/we can be in attendance.

Please attach a copy of your child's health care provider/insurance carrier card.

Please attach a recent photograph of your child.

Primary Care Provider: _____ Telephone number: _____

Dentist: _____ Telephone number: _____

Please list any medications, allergies and/or medical information responding medical personnel should know about this child: _____

**DO NOT SIGN THIS DOCUMENT UNTIL YOU ARE IN THE PRESENCE OF A NOTARY.
UN-NOTARIZED FORMS ARE INVALID.**

_____ (Signature of Parent/Guardian)	_____ (Signature of Parent/Guardian)
Daytime telephone numbers: _____	Daytime telephone numbers: _____
State of Virginia, City of _____, to wit: Subscribed and sworn to before me this ____ day of _____, 2____.	
My commission expires _____.	
_____ (Signature of Notary Public)	