



New Era Christian School Preschool Checklist

Family Name

Required at time of enrollment:

- _____ \$200 Deposit (non-refundable)
- _____ Registration/Payment Option Form
- _____ Shelby State Bank Auto Pay Form (if applicable)

A child cannot start school until the following items are completed and turned in (no exceptions):

- _____ Copy of Child's Birth Certificate
- _____ Health Appraisal Form (*must be turned in by the first day of school*)
- _____ Immunization Record
- _____ Child Information Card (*be sure to provide **ALL** information requested*)

Additional forms to be signed and turned in:

- _____ Parent Notification of Licensing Notebook Requirement
- _____ Written Information Packet Documentation
- _____ Volunteer Background Check
- _____ Field Trip Permission Slip

Please keep the Preschool Handbook for your reference!



3-Year-Old Preschool Placement/Registration

DATE: _____

PARENTS: _____ SCHOOL YEAR: _____

ADDRESS: _____

STUDENT NAME: _____ DATE OF BIRTH: _____

Class Days and Times for 3-Year-Old Program

Tuesday and Thursday 8:30 am-11:30 am

Tuition and Fees

Tuition is \$975 for the school year.

Payment Options

Select one:

☐ I will pay in full at time of registration.

☐ I will pay \$775 by September 1.

☐ I commit to having \$96.88 withdrawn from my bank account each month from September through April through New Era Christian School's automatic payment service. **Please complete the ACH Debit Authorization Form for this option.**

Philosophy

I am aware of the basic philosophy upon which this preschool class exists. It is not a church school, nor a private school, but a parent-controlled school, i.e. The New Era Christian School Society. This school is a third arm to Christian families who enjoy a vital relationship with God and permit that relationship to dominate the atmosphere of their home. New Era Christian School stands ready to join the Christian home and Christian Church in training Christian children for citizenship in two worlds.

Parent Signature

Received:

\$200 deposit

Cash/Check # _____ Date _____ Received by _____

\$775 tuition balance

Cash/Check # _____ Date _____ Received by _____



4-Year-Old Preschool Placement/Registration

DATE: _____

PARENTS: _____ SCHOOL YEAR: _____

ADDRESS: _____

STUDENT NAME: _____ DATE OF BIRTH: _____

Class Days and Times for 4-Year-Old Program

Select one:

_____ ½ day: Monday, Wednesday, and Friday 8:30 am-11:30 am

_____ Full Day: Monday, Wednesday, and Friday 8:30am-3:00pm

Tuition and Fees

½ day tuition is \$1,403 for the school year.

Full day tuition is \$2,805 for the school year.

Payment Options

Select one:

_____ I will pay in full at time of registration.

_____ I will pay \$1,203 (1/2 day) or \$2,605 (full day) by September 1.

_____ \$150.38 (½ day) or \$325.63 (full day) withdrawn from my bank account September-April through New Era Christian School's automatic payment service. **Please complete the ACH Debit Authorization Form for this option.**

Philosophy

I am aware of the basic philosophy upon which this preschool class exists. It is not a church school, nor a private school, but a parent-controlled school, i.e. The New Era Christian School Society. This school is a third arm to Christian families who enjoy a vital relationship with God and permit that relationship to dominate the atmosphere of their home. New Era Christian School stands ready to join the Christian home and Christian Church in training Christian children for citizenship in two worlds.

Parent Signature

Received:

\$200 deposit Cash/Check # _____ Date _____ Received by _____

\$2,605 tuition balance Cash/Check # _____ Date _____ Received by _____



AUTOMATIC PAYMENT SERVICE (ACH DEBIT) AUTHORIZATION AGREEMENT

I (we) hereby authorize New Era Christian School (NECS) to initiate electronic debit entries to my (our) checking/savings account indicated below and, if necessary, initiate adjustments for any transactions credited or debited in error. I (we) further authorize my (our) bank or financial institution named below (the depository financial institution) to deduct the electronic debit from my (our) checking or savings account indicated below.

I understand that the Automatic Payment amount of \$_____ authorized by this Agreement will occur on a monthly basis on the day of the month indicated below, unless the indicated day is a non-banking day, in which case the debit will occur on the next banking day. Debit entries from my (our) account will occur September-April (8 payments), or until the balance is paid in full.

☐ 5th of the month

☐ 20th of the month

Bank Account Information:

You must **attach a voided check** from below described account to this Agreement. In the event you are using a savings account, please contact your local branch for the information below.

Bank Name: _____

Bank City/State: _____

Type of Account: ☐ Checking ☐ Savings

Transit/ABA Number: _____

Account Number: _____

AUTHORIZATION:

I acknowledge that the origination of ACH transactions to my account must comply with provisions of U.S. Law. This authorization is to remain in full force and effect until NECS has received written notification by me (or either of us) of its termination in such time and in such a manner as to afford NECS and the Financial Institution a reasonable opportunity to act on it. I (we) also authorize NECS to initiate a debit to my (our) account for any charges NECS incurs if a debit to my (our) account is rejected due to insufficient funds.

First Name Middle Initial Last Name

Address City, State, Zip

Daytime Phone Social Security Number

Signature Date

HEALTH APPRAISAL

Dear Parent or Guardian: The following information is requested so that the school can work with the parent to meet the physical, intellectual and emotional needs of the child. Fill out the information requested in Section I. Section III may be certified by the transcription of information from the certificate of immunization. The remaining sections are to be completed by a doctor, nurse and dentist. **(BE SURE TO BRING YOUR CHILD'S IMMUNIZATION RECORDS TO THE EXAMINATION.)**

PERSONAL

CHILD'S NAME (Last, First, Middle)			DATE OF BIRTH (mm/dd/yy) / /
ADDRESS (Number & Street)	(City)	(ZIP Code)	TODAY'S DATE (mm/dd/yy) / /
PARENT/GUARDIAN (Last, First, Middle)			HOME TELEPHONE NUMBER ()
ADDRESS (Number & Street)	(City)	(ZIP Code)	WORK TELEPHONE NUMBER ()

SECTION I - HEALTH HISTORY

Yes	No	Resolved	#	Is your child having any of the problems listed below?	Birth History:	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1	Allergies or Reactions (for example, food, medication or other)		
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2	Hay Fever, Asthma, or Wheezing		
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3	Eczema or Frequent Skin Rashes		
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	4	Convulsions/Seizures		
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	5	Heart Trouble		
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	6	Diabetes		
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	7	Frequent Colds, Sore Throats, Earaches (4 or more per year)	Are there any current or past diagnosis(es) <input type="checkbox"/> Yes <input type="checkbox"/> No	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	8	Trouble with Passing Urine or Bowel Movements	If yes, please describe:	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	9	Shortness of Breath		
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	10	Speech Problems		
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	11	Menstrual Problems		
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	12	Dental Problems: Date of Last Exam / /		
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Other (please describe): _____			
<input type="checkbox"/>	<input type="checkbox"/>	Does your child take any medication(s) regularly?				
Reason for Medication					If yes, list medications:	
<div style="display: flex; justify-content: space-between;"> Parent/Guardian Signature Date </div>					Was the health history reviewed by a health professional? <input type="checkbox"/> Yes <input type="checkbox"/> No Examiner's Initials: _____	

SECTION II - PHYSICAL EXAMINATION, INSPECTION, TESTS AND MEASUREMENTS

Required for Child Care and Head Start / Early Head Start

Tests and Measurements

No	Yes	Was child tested for:	Test results:	Normal	Referred	Under Care	No	Yes	Was child tested for:	Test results:	Normal	Referred	Under Care
<input type="checkbox"/>	<input type="checkbox"/>	VISION	Visual Acuity				<input type="checkbox"/>	<input type="checkbox"/>	HEIGHT & WEIGHT	Height			
			Muscle Imbalance							Weight			
		Date: / /	Other:				<input type="checkbox"/>	<input type="checkbox"/>	Other:	Other			
<input type="checkbox"/>	<input type="checkbox"/>	HEARING	Audiometer				<input type="checkbox"/>	<input type="checkbox"/>	HEMOGLOBIN / HEMATOCRIT				
		Date: / /	Other:				<input type="checkbox"/>	<input type="checkbox"/>	BLOOD PRESSURE	Reading: _____			
<input type="checkbox"/>	<input type="checkbox"/>	URINALYSIS	Sugar				<input type="checkbox"/>	<input type="checkbox"/>	TUBERCULIN	Type: _____			
		Date: / /	Albumin						Date: / /	Neg.: <input type="checkbox"/> Pos.: <input type="checkbox"/> mm			
			Microscopic				NOTE: Blood lead level required for all children enrolled in Medicaid must be tested at one and two years of age, or once between three and six years of age if not previously tested. All children under age six living in high-risk areas should be tested at the same intervals as listed above.						
<input type="checkbox"/>	<input type="checkbox"/>	BLOOD LEAD LEVEL	Level _____ ug/dl										
		Date: / /											

Examinations and/or Inspections

Essential Findings Deviating from Normal:	
	Exam Date: / /

SECTION III - IMMUNIZATIONS					
Statements such as "UP-TO-DATE" or "COMPLETE" will not be accepted. Admission to school may be denied on the basis of this information.*					
VACCINES (Circle Type)	DATE ADMINISTERED MM/DD/YYYY		VACCINES (Circle Type)	DATE ADMINISTERED MM/DD/YYYY	
Hepatitis B (HepB)	1	3	Hepatitis A (HepA)	1	2
	2				
DTaP/DTP/DT/Td	1	4	Influenza (IIV/LAIV)	1	3
	2	5		2	4
	3	6	Meningococcal (MCV4 / MPSV4)	1	2
Tdap	1		Human Papillomavirus (HPV9/HPV4/HPV2)	1	3
Haemophilus Influenzae type b (HIB)	1	3		2	
	2	4	OTHER Vaccines Specify Date & Type	Type of Vaccine(s)	Date of Vaccine(s)
Polio (IPV/OPV)	1	3		1	
	2	4		2	
Pneumococcal Conjugate (PCV7/PCV13)	1	3		3	
	2	4	Indicate and attach physician diagnosis or laboratory evidence of immunity as applicable		
Rotavirus (RV1/RV5)	1	3	*NOTE: According to Public Act 368 of 1978, any child enrolling in a Michigan school for the first time must be adequately immunized, vision tested and hearing tested. Exemptions to these requirements are granted for medical, religious and other objections, provided that the waiver forms are properly prepared, signed and delivered to school administrators. Forms for these exemptions are available at your provider office for medical waiver forms and through your local health department for nonmedical waiver forms.		
	2				
Measles, Mumps, Rubella (MMR)	1	2	Parent/Guardian refused immunizations: <input type="checkbox"/>		
Varicella (Chickenpox)	1	2			
History of Chickenpox Disease? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, date: _____					
I certify that the immunization dates are true to the best of my knowledge					
_____ Health Professional's Signature			_____ Title		_____ Date

		SECTION IV - RECOMMENDATIONS (Required for Child Care and Head Start/Early Head Start)	
No	Yes	Is there any defect of vision, hearing or other condition for which the school could help by seating or other actions? If yes, please explain:	
<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/>	<input type="checkbox"/>	Should the child's activity be restricted because of any physical defect or illness? If yes, check and explain degree of restriction(s): <input type="checkbox"/> Classroom <input type="checkbox"/> Playground <input type="checkbox"/> Gymnasium <input type="checkbox"/> Swimming Pool <input type="checkbox"/> Competitive Sports <input type="checkbox"/> Other	
Other Recommendations			

SECTION V - DENTAL EXAMINATION AND RECOMMENDATIONS (OPTIONAL)	
I have examined _____'s teeth. As a result of this examination, my recommendation for treatment is: _____	
child's name	
_____ Dentist's Signature	_____ Date

PHYSICIAN'S SIGNATURE			
_____ Examiner's Signature	_____ Date	_____ Examiner's Name (Print or Type)	_____ Degree or License
_____ Number & Street	_____ City	_____ MI	_____ ZIP Code
_____ Telephone			

Information required for:

Early On - Hearing and Vision Status; Diagnosis; Health Status

Child Care Licensing - Physical Exam, Restrictions, Immunizations

Head Start/Early Head Start - Determination that child is up-to-date on a schedule of age-appropriate preventive and primary health care, including medical, dental, and mental health. The schedule must incorporate the well-child care visit required by EPSDT and the latest immunizations schedule recommended by the Centers for Disease Control and Prevention, State, tribal, and local authorities. An EPSDT well-child exam includes height, weight, and blood tests for anemia at regular intervals based on age.

Developed in Cooperation with the Department of Health and Human Services, Education, Michigan American Association of Pediatrics, Early Childhood Investment Corporation, Child Care Licensing, Head Start, Michigan State Medical Society, Michigan Association of Osteopathic Physicians and Surgeons.

CHILD INFORMATION RECORD

State of Michigan - Department of Licensing and Regulatory Affairs - Child Care Licensing

Instructions: Unless otherwise indicated, all requested information must be provided. If the information is not known or does not apply, "unknown" or "none" is the required response. A blank field, a line through a field or "N/A" are not acceptable responses.

For Provider Use Only:		Date of Admission		Date of Discharge	
Name of Child (Last, First, Middle Initial)					Child's Date of Birth
Address (Number and Street, Building/Apartment Number)			City	State	Zip Code
Parent/Legal Guardian's Name		Home Phone ()	Parent/Legal Guardian's Name (Optional)		Home Phone ()
Home Address (if not child's address)		Cell Phone ()	Home Address (if not child's address)		Cell Phone ()
City	State	Zip Code	City	State	Zip Code
Email Address (optional)			Email Address		
Employer Name		Work Phone ()	Employer Name		Work Phone ()
Name of Child's Physician or Health Clinic			Physician's or Health Clinic's Phone Number ()		
Hospital Preferred for Emergency Treatment (optional)					
Allergies, Special Needs and Special Instructions (Attach additional sheets, if necessary.)					

BCAL-3731 (Rev. 7-18) Previous edition 6-17 may be used.

See Reverse Side

Emergency Contact & Release of Child: List all individuals, including parents/legal guardians, in order of preference, to be contacted in an emergency. If possible, include at least one person other than the parents/legal guardians to be contacted in an emergency and to whom the child can be released. The second phone number column can be left blank. (If more individuals, attach additional sheets.)					
1.		()		()	
2.		()		()	
3.		()		()	
Release of Child Only: List all individuals, other than the parents/legal guardians, to whom the child may be released. (If more individuals, attach additional sheets.)					
1.	()	2.	()		
3.	()	4.	()		

Parent/Legal Guardian Initials: _____ I give permission to _____, licensed by the Department of Licensing and Regulatory Affairs to secure emergency medical treatment for the above named minor child while in care.	
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I certify that I accurately completed this form and if anything changes, I will notify the provider by updating this form.	
Signature of Parent or Guardian	Date Signed

Date Card Reviewed	Parent or Legal Guardian Initials	Date Card Reviewed	Parent or Legal Guardian Initials	Date Card Reviewed	Parent or Legal Guardian Initials	Date Card Reviewed	Parent or Legal Guardian Initials
LARA is an equal opportunity employer/program.						AUTHORITY: 1973 PA 116 COMPLETION: Required PENALTY: Rule Violation Citation.	

BCAL-3731 (Rev. 7-18) Previous edition 6-17 may be used.

PARENT NOTIFICATION OF THE LICENSING NOTEBOOK

Child Care Organizations Act, 1973 Public Act 116

Michigan Department of Licensing and Regulatory Affairs

Child Care Licensing Bureau

CENTER MUST CHECK ONE

☒ The center keeps a licensing notebook containing a summary sheet, all licensing inspections and special investigations, and related corrective action plans for the last 5 years. The licensing notebook is available to parents/guardians during regular business hours. Reports from at least the past three years are available at www.michigan.gov/michildcare.

☐ The center does not keep a licensing notebook, but internet is available onsite. Reports from at least the last three years are available at www.michigan.gov/michildcare.

I have read the above statement issued by _____

Name of Child Care Center

Child(ren)'s Name(s):	
--------------------------	--

Parent Name _____

Parent Signature _____ Date _____

LARA is an equal opportunity employer/program.

WRITTEN INFORMATION PACKET DOCUMENTATION

Michigan Department of Licensing and Regulatory Affairs
Child Care Licensing Bureau

Child(ren)'s Name(s) (Last, First)	Facility's Name and License Number New Era Christian Preschool DC640017269
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A written information packet has been provided at the time of enrollment. The packet included all the following information (R 400.8146 (1-2)):

- Criteria for admission and withdrawal.
- Schedule of operation, denoting hours, days, and holidays during which the center is open, and services are provided.
- Fee policy.
- Discipline policy.
- Food service program.
- Program philosophy.
- Typical daily routine.
- Parent notification plan for accidents, injuries, incidents, and illnesses.
- Transportation policy, if applicable.
- Medication policy.
- Exclusion policy for child illnesses.
- Notice of the availability of the center's licensing notebook. (CENTER MUST CHECK ONE)
 - ☒ The center keeps a licensing notebook containing a summary sheet, all licensing inspections and special investigation reports, and related corrective action plans for the last 5 years. The licensing notebook is available to parents/guardians during regular business hours. Reports from at least the past three years are available at www.michigan.gov/michildcare.
 - ☐ The center does not keep a licensing notebook, but internet is available onsite. Reports from at least the last three years are available at www.michigan.gov/michildcare.
- Other _____

I certify that I received all of the above items.

Parent/Guardian Signature

Date

Note: A single CCL-4340 form may be used for all children in the same family.

LARA is an equal opportunity employer/program.



Volunteers are a vital part of our preschool program at New Era Christian School. For the safety of our children as well as being required by the State of Michigan, our volunteers agree to go through a criminal background check through a system called ICHAT. Volunteers must also be checked through the Public Sex Offender Registry.

Please complete both sections to provide us with the necessary information.

_____I give New Era Christian School permission to submit my information for a criminal background check through ICHAT.

- Full legal name_____
- Date of birth_____

_____I do not give New Era Christian School permission to submit my information for a criminal background check through ICHAT. By selecting NO I will not be allowed to volunteer in the preschool classroom.

Have you ever been convicted of any civil or criminal offense other than a minor traffic violation? _____ Yes _____No

Have you ever been involved in a substantiated case of abuse or neglect of children or adults with any local Family Independence Agency (Social Services) or other similar agency?
_____ Yes _____No

If you answered yes to either question above, please explain.

- I understand that abuse and neglect of children is against the law.
- I have been informed of the Center's policies on child abuse & neglect.
- I understand that caregivers are mandated by law to report suspected abuse and neglect of children.

Signature

Date



NECS Field Trip Permission Slip

I give permission for my child to participate in field trips planned and organized by New Era Christian Preschool. I also give permission for my child to be transported in a vehicle to and from the destination.

I give permission for my child to do unplanned or spontaneous walking trips in the neighborhood. The teacher will contact parents if a learning opportunity arises.

Parent Signature _____ Date _____

Printed Name _____

Child's Name _____



Preschool Handbook



1901 Oak Avenue * New Era, MI 49446 * 231-861-5450 * NewEraChristian.org

Dear Preschool Families,

We understand making the decision for your child's education is very important. Thank you for choosing New Era Christian School. We are blessed and honored. Our goal is to partner with you in the education and development of your child. **We believe in growing students into the person God is calling them to be.**

Please take time to read this Handbook as it has important information about our expectations at NECS. Our teaching is evident in our structured curriculum, and without guidelines we would not be able to accomplish our goal of giving your child the best Christian education possible.

If you have any questions, please contact your child's teacher directly. We pray that your experience at NECS is fruitful and one of a lifetime.

Thank you,

Jeannie Skoglund

Preschool Director/Teacher

Christian Goals

Our children are given the opportunity to develop a personal relationship with God. The children will be taught stories from the Bible about God's plan for His people and about the miracles He performed. We will celebrate how much God loves us and how unique and wonderful He made us.

Academic Goals and Philosophy

Our academic goal for each child is to achieve excellence and success through the development of his or her self-esteem, beginning with the tools of a balanced literacy program and a positive learning environment. We will challenge each child to his or her highest potential in all subject areas.

We believe in a play-based program in which children are encouraged to be thinkers and to make individual decisions. Our learning environment supports purposeful play and outdoor education.

Qualifications for Preschool

Three-year-old Preschool - Children must be three by September 1. They must be fully toilet trained and able to use the bathroom independently.

Four- Year-Old Preschool - Children must be four by September 1.

Admission and Withdrawal Policies

Admission Policy- Parents may enroll their child in our preschool programs by calling the school office and requesting information, a tour and meeting with the principal or preschool director. A preschool packet that includes all necessary forms that need to be filled out will be given to parents. Parents may also enroll their child in preschool at New Era Christian Schools Early Childhood Information Night.

Withdrawal Policy- In the event that a child needs to leave New Era Christian Schools preschool program an exit interview will be conducted with the principal, preschool director, and the parents. New Era Christian School strives to provide a quality preschool program for all children and the happiness and well being of our families is very important to us. The purpose of the exit interview is to determine the reason for the withdrawal from the program. Parents will notify the preschool director or principal when withdrawing their child from the preschool program.

Tuition Payment Options

A \$200 deposit is required at the time of registration. The remaining tuition balance can be paid by choosing one of the following options:

Option 1 – Pay \$775 for the 3-year-old program or \$2,605 for the 4-year-old program by September 1.

Option 2 – Automatic Payments: *3-year-old program* - \$96.88 withdrawn from my bank account from September through April. *4-year-old program* - \$325.63 withdrawn from my bank account from September through April.

Required Documentation by State Law

* All documentation must be completed and turned in by the first day of preschool. Your child will not be able to start preschool until all documentation is on file.

1. Birth Certificate
2. Child Information Card
3. Health Appraisal Form
4. Immunization Record

Beginning and Ending of School

School starts at 8:25 a.m. Please do not drop students off before 8:20 without special arrangements. The teacher will open the door at this time to signal the start of preschool. Students may ride the bus to school; however, all 3-yr-old students are to be picked up at school at 11:30 a.m. The 4-yr-olds will dismiss at 3:00 and may ride the bus home.

Preschool follows New Era Christian School's calendar for all holidays and breaks.

Student Behavior

Preschool children will be taught, and held accountable for school appropriate behavior. This approach is designed to promote the development of self-directed, self-controlled, socially acceptable behavior. This is accomplished through sensitivity, consistency, firmness, fairness, and follow-through.

The following behaviors will be corrected in the classroom:

1. Disrupting the program and student learning.
2. Endangering the health and safety of children and/or staff.
3. Continuous refusal to follow acceptable rules.
4. The use of filthy language.
5. Leaving the classroom without permission.
6. Theft or damage to school or private property.

Corrections will be followed through in the following ways:

1. Encourage positive behavior by continuous reinforcement
2. Alternative behavior will be discussed with the child
3. If behavior continues, the child will be instructed to have time to think about what was asked of them in the calming area.
4. Time out in office
5. A phone call to parents
6. If the problem is not resolved, the preschool director will consult the principal to consider the possibility of removing the child from the program.

Health Care

Plan For Notifying Parents of an Illness, Accident, Injury, or Incident

Illness:

- The preschool director/teacher will watch for signs of illness while the child is in preschool such as fever, sore throat, pink eye, diarrhea, and abnormal behaviors that would suggest illness.
- The preschool director/teacher will text or call the parents regarding how their child is feeling and acting.
- The child will be taken to the office to wait for the parent(s) to come and pick up the child from preschool.
- Items and facilities used by an ill child or adult shall not be used by any other person until washed, rinsed, and sanitized.
- If the center becomes aware that a staff member, volunteer, or child in care has contracted a communicable disease, then the center shall notify parents of the following: the name of the communicable disease and the symptoms of the disease.
- A child who has a fever may not return to the center until the child has been fever free for 24 hours without medication.
- A child who has had a cold, cough, or stomach bug may return to the center when the illness is no longer contagious. With a cold or cough, parents will make sure the child is able to function normally and the cold or cough does not hinder the child from performing the activities of the day. With a stomach bug, parents will make sure the child is eating and drinking normally before returning to the center.
- If a child is not acting like themselves it is best to err on the side of caution and keep them home.
- All staff members will abide by these guidelines.

Accident/Injury:

- The staff is trained and certified in First Aid and CPR.
- If a child sustains an injury, the appropriate first aid will be administered immediately.
- A parent will be notified by text, phone call, or in person with information about the accident or injury.
- If it is determined that a physician's care is needed, the parents will be notified and the emergency contact information will be followed.
- If emergency contacts are not available, the child will be taken by ambulance to the nearest hospital for treatment.

***NECS is not responsible for the payment of medical fees for expenses incurred. It is the parent's responsibility.**

Incident:

- In the event of an incident at the center the parents will be notified by text, phone call, or in person about what happened.
- An incident would be classified as a problem with another child in the room, a child lost or left unsupervised, an incident involving an allegation of inappropriate contact, a death of a child in care, a fire, an evacuation of the center.
- A center shall make a verbal report to DHS within 24 hours of notification by a parent that a child received medical treatment or was hospitalized for an injury, accident or medical condition that occurred while the child was in care.
- A center shall submit a written report to DHS of the occurrences.
- A center shall keep a copy of the report on file.

Sanitizing:

Children, helpers, and teachers are required to wash their hands after every use of the restroom and before serving or eating a snack. Hand washing should be done after blowing a child's nose and after the use of rubber gloves in an accident.

Tables are to be washed before and after snack.

Toys that have been contaminated with bodily fluids must be washed immediately.

Medication:

Medication may not be given without written permission from a parent. Prescription medication must be in the pharmacy labeled container and kept in the office.

Food Service:

The children do not participate in a food service program. They will participate in a class snack provided by the parents. The 4-yr-old full-day students will bring a packed lunch from home with an ice pack. The teacher will place date stickers on the lunchboxes daily.

Class Snack:

Each child will be assigned a day to bring a snack for the class. Your teacher will send you a note to let you know when it is your day to bring the snack. Please notify your child's teacher if they have food allergies.

Parent Helper

Parents are always welcome in our room. Please check with the teacher first so a date and time can be set up that works for both parties.

Here are some activities in which help is welcomed: sitting with the children on the rug during circle time, helping with art projects, playing at centers, reading to children, helping with snack and cleanup, getting the children ready to go outside, and getting backpacks

packed. If you have a hobby, talent, collection, or occupation that you would like to share with our class, please let me know. We are interested in everything.

Student Information

You will need to provide the following items:

1. A backpack
2. An extra set of clothes in case of an accident
3. Inside and outside shoes, everyday. Inside shoes may stay at school.
(Rubber rain boots are great for outdoor play.)

Transportation Information

Students will be brought to school by parents/caregivers. If a child will be riding the school bus, the parent must request and complete paperwork from the office.

PRESCHOOL SCHEDULES

Daily Schedule for 3- Year-Old Preschool

Meets on Tuesday and Thursday

*Please wait outside until the doors open.

8:20-Doors open, greet the teacher, take care of backpacks and belongings

8:25-Class begins

8:25-8:45-Morning Activities: Name tracing and other fine motor activities

8:45-9:00-Opening prayer, devotions, praise and worship songs

Listen to stories from the Bible, sing praises to God and learn about how important it is to pray to God daily.

9:00-9:20-*Circle Time*

Learning in the following areas is reinforced during Circle Time:

- Shared Reading-Read books related to the theme or the letter of the week. Work on Concepts of Print and Reading Comprehension strategies.
- Letter song/Letter Game-We will cover one new letter a week. Children will learn the letters of the alphabet in Zoo Phonics order which is based on how the letter is formed or how the sound is spoken. We will focus on lowercase and uppercase letters, with a strong emphasis on the lowercase letters.

9:20-9:30-Bathroom break

9:30-9:45-*Literacy Activities*-painting letters, playdough letters, stamping letters, cutting practice, looking at books

9:45-Clean Up and get ready for outside

9:50-10:00-***Outdoor Education***

- Phonological Awareness Skills-work on rhyming, syllables, beginning sounds, nursery rhymes, and movement songs.
- Lifeskill stories (rules, respect, kindness, sharing etc.), Science, and Social Studies informational books

10:00-10:20-Outdoor Education exploration, play, recess

10:25-10:30-Clean & Wash Hands

10:30-10:40-Snack Time

10:40-11:10-Learn through Play Centers

11:10-11:25-***Math***

- Calendar Activities: Put up the date, work with patterns, counting skills, weather, and days of the week.
- Math Focus: Practice counting, number recognition one-to-one correspondence, geometry, graphing, sorting, and patterns

11:25-11:30-Daily Draw and Pack up to go home

11:30-Dismissal-Parents pick up children at the outside door.

Daily Schedule for 4- Year-Old Preschool

Meets on Monday, Wednesday and Friday

*Please wait outside until the doors open.

8:20-Doors open, greet the teacher, take care of backpacks and belongings

8:25-Class begins

8:25-8:45-Morning Activities: Name tracing and other fine motor activities

8:45-9:00-Opening prayer, devotions, praise and worship songs

Listen to stories from the Bible, sing praises to God and learn about how important it is to pray to God daily.

9:00-9:20-***Circle Time***

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- Math Focus: Practice counting, number recognition one-to-one correspondence, geometry, graphing, sorting, and patterns

11:30-12:00-Bathroom, Wash hands, Lunch in the room.

12:00-1:00-Rest time/Quiet activities

1:00-1:15-Interactive Read Aloud

Students will be actively engaged in the read aloud.

1:15-1:35-*Writing Workshop*

Teacher will model a writing lesson. Students will have "think time", then orally tell their story to a partner. Eventually students will write their stories on paper.

Students will do writing skill tracing sheets and book boxes if they finish early.

1:40-2:20-*Outdoor Education/Exploration/Recess*

- Encourage STEM activities that are related to science, technology, engineering, and math. These are great thinking activities for children to participate in!
- Discover and explore God's world through Science and Social Studies. Children will take part in a variety of hands-on activities and be actively engaged in the learning process.

2:25-2:45-*Math Workshop*

Students will participate in a variety of math activities at various learning levels.

2:45-3:00-Clean Up/Daily Draw/Pack Up to go home

3:00-Dismissal