

LITTLE FROGS & POLLIWOGS – NURSERY ROOM HANDBOOK

WELCOME TO NURSERY! This room opens at 6:30am. 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 folder 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: 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 wall pocket. The Director is available or you may schedule a conference with the teacher whenever you like. Progress Reports are sent home twice a year. 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.

Nursery Monthly Themes (brief overview)

September	Colors and Shapes, Wonderful Me, Family	March	Spring, Transportation, St Patrick's Day, Easter
October	Halloween, Fall, Animals, Hibernation	April	Up in the Air, Weather, Spring con't
November	Sea Life, Senses, Indians and Pilgrims, Thanksgiving	May	Planting, Bugs and Butterflies, Mother's Day
December	Winter, December Holidays	June	Father's Day, Summer, Recital
January	Dinosaurs, Winter con't, Nursery Rhymes	July	Summer Curriculum
February	Health, Nutrition, Valentine's Day, Community Helpers	August	Summer Curriculum

Nursery Room Goals (brief overview)

Language	<ol style="list-style-type: none"> 1) Enjoys and will sit through an average book 2) Recognizes own name and many of the individual letters 3) Expanding vocabulary 4) Can follow two-step directions 5) Understands the beginning concepts of print 6) Enjoys and participates in musical and creative movement activities
Art	<ol style="list-style-type: none"> 1) Progression towards representational work 2) Uses art materials freely and with creativity 3) Uses own creativity, does not rely on pre-made product 4) Is at a scribbling stage or better
Math	<ol style="list-style-type: none"> 1) Sorting skills 2) Classification skills 3) Serration 4) Sequencing 5) One-to-One correspondence 6) Two-step patterning 7) Recognizes simple shapes
Social/Emotional	<ol style="list-style-type: none"> 1) Dresses and toilets self 2) Plays Cooperatively 3) Attempts to Settle own peer problems 4) Cleans up 5) Good self image
Problem Solving	<ol style="list-style-type: none"> 1) Can solve complex problems 2) Can identify and solve simple problems
Gross Motor	<ol style="list-style-type: none"> 1) Climbing 2) Running 3) Jumping 4) Balancing 5) Galloping
Fine Motor	Uses scissors, strings beads, uses pegboards and turns pages easily
Curriculum	Theme based as noted above. Circle Time will include reading books, singing songs, weather, calendar and discussion about the theme. We believe that children learn through the process, not the product – so our art, math and science activities will be hands-on and based on the above named themes. Please discuss any questions you have with the teacher. Guardian participation is always welcome and encouraged.

Little Frogs & Polliwogs – Nursery 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:		Currently in Military: ____ Yes or ____ No	
Employer Address:			
Work # (____) ____ - ____	Cell # (____) ____ - ____	Email ____	

Guardian Two Information

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

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 if yes, what? _____

Was your child at a previous caregiver? ____Y ____N if Yes, was it a ____ Childcare center or ____ 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 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, very small stuffed animals and other security items will be kept in the child's cubby or backpack.

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? _____

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