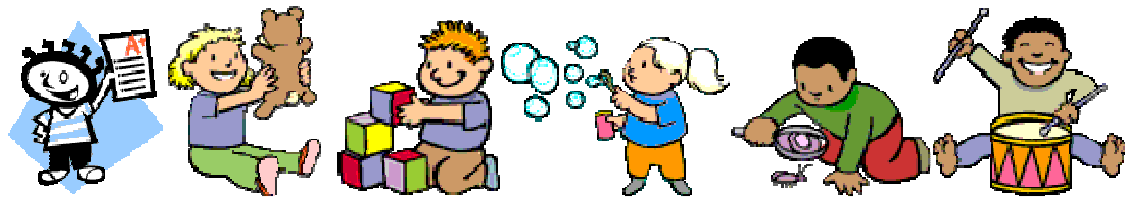


# Discovery Time Preschool



## Preschool Supply List

(This list may change prior to school starting, please check with teacher before September.)

\$25 Supply fee ( This includes a subscription to a Clifford magazine for the year)

1 box tissues

1 backpack

1 extra set of clothes to keep in their backpack (for those just in case situations)

**Please remember their immunization record, birth certificate and completed packet. If your child was a student at Discovery Time Preschool last year we will need a current shot record, health exam, and Emergency Medical Authorizations. Your child's birth certificate is on file.**

## Policies and Procedures

### **1. Philosophy and Purpose**

Discovery Time Preschool strives to meet the developmental needs of the whole child, with emphasis, physical and cognitive needs of each child. The children are encouraged in self help, initiative development and respect for the rights of others. Our main goal is to provide a safe, nurturing environment where children can actively explore the use of manipulative and materials, following all areas of the developmentally appropriate of the national requirements.

### **2. Eligibility**

The Colorado State Department of Health (childcare division) licenses Discovery Time Preschool. We accept children without regard to race, religion, sex, national origin, or handicap.

### **3. Civil Rights**

Decisions related to the enrollment, placement, or dismissal of a child with a disability or chronic condition must comply with the Americans with disability act. The facility must provide reasonable accommodations for the child with a disability that has special needs. A lack of independent ambulation or the need for assistance in feeding, toileting, dressing or other areas of self care cannot be used as sole criteria for enrollment, denial of placement efforts must be made to accommodate the child's needs and to integrate the child with his/her peers who do not have disabilities.

### **4. Opening and /Closing**

Our hours of operations are 8:15am – 11:00am for morning preschool, 12:15pm – 3:00pm for afternoon preschool.

### **5. Vacations and Holidays**

Our preschool follows the regular Strasburg School calendar. A copy of this calendar will be sent home when available.

### **6. Weather Conditions**

Preschool observes the Strasburg Schools decision on whether we are open due to inclement weather. If the Strasburg School closes because of the weather WE WILL BE CLOSED, the only exception to this would be uncontrollable natures of the Strasburg Metro Parks and Recreation District. Our DAYCARE stays open as long as I-70 is open unless you are contacted by staff to tell you otherwise.. If we have to close for any other reason the director or administrator will contact you personally.

In the case of excessively hot or cold weather, we have the right to stay inside. If there is a need for sunscreen we will help your child apply with a signed permission slip.

## **7. Registration**

Your child will be considered enrolled when all paper work is complete and is in his/her file. Physical exams may be turned in within the first 30 days of attending. All other forms must be returned to the school on your child's first day of attendance.

## **8. Fee Schedule**

The fee schedule varies from class to class and situation to situation. We charge a flat rate per month for preschool. Tuition is due at the beginning of each month. See Fee Schedule and Charges.

## **9. Sign In and Out**

The sign in and out procedures are as follows: The sign-in sheet is located by the door in each class. Please sign your child's name, time of drop off and your name. At the end of each class/day, sign your child out on the same sheet. This procedure allows us to know exactly which children are at the preschool and who picks each child up.

## **10. Discipline**

Redirection and time out are a use of discipline and shall be brief. Redirection will be used as the first choice; if time out is required it will be no more than one minute per age of the child. If time out is used, the child shall be in sight of an adult at all times, and then talked to by the adult in charge about the actions that put them in time out before they return to the group. For repeated offenses of a serious nature, the director/teacher will discuss with the parents what actions will need to be taken to ensure the safety of all children. This may include contacting the parents to pick up their child immediately.

No employees shall use corporal punishment, including but not limited to pinching, spanking, punching, shaking, rough handling, hair pulling, or any humiliating or frightening method of discipline to control any child. Punishment shall not be associated with food, rest, or toilet training. Children shall not be subject to threats. Any timeouts will be in sight and hearing of an adult. Verbal abuse or derogatory remarks about a child, his/her family, race, religion, or cultural background shall not be permitted.

## **11. Emergencies**

If a child is injured while at preschool, the following action will be taken: if the injury only requires lots of TLC, we will give lots of TLC, ice and a band-aid if needed. We will then write out an accident report and give a copy to the parents at the time of pick-up. If the injury requires more attention, we will do what is needed at the time and then call parents, and if necessary, we will contact the physician or medical facility as instructed on the emergency card.

If the child becomes ill while at preschool/daycare we will contact parents to pick up the child. The child will be isolated and comfortably cared for and supervised until they can be taken home or suitably cared for somewhere else. One staff member will be trained in CPR and First Aid and available during all hours of operation.

All emergency numbers will be posted by the telephone. Personal vehicles will be available to provide emergency transportation.

In case of a fire, the preschool/daycare will line up at a door single file. Staff will check all rooms including bathrooms, closing doors as they do. Staff will lead children into a designated area until it is safe to reenter the building.

Staff and children will practice tornado drills, which were adopted by the Board of Directors. Staff and children will sit on the floor away from the windows during tornado alerts.

In case of a lost child, staff will do the following: find out where the child was last seen and then start a search for the child. In case of only one staff member present, the remaining children are to be taken with the staff member to look for the lost child. If the child is not immediately found the parents and sheriff's department will be contacted.

## **12. Transportation**

Our preschool does not provide transportation to or from preschool. When we plan a field trip, if bussing is available the child must be 4 years old to ride, we will provide extra seats for the transportation of children with preschool parents and or the director, who will be driving their own personal vehicles. When the children are riding with these approved vehicles, they will be seat belted in a child seat and have an adult present at all times. Written permission from the parents/guardians must be provided to the preschool for us to allow each child to ride in these vehicles. In addition, we will ask the parents that will be transporting children for proof of automobile insurance. You will be required to leave care seats if your child requires them. When available, we will use a bus from Strasburg Schools.

## **13. Television and Video Viewing**

There are a few occasions throughout the year that we may watch a video or television program. These programs will be strictly viewable by children. We do not view video/TV on a regular basis; these occasions may be during special events or themes that coincide with a video/TV program available at the time. A permission slip is included with this handbook for you to sign so your child can view these video/TV programs.

## **14. Release of Children**

Children will only be released to persons authorized to pick up your child. Written authorization of pick up is stated in this handbook and on the emergency card. Verbal authorization may be used when the parent authorizes. When verbal authorization is used, the staff member must know that the person is authorized and be known by the staff present to pick up child or they will need to show a picture ID at pick up time. The sheriff's office will be notified if any individual attempts to remove a child from preschool without permission.

## **15. Kidnapping or Other**

In case of a threatening situation, the child will not be released, and the authorities will be notified immediately. This procedure will be used so that the staff and other children will not be put in any danger.

## **16. Late Pick-ups or Late Arrivals**

In the event that the preschool closes before regular scheduled time: you will be notified immediately. If your child is not picked up after fifteen minutes, the parent will be charged \$1.00 for every minute after that. If you are running late, please call 303-622-4260.

After every attempt is made to contact the parents or authorized persons, the sheriff's office will be contacted and the child will be turned over to them.

Late Arrivals for Special Events: In the event that a child arrives late to an activity, every attempt will be made to contact the parents first before we leave. If we cannot contact them, we will assume that they are not going. If we have already left, the parents will be responsible for the care of their children. If we are in reaching distance, the child can be brought to us. Parents are encouraged to call to let us know if they are not coming.

## **17. Medication**

Although it is not recommended medication be brought to the preschool/daycare for us to give out, these steps will be followed in case medication needs to be given. Medication will be given only with a written consent from the doctor and the parent or guardian for any prescription or over the counter medications. Medication will be kept in the original container with the pharmacy label showing prescription number, name of medication, date filled, physicians name, child's name and directions for dosage. Records will be kept with each medication given. All medications shall be kept in a storage area inaccessible to the children and they shall never come in contact with food. Enclosed is the needed form, there must be a form for each medication.

## **18. Personal Belongings**

Children must leave all toys and other objects at home except on their specified show and tell days. This will be on your child's snack day for the preschool class. If a child brings things from home when it is not their designated day this can cause a disruption and hurt feelings of other children. The preschool is not responsible for any lost, stolen or broken items. There is a show and tell schedule on the parent board to display your child's day. Children may bring their comfort items for nap time, but it will only be allowed at nap time.

## **19. Snacks**

We all share in bringing snacks for preschool. Please verify the number of students with the director/teacher. We will provide juice or milk.

## **20. Toilet Training**

It is recommended that each child be toilet trained in order to attend preschool. If there is an incident where a child needs to be changed, a box with the essential items are kept in the preschool/daycare rooms. We will take the child to the bathroom to be changed unless there is only one staff member on duty, then the child will be changed in the room, in an out of view area away from the other children.

## **21. Hygiene**

The staff shall make provisions for the child's personal hygiene, including washing hands under warm water, with soap, before snack time and after using the restroom. Staff shall wash hands after using toilet facilities, before food preparation and handling. Food waste will be disposed of in a covered waste container. All personal hygiene articles such as combs, hairbrushes, toothbrushes, etc. must be labeled with the child's name and kept in sanitary conditions.

## **22. Leaving the Room**

Children are only allowed to leave the room when they ask to go to the bathroom or get a drink. No child is allowed to go outside the building without proper supervision by the staff or parents.

## **23. Visitors**

All visitors will sign a visitors log located by the sign in, sign out sheets. If the staff does not know the visitors, picture ID will be required. The visitor's log includes the following information: name, date, address and reason for their visit.

## **24. Parent Teacher Conferences**

Parent Teacher Conferences will be held twice a year, fall and spring. If the need arises to have extra conferences, the director will set a conference with the parents at their convenience.

## **25. Filing a Complaint**

Any parent who has a complaint about the preschool should go through the proper channels. It is recommended that the parent contact the director first to try and solve the problem. If this doesn't satisfy the parents filing the complaint, please contact: The Colorado Department of Human Services; Division of Childcare 1575 Sherman Street Denver, CO 80203-1714 or call: (303) 866-5958 1-800-799-5876.

## **26. Child Abuse**

If you or any staff member has a reasonable cause to know or suspect that a child has been subject to abuse or neglect shall immediately make a report of such fact to the Colorado Department of Human Services-Division of Childcare or the local law enforcement agency. Please contact: District Manager or: Adams County Dept. of Social Services, Child Protection Unit 303-412-8121 or 303-412-5212 after 4:30pm and on weekends.

## **Records**

A record will be kept of each child that will include the date of enrollment and the date of withdrawal. A two week notice is required to withdraw a child from the preschool. Or full payment is required for this time. Also there will be a file kept on each child that includes all the information that pertains to the child for a period of three years.

**Discovery Time Preschool  
Fee Schedule and Charges**

**Preschool Rates**

M-TH class for Strasburg residents: \$90.00 per month

M-TH class for non-Strasburg residents: \$95.00 per month

M/W - T/TH class for Strasburg resident: \$60.00 per month

M/W - T/TH class for non-Strasburg residents: \$65.00 per month

**\*Note: Tuition will be pro-rated for the month of August only. It will not be lowered due to short months, vacation breaks, or school closures.**

**REMINDER:**

Preschool will follow the Strasburg School Calendar.

*If Strasburg School closes due to inclement weather conditions, preschool will also be closed.*

## Discovery Time Preschool

### Financial Agreement

Your child, \_\_\_\_\_, is now formally enrolled in the Discovery Time Preschool. The tuition for the program we have agreed upon is currently \$\_\_\_\_\_per month. The program for your child that we agree on is as follows:

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Tuition is due on the **first day** of each month for preschool. Accounts must be kept current to ensure your child's guaranteed spot in the program. Accounts one month (preschool) past due will result in immediate dis-enrollment, unless otherwise discussed with the director/administrator. If there are any special circumstances to this deadline that may require immediate attention, please let the director know as soon as possible, so exceptions can be made.

Because the expense of preschool and continue regardless of attendance, you will be charged the full rate. No refunds or make-up days are given. *This means that if your child is ill, absent, on vacation or unable to attend for any reason, you are required to pay their full tuition.*

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Parent's signature

## Agreement for Services

I (we) have read and fully understand the policies and procedures for Discovery Time Preschool and agree with the conditions stated.

My child's date of enrollment is \_\_\_\_\_

\_\_\_\_\_

Parent' Signature

Date

\_\_\_\_\_

Parent's Signature

Date

### Emergency Medical Procedures

I understand that in the case of an emergency, every effort will be made to contact me first; however, if I am unable to be contacted soon enough, the following actions will be followed.

I hereby authorize the preschool/daycare to take the appropriate actions needed in case of an emergency.

### Preference of Emergency Hospital

Please Circle One

**Children's Hospital**

**Medical Center of Aurora**

**Other** \_\_\_\_\_

**1056 E. 19<sup>th</sup> Avenue B215**

**1501 S. Potomac St.**

**Address** \_\_\_\_\_

**Denver, CO 80218**

**Aurora, CO 80012**

\_\_\_\_\_

**(303) 861-8888**

**(303)695-2600**

**Phone** \_\_\_\_\_

**Authorized people to pick up child, not on emergency contact form and other than parents.**

Name \_\_\_\_\_ Address \_\_\_\_\_

Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Name \_\_\_\_\_ Address \_\_\_\_\_

Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Name \_\_\_\_\_ Address \_\_\_\_\_

Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Name \_\_\_\_\_ Address \_\_\_\_\_

Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

**People NOT Authorized to pick up children**

Name \_\_\_\_\_

Name \_\_\_\_\_

## Health Assessment

To help us know and to meet the needs of your child, please answer the following questions. Some of this information will help us determine community needs and to secure state education funding. If you have any questions or concerns about this, please talk to the director.

1. Is the immunization record complete? Yes\_\_ No\_\_

2. Was there anything unusual about your pregnancy or birth? Yes \_\_ No\_\_

Fever \_\_\_\_\_

Bleeding \_\_\_\_\_

Illness \_\_\_\_\_

Morning Sickness \_\_\_\_\_

Swelling \_\_\_\_\_

High Blood Pressure \_\_\_\_\_

3. Were any of the following substances used by the mother during pregnancy?

Alcohol \_\_\_\_\_

Tobacco \_\_\_\_\_

Street Drugs \_\_\_\_\_

4. Age of mother at birth of child:\_\_\_\_\_

5. Birth Weight: \_\_\_lbs \_\_\_oz

6. Was the child born at full term? Yes \_\_ No\_\_

7. Did the child require any special medical care or hospitalization at birth or during the first month of life? Yes \_\_ No \_\_

8. Indicate if the child had any of the following conditions immediately after birth:

Difficulty breathing      \_\_\_

Incubation                      \_\_\_

Jaundice                        \_\_\_

Seizures                        \_\_\_

Other                              \_\_\_

Please explain

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9. Was there anything unusual with the child's early development: (crawling, walking, talking) Yes \_\_\_ No \_\_\_

If yes explain

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10. Has the child ever had a serious accident? Head injury?    Yes \_\_\_ No \_\_\_

If yes explain

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11. Has the child ever been hospitalized other than directly after birth?

Yes \_\_\_ No \_\_\_    If yes explain \_\_\_\_\_

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12. Has your child ever been evaluated for special needs?    Yes \_\_\_ No \_\_\_

If yes, where? \_\_\_\_\_

What type of evaluation? \_\_\_\_\_

Results? \_\_\_\_\_

13. Does the child have any of the following?

Hay Fever      \_\_\_      Tonsillitis      \_\_\_      High Fevers      \_\_\_  
Allergies      \_\_\_      Chicken Pox      \_\_\_      Strep      \_\_\_  
Asthma      \_\_\_      Ear Infections      \_\_\_      Urinary Infections \_\_\_  
Upper Respiratory infections \_\_\_      Headaches      \_\_\_  
Lack of Bladder Control \_\_\_      Nose Bleeds\_\_\_      Heart Conditions\_\_\_  
Nightmares \_\_\_      Skin Conditions\_\_\_

If you answered yes to any of the above, please explain.

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14. Is there anything unusual with your child's sleeping habits? Yes \_\_\_ No \_\_\_

15. Is there anything unusual with your child's sleeping habits? Yes \_\_\_ No \_\_\_

16. Does the child nap during the day? Yes \_\_\_ No \_\_\_

17. Has the child ever been diagnosed as hyperactive? Yes \_\_\_ No \_\_\_

18. Do you have concerns about your child's behavior? Yes\_\_\_ No\_\_

If yes explain \_\_\_\_\_

19. Does the child separate easily? Yes \_\_\_ No \_\_\_

20. Does the child have a speech problem? Yes\_\_\_ No\_\_

If yes explain

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21. Does the child have a vision problem or do you suspect a vision problem?

Yes \_\_\_ No \_\_\_

If yes explain \_\_\_\_\_

22. Does the child have a hearing problem or do you suspect one?

Yes \_\_\_ No \_\_\_

If yes explain

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23. Is the child presently on medication?

Yes \_\_\_ No \_\_\_

If yes, for what, how often, and will it have to be administered at school?

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24. Is the child presently under a dentist's care other than routine exams?

Yes \_\_\_ No \_\_\_

If yes explain

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25. Is the child presently under a doctor's care for specific health concerns?

Yes \_\_\_ No \_\_\_

If yes explain

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26. Are you satisfied with the child's growth and progress?

Yes \_\_\_ No \_\_\_

If no explain \_\_\_\_\_

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27. Tell me three things about the child:

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

28. What are the child's favorite activities?

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29. Please tell us about any concerns or questions you have about the child?

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30. Indicate the behaviors exhibited by the child:

Destructiveness, aggressiveness      —

Thumb or finger sucking              —

Jealousy                                      —

Shyness                                        —

Tantrums                                      —

Lying, stealing                              —

Strong tears                                  —

Inattention                                    —

Over activity                                 —

32. How is the child disciplined?

By mother \_\_\_\_\_

By father \_\_\_\_\_

33. How does the child respond to discipline?

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34. Is there anything else you would like to tell us about the child?

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## Social Family History

Information given by mother\_\_\_\_,father,\_\_\_\_other\_\_\_\_

1. Family relationships      Enter Ages

Mother      \_\_\_\_\_      Brothers      \_\_\_\_\_

Father      \_\_\_\_\_      Sisters      \_\_\_\_\_

Stepmother      \_\_\_\_\_      Stepbrothers      \_\_\_\_\_

Stepfather      \_\_\_\_\_      Stepsisters      \_\_\_\_\_

How many living at present address:

\_\_\_\_\_

Others living in the home:

\_\_\_\_\_

2. Have any birth siblings had learning/behavior/health problems?

Yes \_\_\_ No \_\_\_

Please explain

\_\_\_\_\_

\_\_\_\_\_

3. Employment      Part Time      Full Time

Mother      \_\_\_\_\_      \_\_\_\_\_

Father      \_\_\_\_\_      \_\_\_\_\_

4. Daycare arrangements:

\_\_\_\_\_

5. Residential information:

a. How long have you lived at present address: \_\_\_Years \_\_\_Months

b. Location of last residence: \_\_\_\_\_

c. Number of moves in the last 5 years? \_\_\_\_\_

6. Other changes (hospitalization, separations, therapy, etc.)

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7. Preschool experience      none \_\_\_\_\_    1yr \_\_\_\_    2 yrs \_\_\_\_

Where? \_\_\_\_\_

8. School adjustment concerns/expectations:

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9. Would parents be receptive to help from special services if need is indicated.

Yes \_\_ No \_\_

## Sunscreen Permission Form

The Discovery Time Preschool and Daycare would like your permission to apply sunscreen to your child for all of his/her outdoor activities. The school will supply the sunscreen to your child unless you need to use a specific type. You will then need to supply sunscreen for your child. If you bring in sunscreen please have your child's first and last name on the bottle. Thanks.

I authorize you to apply the sunscreen that the school has supplied on my child. \_\_\_\_\_

I authorize you to apply the sunscreen that I have provided on my child. \_\_\_\_\_

\_\_\_\_\_

Parents signature

\_\_\_\_\_

Date

Please provide application instructions if necessary

\_\_\_\_\_

## **Permission to view video or television**

I hereby give permission for my child,  
\_\_\_\_\_, to view any video or  
television programs deemed appropriate by Discovery Time Preschool. We  
do not view videos or television on a regular basis. We might watch a  
program during special events or themes on occasion.

\_\_\_\_\_  
Parents signature

\_\_\_\_\_  
Date

## **Permission to video or photograph**

On occasion we might video or photograph for special events throughout the  
year. Photos may appear on the bulletin board at school. If your child is in  
the Colorado Preschool Program, these videos/photos may be used to share  
information about the Colorado Preschool Project with legislators, educators  
and other parents.

I do \_\_\_\_\_ do not \_\_\_\_\_ give my permission for my child,  
\_\_\_\_\_, to be photographed/videoed in his/her  
preschool class or activity.

\_\_\_\_\_  
Parent's signature

\_\_\_\_\_  
Date

## **Participation Agreement**

I hereby give my permission for my child,  
\_\_\_\_\_, to use all the play equipment and  
participate in all activities at Discovery Time Preschool.

\_\_\_\_\_  
Parents Signature

\_\_\_\_\_  
Date

## **Walking Permission**

I hereby give my permission for my child to leave the preschool under the  
supervision of staff members for neighborhood walks or activities.

\_\_\_\_\_  
Parent signature

## Child's statement of health status for enrollment in childcare facility

The childcare facility must obtain for every child who enrolls in a childcare program a signed and dated statement of the child's current health status which indicates the child's abilities and/or limitations to participate in a regularly scheduled care program. This report is to be filled out by a licensed physician or other health care professional who has seen the child in the last twelve months.

Name of Facility requesting information: DISCOVERY TIME PRESCHOOL

Type of Facility: PRESCHOOL

Child's Name \_\_\_\_\_ Sex \_\_\_\_ DOB \_\_\_\_\_

Address \_\_\_\_\_

Past Illness: Check those that the child has had and give approximate dates

Chicken Pox \_\_\_\_\_ Measles \_\_\_\_\_ Rubella \_\_\_\_\_ Rheumatic Fever \_\_\_\_\_

Asthma \_\_\_\_\_ Hay Fever \_\_\_\_\_ Diabetes \_\_\_\_\_ Mumps \_\_\_\_\_

Epilepsy \_\_\_\_\_ Whooping Cough \_\_\_\_\_ Poliomyelitis \_\_\_\_\_ Other \_\_\_\_\_

Additional Comments: \_\_\_\_\_

Please list surgeries/accidents/illnesses/chronic health problems:

\_\_\_\_\_

Describe any physical conditions requiring facility's special attention:

\_\_\_\_\_

Medications prescribed: \_\_\_\_\_

Prescribed Route: \_\_\_\_\_

Allergies: \_\_\_\_\_

If Tuberculin test given: Date: \_\_\_\_\_ Results: \_\_\_\_\_

If chest X-Ray given: Date: \_\_\_\_\_ Results: \_\_\_\_\_

Vision \_\_\_\_\_ Hearing \_\_\_\_\_

Please attach a copy of Immunization record to this form.

\_\_\_\_\_  
**Signature of Physician or health care Professional**

\_\_\_\_\_  
Date

Name and Address of Health Care Provider

\_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_



