

LITTLE FROGS & POLLIWOGS – HOPPERS ROOM HANDBOOK

WELCOME TO HOPPERS! Please greet the caregiver and place your child's labeled items in the appropriate locations. Any special messages should be written and handed to the teacher. At the end of the day, please look at our "What We Did Today" board for a summary of the day's happenings. A caregiver will be glad to talk with you. Please take home any soiled clothing (caregivers are not allowed to wash items, per State Law) and empty dishes. It is important to empty your child's mailbox daily, as it will contain artwork and the like that your child has created as well as the occasional communication from your child's teacher and the center.

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 and in the summer months a swimsuit, towel, labeled sunscreen, bug spray and a water bottle. Please provide a crib sheet and blanket for rest time. These items will be sent home on Fridays for cleaning and will need to be returned on Mondays.

NUTRITION: Included in the tuition are morning snack, milk with lunch and afternoon snack. Morning snack consists of toast and juice. Afternoon snack is served after nap and consists of fruit and crackers. When packing a lunch please be sure lunch boxes are labeled and include an ice pack. Food should be ready to heat and serve. Microwaves are available for warming food. Please include a good variety of foods, as we encourage good nutrition. NO soda, candy, peanut products or products with traces of nuts are allowed with lunches or snacks. Lunch dishes will be returned with your child's leftovers so that you can see how well your child ate that day.

REST TIME: We will start to implement a scheduled naptime with this age group. All children are required to rest quietly on a mat for a minimum of one hour, per State Law. Nap is scheduled for after lunch and will last for one to two hours. Each child is assigned a numbered mat. Children do not have to sleep, however must remain quiet to allow other children to fall to sleep. After a quiet period of 30 minutes, children remaining awake will be allowed to have books or another quiet activity. Appropriate music will be played and the room darkened to encourage relaxation.

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. You may call to see how your child is doing, please feel free to discuss any concerns that 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. Refer to the "What We Did Today" board for a description of the day's activities. Arts and crafts are proudly displayed in the room or may be found in your child's mailbox. The Director is available or you may schedule a conference with the teacher whenever you like. Progress Reports are sent home when child turns 18 months. The mail slot between the two front doors is a great place to leave messages for the office, health forms, evaluations 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.

Hoppers Monthly Themes (brief overview)

| | | | |
|------------------|-------------------|---------------|-------------------|
| September | Me! | March | Sounds |
| October | Mommies & Daddies | April | Competent Me |
| November | Inside & Outside | May | Senses |
| December | Open & Close | June | Messy Fun |
| January | Big & Little | July | Summer Curriculum |
| February | Transportation | August | Summer Curriculum |

Hoppers Room Goals (brief overview)

| | | |
|-----------------------------|--|--|
| Gross Motor Skills | 1) Walks unaided with ease 2) Attempts to jump | 3) Enjoys gross motor equipment 4) Able to throw a ball |
| Fine Motor Skills | 1) Uses one hand to pick up a toy 2) Able to connect linking toys | 3) Uses pincer grasp 4) Able to use feeding utensils |
| Art | 1) Scribbles with crayons and markers 2) Enjoys creative mediums (paint, play dough etc.) | |
| Self | 1) Identifies four or more body parts 2) Lifts and drinks from cup | 3) Utilizes spoon to eat 4) Helps to clean up toys in the room |
| Language Development | 1) Begins to enjoy and participate in musical activities 2) Uses single words to express thoughts 3) Can follow simple one-step directions | |
| Social Development | 1) Is interested in other children's actions 2) Can verbalize simple wants and needs | 3) Beginning to make own decisions 4) Shows a sense of autonomy |
| Problem Solving | 1) Can manipulate nesting toys 2) Can sort different types of toys to store | |
| Memory | 1) Refers to self, caregivers and friends by name 2) Points to common objects when named 3) Associates use with common objects | |

The children in the Hoppers room work toward these goals throughout their day by experiencing group play, positive role modeling, story time, and art activities and outside play. **Guardian participation is always welcome and encouraged**

Little Frogs & Polliwogs – Hoppers Registration

Today's Date: ____ / ____ / ____

| | | |
|--------------------|-------------------------|-------------------------------------|
| Child's Full Name: | DOB: ____ / ____ / ____ | Gender: ____ F ____ M |
| Street Address: | | Start Date: ____ / ____ / ____ |
| City: | State: | Zip: Home Phone: (____) ____ - ____ |

Guardian One Information

| | | |
|-----------------------------|---------------------------|--|
| Full Name: | Relationship to Child: | |
| Street Address: | | Social Security # ____ - ____ - ____ |
| City: | State: | Zip: Home Phone: (____) ____ - ____ |
| Employer: Employer Address: | | Currently in Military: ____ Yes or ____ No |
| Work # (____) ____ - ____ | Cell # (____) ____ - ____ | Email _____ |

Guardian Two Information

| | | |
|-----------------------------|---------------------------|--|
| Full Name: | Relationship to Child: | |
| Street Address: | | Social Security # ____ - ____ - ____ |
| City: | State: | Zip: Home Phone: (____) ____ - ____ |
| Employer: Employer Address: | | Currently in Military: ____ Yes or ____ No |
| Work # (____) ____ - ____ | Cell # (____) ____ - ____ | Email _____ |

Which guardian should be contacted first? _____
 Special instructions? _____

List three emergency contacts in the event that you cannot be reached.

| | | | |
|---------------|--------------------|--------------------|------------------------|
| Name: | Home # | Cell # | Authorized to pick-up: |
| Relationship: | (____) ____ - ____ | (____) ____ - ____ | ____ Yes or ____ No |
| Name: | Home # | Cell # | Authorized to pick-up: |
| Relationship: | (____) ____ - ____ | (____) ____ - ____ | ____ Yes or ____ No |
| Name: | Home # | Cell # | Authorized to pick-up: |
| Relationship: | (____) ____ - ____ | (____) ____ - ____ | ____ Yes or ____ No |

List All Food Allergies: _____

Reaction: _____

List All Allergies To Medication: _____

Reaction: _____

My Child's Password Will Be: _____

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? ___Y___N and if not, why? _____

Is child a good eater? ___Y___N

Is child adopted? ___Y___N

Medical History

Pediatrician's Office Name and Address: _____ Phone # _____
() -

Last Physical Date: _____/_____/_____ Pediatrician's Name: _____ Fax # _____
() -

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: _____

Sleeping Habits

How long is a regular nap? _____ Security blankets, stuffed animals and other security items will be kept in your child's crib or on their mat. Security items are not allowed in the play area.

Toileting/Diapering Habits

Our procedure is to change babies every two hours. All BM's are changed immediately, however sleeping children will not be woken for changes. Please send in lots of LABELED diapers.

Does your child have diarrhea or constipation problems? ___Y___N, if yes, how do you treat it? _____

Does your child get rashes easily or often? ___Y___N, if yes, how do you treat it? _____

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 _____ /_____/_____