

## LITTLE FROGS & POLLIWOGS – SCHOOL AGE PROGRAM

**WELCOME TO THE SCHOOL AGE PROGRAM!** This program is run in our Kindergarten room. The center does not provide transportation; Highland Goffes Falls has a bus stop at the foot of our driveway. Once in the center, the children will experience a variety of playtime activities. They will go outside daily, weather permitting, and have lots of centers of interest to choose from. These will include arts and crafts, blocks, puzzles, computer, loft play, books and music. Homework will not be addressed, unless a guardian specifically requests. The caregiver will help your child to set up homework if asked, but must remain available to all children. This age group generally arrives by bus and not with a guardian; therefore it is **IMPORTANT** that you talk to your child about safety and coming directly into the building. Once in the Kindergarten room the caregiver assumes responsibility for the care of your child, however you may want to review with your child where his/her things go in the room. If you have any messages for the center you may write it down and ask your child to hand it to the caregiver – but please call after 2pm.

**MEDICATION:** All medication must be in its original container. You **MUST** complete one of our Medication Slips, located in each room, for each day. Please hand the Medication Slip and the medication to a teacher. After administering the medication, the caregiver will sign the slip. The slip will then be placed in the child's classroom file. Here are a few suggestions – 1) Give your child all medication at home whenever possible, 2) Have any prescription filled in two labeled containers (so you may leave one here), 3) Take extra Medication Slips home and complete in advance to return. **NOTE:** The above procedure is followed for all prescriptions, non-prescriptions and topical substances. (i.e. Diaper rash cream, chap stick etc.)

**MATERIALS TO PROVIDE:** A complete set of labeled, weather appropriate clothing needs to be provided and maintained at all times. **DO NOT** leave any special items, as they can be misplaced. **IMPORTANT** – During the winter months, be sure to have extra socks, warm coat, boots, hat, mittens and ski pants.

**PHYSICAL HEALTH:** This is encouraged through good hygiene such as – washing often, drinking plenty of water, exercise and lots of outside play. We also ask that if your child is going to be out for any reason that you contact the center and provide us with information on the child's illness. If your child's illness is contagious we will post it for other guardian's information (no names will be posted).

**EMOTIONAL HEALTH:** Drop off time can be difficult for you and your child. Caregivers are willing to help your child when it is time for you to leave. They will comfort the child to the best of their ability. Please feel free to say "good-bye" to your child and use the two-way mirrors located in the hallway. **PLEASE** discuss **ALL** concerns you may have.

**COMMUNICATION:** Guardian's are welcome to use our two-way mirrors, or enter and participate. Daily conversation should take place when it does not interfere with class activities. The Director is available or you may schedule a conference with the teacher whenever you like. The mail slot between the two front doors is a great place to leave messages for the office, health forms, and payments. Please feel free to share suggestions with a teacher as well. Our Password System is important and must be used whenever anyone out of the ordinary picks up your child. Please notify us in writing if possible when someone else is picking up your child – at a minimum we **MUST** receive a phone call from a guardian. Be sure this person knows the password, and we require a picture ID.

**DISCIPLINE:** We all respect the rights and property of others. Curriculum, role modeling, kindness and consistency help to reinforce acceptable behavior. Inappropriate behavior is handled with redirection and healthy conversation first and quiet time away from the group secondly (if necessary). Children are taught acceptable modes of behavior and are encouraged to follow them by positive reinforcement. The Director will only be called when redirection and time away is unsuccessful.

**COMMENTS:** We provide "centers" in the room for a variety of "free choices". If your child is here for our Summer Program we will send home a Summer Curriculum sheet outlining the fun activities we had planned for the children. When appropriate and when proper chaperoning is available, we take the children on field trips during the summer months. Those will also be announced prior to the start of summer. In order to make any field trip successful, proper chaperoning is essential. In the event some guardians are not able to attend, a field trip cancellation may occur.

## Little Frogs & Polliwogs – School Age Registration

<b>Today's Date:</b> ____/____/____			
Child's Full Name:		DOB: ____/____/____	Gender: <input type="checkbox"/> F <input type="checkbox"/> M
Street Address:		Start Date: ____/____/____	
City:	State:	Zip:	Home Phone: (____) ____ - ____
<b>Guardian One Information</b>			
Full Name:		Relationship to Child:	
Street Address:		Social Security # ____ - ____ - ____	
City:	State:	Zip:	Home Phone: (____) ____ - ____
Employer: Employer Address:		Currently in Military: <input type="checkbox"/> Yes or <input type="checkbox"/> No	
Work # (____) ____ - ____	Cell # (____) ____ - ____	Email _____	
<b>Guardian Two Information</b>			
Full Name:		Relationship to Child:	
Street Address:		Social Security # ____ - ____ - ____	
City:	State:	Zip:	Home Phone: (____) ____ - ____
Employer: Employer Address:		Currently in Military: <input type="checkbox"/> Yes or <input type="checkbox"/> No	
Work # (____) ____ - ____	Cell # (____) ____ - ____	Email _____	
Which guardian should be contacted first? _____			
Special instructions? _____			
<b>List three emergency contacts in the event that you cannot be reached.</b>			
Name:	Home #	Cell #	Authorized to pick-up:
Relationship:	(____) ____ - ____	(____) ____ - ____	<input type="checkbox"/> Yes or <input type="checkbox"/> No
Name:	Home #	Cell #	Authorized to pick-up:
Relationship:	(____) ____ - ____	(____) ____ - ____	<input type="checkbox"/> Yes or <input type="checkbox"/> No
Name:	Home #	Cell #	Authorized to pick-up:
Relationship:	(____) ____ - ____	(____) ____ - ____	<input type="checkbox"/> Yes or <input type="checkbox"/> No
<b>List All Food Allergies:</b> _____			
<b>Reaction:</b> _____			
<b>List All Allergies To Medication:</b> _____			
<b>Reaction:</b> _____			
<b>My Child's Password Will Be:</b> _____			
I give the center permission to post my child's' allergies, with photo in the classroom. Signature: _____			

### Developmental History

Does your child have any attachments or fears:  Y  N and if so, what? \_\_\_\_\_

Was your child at a previous caregiver?  Y  N and if so, was it a  Childcare center  Private home

Were you pleased?  If not, why? \_\_\_\_\_

Is child a good eater?  Y  N

Is child adopted?  Y  N

Why did you choose this center? \_\_\_\_\_

### Medical History

Pediatrician Name: \_\_\_\_\_

Phone # \_\_\_\_\_

( ) -

Last Physical Date: \_\_\_\_\_

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

With Whom? \_\_\_\_\_

List all medications taken regularly: \_\_\_\_\_

List all surgeries or disabilities: \_\_\_\_\_

Is your child prone to ear infections?  Y  N and if so how do they react? \_\_\_\_\_

Does your child run a fever easily or often?  Y  N

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

### Toileting

Typically children entering this classroom are potty trained. However accidents do happen so please send in extra LABELED clothing. If your child is having a hard time in this area please let us know.

Does your child have diarrhea or constipation problems?  Y  N

If yes, how do you treat it? \_\_\_\_\_

### School Bus (PLEASE CHOOSE ONE)

My child will be taking the School Bus to and from school \_\_\_\_\_

My child will be taking the A.M. School Bus only \_\_\_\_\_

My child will be taking the P.M. School Bus only \_\_\_\_\_

I will be providing transportation to and from school for my child \_\_\_\_\_

### Medical Emergency Statements

#### Statement One (must be signed, per State Law)

"In the event I cannot be reached, or when delay could be dangerous – I hereby give my permission for any staff of Little Frogs & Polliwogs to transport my child to a hospital or medical facility and give medical treatment."

Guardian One Signature \_\_\_\_\_

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Guardian Two Signature \_\_\_\_\_

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

#### Statement Two (optional)

"If I cannot be reached or have not yet arrived at the hospital/doctor's office, I give permission for my child to receive anesthesia for treatment."

Guardian One Signature \_\_\_\_\_

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Guardian Two Signature \_\_\_\_\_

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_