



Centerville Baptist PreSchool

Parents Morning Out
908 Centerville Turnpike, S.
Chesapeake, Virginia 23322
757.482.7595
cbcpreschool@verizon.net

2019-2020

Dear Parents:

On behalf of the Parents' Morning Out staff, PreSchool teachers and ministerial staff of Centerville Baptist Church, I welcome your interest in our weekday preschool program. We strive to provide a quality early childhood program in a happy, warm and nurturing Christian environment that encourages growth and discovery.

Parents' Morning Out, "PMO," is a reservation based program. A limited number of children are registered each day. Parents/guardians are responsible for making reservations for daily attendance. We cannot guarantee daily availability without a reservation.

Our Parents' Morning Out classes are focused primarily on socialization for very young children. While our teachers plan activities throughout the day, "PMO" is not an academically focused environment. Children are given opportunities to learn through play experiences. Oral language development is central to the PMO day. Stories, songs, finger-plays, art activities, free-play in the classrooms, playground or gym are everyday experiences.

Together, we will make this year one of joy and discovery. The administrative guidelines and parent information is included in this informational package. Please take time to read the policies we have established to provide a safe and happy environment for your child.

Parents will be required to submit a new and update immunization record every six (6) months for children under the age of 36 months old, as required by the Code of Virginia. The entire enrollment package and required documents must be submitted and approved prior to the first day of participation.

If your child requires medication that needs to be administered during the school hours, you must submit our form to the child's physician for authorization. MAT (Medication Administration Training) certified teachers will administer the required medications.

I look forward to hearing from you soon.

Sincerely,

Cathy Curling

Enrollment Checklist

Please make an appointment with the Administrative Assistant to complete the enrollment process

Please keep all enrollment documents together; return all documents at appointment

Date:

_____ Time: _____

- I have access to the Parent Handbook online from the PreSchool website
- OR
- I have received a hard copy of the Parent Handbook
- MAT Statement and Acknowledgment: Virginia Department of Social Services requires parents to sign and return the Medication Administration Training statement.
- I have received a copy of the Public Disclosure Statement
- I have received a copy of the Healthy Snack Policy
- My child has a medical condition requiring administration of medication during the school hours.
 - Prescription medication information signed by physician
 - Inhaler/EpiPen, etc. in original prescription container
- Enrollment forms and Documents
 - Application
 - Policies for Participation
 - Notarized Statement
 - Activity Consent
 - Allergy form
 - Contact Information Release
 - Parent Participation form
 - Photography Release
- School Physical Report from Physician
- Health Insurance card
- Birth Certificate or Passport
- Immunizations
 - Children under the age of 36 months must submit new immunization form every 6 months from child's DOB until 3rd birthday
- Entry access fobs will be issued beginning mid-August. Each family will be issued one (1) fob. Fobs must be returned at the end of the school year. Additional fobs are available for \$10.00 each.

Signature

Date

Staff

Teachers and assistants have been certified by a practicing physician, to be free of any disabilities which would prohibit supervision of children entrusted into our care, as required by the Code of Virginia. All of our staff members have received a fingerprint-based Criminal History Records Clearance as well as a Search of the Central Registry from Child Protective Services prior to employment. Staff members participate in workshops throughout the school year to update skills and review requirements of the Commonwealth of Virginia.

All of our teachers are trained and certified in First Aid and CPR. Some teachers are certified in Medication Administration (MAT).

Student: Adult Ratios

Age-based classes have a limited number of students per classroom. The National Association for the Education of Young Children, NAEYC, recommends the following ratios:

6 weeks to 2 years old	4 students	1 adult
2—5 Mixed Age Class	10 students	1 adult

Hours of Operation

PMO operates between the hours of 9:00 a.m. and 1:00 p.m. PMO parents/transportation providers must park in the parking lot; drop-off from the car pool lane is not permitted.

Children must be escorted into the building by an adult, and registered on the daily attendance log in the classroom. At the conclusion of the day, all PMO students must pick-up the child from the classroom.

We understand that traffic tie-ups occur and that you may be late, occasionally. Please strive to be here between 12:45 and 1:00 p.m. ***Pick-up after 1:00 p.m. is subject to a late charge. Late charges are due at pick-up time.***

PMO is open five days per week from September through May. Parents may utilize the program based on availability. During the summer months, June through August, the program operates selected weeks, 3 days per week, Tuesday, Wednesday and Thursday. Dates will be published on the website, enrollment brochures and posted in the reservation books. PMO is closed for all public school holidays and weather related closures. You may check the school website calendar for all scheduled school closures.

Participation Requirements

Reservations

PMO is a reservation based program. Parents should make reservations in person. Parents are responsible for recording routine daily/weekly reservations in the book. The reservations books are located outside of the classroom. There are separate books for the infant room and preschool room. You may make your reservations several weeks in advance.

If you make a reservation, fail to attend for the day, fail to notify us that your child is ill by 9:30 a.m. on the day of scheduled attendance, or do not telephone to cancel 24 hours in advance, you will be charged the daily fee.

We cannot admit any unregistered child for the day, if our class registration is full, based on ratios and total classroom occupancy. However, if there are openings available in the classroom, we will accept same day reservations.

Health Screening/School Physical

Parents/guardians of children entering the program are required to submit a school physical report. This will include a record of the child's immunization history. School physical report forms are included in your enrollment package. *Children under the age of 36 months must have a new immunization record every 6 months as required by the Code of Virginia.

An Allergy Disclosure form is also included in your package. Please complete and return the form, *even if your child does not display any signs or symptoms of allergies.*

Proof of Identity/Proof of Date of Birth

The Commonwealth of Virginia's Code of Virginia requires parents/guardians to present proof of the applicant's date of birth. We are required to view and record information from the child's certified birth certificate, Social Security card or passport. Failure to provide the documentation later than the first full week of attendance must be reported to the local law enforcement agency.

Legal Authorization

To protect the welfare, health and safety of the students, staff, church and parent volunteers, CBC requires notarized legal authorization for the transport of a child. This authorization includes transportation by emergency medical personnel, pre-school and church staff.

Transportation Providers

Parents/guardians are required to register the names of emergency contacts as well as individuals authorized to transport children. This information is to be included on your registration form.

Ages and Cost Schedule *Effective July 2019 through August 2020*

Registration fees: 6 weeks to 24 months @ \$50.00 annually 2—5 years old @ \$50.00 annually

Facilities Fee: \$50.00 annually Ages 6 weeks through 5 years old

6 weeks to 24 months: \$38.00 daily 2-3 years of age: \$35.00 daily 3-5 years of age: \$32.00 daily

Toddlers *may* remain in the same class for the school term, September through May.

Tree Nut/Peanut Free Classrooms

Children and adults with food allergies risk a variety of symptoms, ranging from rashes to gastrointestinal distress to anaphylactic shock which can result in death, when exposed to foods to which they are allergic. Please consult the "Allergy Alert" poster in the classroom for items that should be excluded from the classroom. For example: children with severe Tree Nut/PEANUT allergies risk death when exposed to the oils in peanut butter. With PEANUT allergies, even the smell can trigger allergic reactions. Therefore, Centerville Baptist PreSchool programs are totally tree-nut/PEANUT-FREE zones. Please allow your child to enjoy his/her tree nuts/peanut butter and peanut products and/or by-products at home.

Illness

The Department of Social Services of the Commonwealth of Virginia regulates child care centers and preschool across the state. The department legislates many facets of our operations, including health and safety regulations.

The health and safety of every child is our first priority. In an effort to protect children and staff members from illness or disease, our staff members observe each child as they enter the classroom. They have been instructed to make inquiries regarding any signs or symptoms of illness or contagious disease.

By law, and in accordance with the Department of Social Services, children exhibiting signs of illness *MUST* be excluded from the program. Children displaying symptoms such as, running nose, diarrhea (even related to foods, allergies or medications), productive coughs, fever over 100° etc., are not eligible to attend until ALL symptoms have been cleared for at least 24 hours.

Parents will be called to pick-up any child developing any symptom of illness during the day. Children need to be removed from the classroom as soon as symptoms are detected. Therefore, it is necessary for parents to leave a telephone number of an individual who can retrieve the child within 30 minutes.

Therefore, parents/care takers must cancel any future reservations during the time of illness or daily charges are applied to the account.

Topical Medications

According to the regulations we receive from DSS, we have instituted a policy regarding topical “medications.” Due to possible allergic reactions, if your child requires sunscreen, insect repellent, ointment for diaper rash, etc., you are required to furnish the “medications.” Additionally, you need to sign a release for “The Administration of Medication.”

Staff Illness

The regulations pertaining to illnesses for children apply to our staff as well. Occasionally staff members cannot report to work due to illness. On these occasions, we generally call a substitute teacher to work. However, there have been times, especially due to flu season, when substitute teachers are not available. When this occurs, we reserve the option to call you and cancel for the day. We realize that this can be inconvenient, however unavoidable. We will make every effort to contact each parent with a reservation for the day and ask if it is possible to reschedule. We will try to accommodate parents with scheduled appointments first, and ask that if you can possibly rearrange your schedule, that you do so.

To demonstrate our appreciation for your understanding when this occurs, we will offer the parents that can reschedule without a great hardship, one day at NO CHARGE.

Natural Body Rhythms

All children experience natural body rhythms. When a child needs to use the restroom, or have a diaper changed, the child will be given the assistance he/she needs. When a child is hungry, he/she will be fed. When a child is thirsty, he/she will be given a drink of water. When a child is sleepy, he/she will be allowed to sleep.

These rules may seem simplistic, but regulations require preschools and child care centers to honor a child’s natural body rhythm.

A Final Word

Our staff members strive to care for all of the children in their care with their utmost attention. A sick, tired or unhappy child creates a strain in the classroom, as the teacher must try to provide extra attention to one child while maintaining a standard of care for the other children. We ask for your full cooperation and understanding as we strive to offer our best for your children.

Classroom Supplies

- 2 bottles Clorox Anywhere Spray
- 1 80-count Lysol/Clorox disinfecting wipes
- 2 boxes 100-count vinyl exam gloves
- 2 rolls paper towels
- 1 200-count diaper disposal bags

Daily Supplies

- diapers, pull-ups as needed
- Complete change of clothes
- Mid-morning snack & drink
- Lunch with drinks

School Year 2019—2020 ANNUAL Enrollment forms

Please check the appropriate boxes.

Legacy Student (Parent attended) Name: _____ Year(s): _____

PMO Infant Room (6 wks-24 months) PMO Preschool Room (2 years – 5 years)

How did you learn about our programs Internet/Website: _____

Personal Referral (Who should we thank: (_____)

INFORMATION REQUESTED IS REQUIRED AND NECESSARY. PLEASE COMPLETE ENTIRELY.

Child's full name: _____ Telephone Number: _____

To what name does your child answer? _____ Gender: M F

Age (09/30/19) _____ Date of birth: ___/___/___ Full-term Premature _____ weeks Adopted

Child's street address: _____ City, Zip Code: _____

Family Email Address: _____ @ _____ Name of Subdivision: (if applicable) _____

Office Use Only

Identity Verification

The Commonwealth of Virginia requires parents/guardians to provide proof of a child's age and identity. Proof of the child's identity and age may include an original or certified copy of the child's birth certificate, passport, copy of placement agreement from a child placing agency, or a records from a public school, i.e., certified by a principal of a public school in the United States. Failure to provide the proper documentation must be reported to local law enforcement agencies according to statute.

Place of birth: _____ DOB: ___/___/___ Date of Issue: ___/___/___

Birth Certificate Number: _____ Birth Certificate

Passport

Other _____ Adoption Records Date Viewed: ___/___/___

Parent/Family Information:

Married, living together Separated* Divorced* Single Parent* Unmarried, living together

(Custody documentation must be attached)

*Contact information must be provided for non-custodial parent IF parent has visitation privileges)

Family's religious affiliation: _____

Parent Information:

Father Mother Other: _____

Name: _____

Occupation/Profession*: _____

Employer: _____

Work address: _____

E-Mail address: _____

Telephone numbers:

Business: _____

Cellular: _____

Same home information as child

Stay-at-home parent/Works from home

Parent Information:

Father Mother Other _____

Name: _____

Occupation/Profession*: _____

Employer: _____

Work address: _____

E-Mail address: _____

Telephone numbers:

Business: _____

Cellular: _____

Same home information as child

Stay-at-home parent/Works from home

If you are a stay-at-home parent, please list your career profession in the "Occupation" category

* Occupation/Profession should be job specific--not Military Service Branch or Company specialty

If child resides with an adult other than parent, (i.e., step-parent, parent's partner, etc.) please provide information:

Name: _____

What does child call adult? _____

Occupation/Profession: _____

Employer: _____

Work address: _____

E-Mail address: _____

Work phone number: _____

Cellular phone number: _____

Name and contact information for child care providers: Name: _____

Phone number: _____ Relationship to child: _____

Non-Custodial Parent Contact Information:

Name: _____
Mobile Phone: _____
Mailing Address: _____

Same as Parent Information of Previous Page
Occupation: _____
Email Address: _____

Names and ages of siblings: _____

Previous child care/preschools attended:

The Code of Virginia requires parents/guardians to disclose the names, locations and terms of previous enrollment:

Name: _____ Term of enrollment: _____
Location: _____

Transportation Providers:

Please register the names and phone numbers of individuals authorized to provide transportation for your child.

(1) _____ (2) _____
(2) _____ (4) _____

Emergency Transportation Provider

Please list the names and telephone numbers of two individuals authorized to pick up your child in the event of emergency, sudden on-set illness, etc., when you will not be home and able to pick up your child within thirty (30) minutes.

(1) _____
(2) _____

Person(s) **NOT** authorized to pick up your child: Name: _____

Relationship to child: _____ *(Appropriate custody papers must be provided to the church if a parent is NOT allowed to pick up a child from our facility.)*

Self-Help Skills

- Yes No N/A <3 Does your child demonstrate control over bladder functions?
- Yes No N/A <3 Does your child demonstrate control over bowel functions?
- Yes No N/A <3 Does your child require assistance with toileting functions (clothing issues, cleaning, flushing, etc.?)
- Yes No Proper hand washing?
- Yes No Does your child require assistance blowing his/her nose?
- Yes No Does your child require assistance with snack and juice containers?

Medical History:

- Yes No Health Insurance
- Yes No Regular routine physical examination within the past six months
- Yes No Regular routine dental examination within the past six months
- Yes No Immunizations per CDC guidelines Religious Exemption (Documentation Required)
- Yes No Visual examination: No Impairment Yes _____
- Yes No Speech evaluation No Impairment Yes _____
- Yes No Developmental assessment: No Yes _____
- Physical/orthopedic Emotional Behavioral Other _____
- Yes No Allergies : _____
- How are allergies manifested? _____
- Yes No Routine medications: _____

Name and telephone number of child's primary physician: _____

Name and telephone number of child's dentist: _____

If your child has experienced any serious illnesses, injuries, hospitalizations, minor/major surgery, please provide the approximate dates, nature of the event and name of the physician: _____



Activity Consent

I/we acknowledge that risks of accidental injury are incidental to the conduct of normal classroom participation, playground activities, activities in the gym, and elective extra-curricular activities. Scooters used in the gym are size and age appropriate. Gym and playground equipment pose apparent hazards. Scooters, slides, climbers, etc., present opportunities for injury. I/we understand that teachers/ staff members cannot prevent accidents that may occur as a result of normal playground activities. I/we understand that we will be informed of incidents, accidents and injuries that occur under their care. I/we understand that teachers will respond to injuries with appropriate First Aid, including emergency medical intervention if required. _____ (Initial)

Likewise, teachers will respond to misbehavior or inappropriate playground activities immediately and reserve the option to disallow a child's access to playground equipment as a result of misbehavior. _____(Initial)

In the Parent Handbook, under the heading "Dress Code," our policy states "Each child is expected to wear appropriate protective clothing, adequate for the weather and season. Shoes AND socks are REQUIRED. Sandals, "Crocs," flip, flops, etc., are inappropriate for children's school wear. Shoes should have closed toes and heels and should fit the child properly."

I/we understand the Pre-School policy regarding "acceptable" shoes and socks and understand the Pre-School administration's concerns that inappropriate shoes may contribute to playground injuries. _____ (Initial)

I/we assume all risks and hazards incidental to the conduct of events, activities and normal classroom participation. _____ (Initials)

I/we acknowledge that art related activities are often messy and that clothing may become stained. _____ (Initials)

Printed Name, Signature and Date: _____

Photography/Videography Acknowledgement

I/we acknowledge that Centerville Baptist Pre-School utilizes photography or video-photography for promotional and/or advertising materials, teacher created art or craft activities and school-wide presentations or to document classroom activities. Similarly, administrators may use video for documentation. I affirm that I/we have been informed. _____ (Initials)

Release of Contact Information

I/we give permission for my/our names, telephone numbers and email address to be released for the classroom directory. _____ (Initials)

Yes No You can share my/my child's information with the church for ministry contact.
_____ (Initials)

Child's Name: _____

Parent(s) Signature: _____ Date: _____



Policies for Participation in PMO

PMO is a reservation based program. Parents should make reservations in person. Teachers are not responsible for daily reservations. The reservations books are located outside of the classroom. There are separate books for the infant room and preschool room. You may make your reservations several weeks in advance.

_____ (Initials)

We cannot guarantee daily availability without a reservation. _____ (Initials)

If you make a reservation, fail to attend for the day, fail to notify us that your child is ill by 9:00 a.m. on the day of scheduled attendance, or do not telephone to cancel 24 hours in advance, you will be charged the daily fee. _____ (Initials)

Payment for the unattended day, noted in the previous statement, must be paid prior to classroom inclusion again. _____ (Initials)

We cannot admit any unregistered child for the day, if our class registration is full, based on ratios and total classroom occupancy. However, if there are openings available in the classroom, we will accept same day reservations. _____ (Initials)

Children must be escorted into the building by an adult, and registered on the daily attendance log in the classroom. At the conclusion of the day, parents must pick-up the child from the classroom. _____ (Initials)

Parking in the carpool lane (circle drive) is not allowed for drop-off or pick-up. _____ (Initials)

Our Parents' Morning Out classes are focused primarily on socialization for very young children. While our teachers plan activities throughout the day, "PMO" is not an academically focused environment. Children are given opportunities to learn through play experiences. _____ (Initials)

Parents supply all of their child's personal needs items, including morning snack, lunch, 2 drinks, diapers, pull-up, wipes, etc. _____ (Initials)

Additional Charges _____ (Initials)

Insufficient Funds	\$35 per occurrence
Fire Lane Parking Violation	\$50 per occurrence
Handicapped Parking Violation	\$50 per occurrence
Late Pick-Up	\$5.00 per each 5 minute increment from 1:00 until 1:15 p.m. \$2.00 per minute after 1:15 p.m.

I acknowledge that I am aware of the policies for participation in Parents' Morning Out.

Print Name

Signature

Date



Legal Authorization Form

I/we hereby give permission for _____ to participate in events and daily activities with Centerville Baptist Church PreSchool Parents' Morning Out for the school year 2019-2020.

In case of injury to my/our child, I/we hereby waive all claims against the church, staff/employees and sponsors. I/we assume all risks and hazards incidental to the conduct of events, activities and normal classroom participation.

I/we hereby authorize EMERGENCY transportation for my/our child in the church owned 15-passenger vans, private vehicles owned and operated by CBC PreSchool staff, or emergency medical transport and assume all responsibility in the event of incident/accident or injury. I/we do hereby release, absolve, indemnify and hold harmless Centerville Baptist Church, the staff, supervisors, parent volunteers and organizers from any and all loss, injury or other damages to me/our above referenced child.

In the event of accident, illness or injury, I/we hereby grant permission to Emergency Medical Personnel, Attending Physicians and hospital personnel to perform whatsoever care is necessary for the welfare of my/our child, until I/we can be in attendance.

Please attach a copy of your child's health care provider/insurance carrier card.
Please attach a recent photograph of your child.

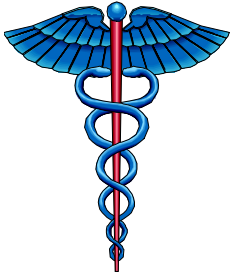
Primary Care Provider: _____ Telephone number: _____

Dentist: _____ Telephone number: _____

Please list any medications, allergies and/or medical information responding medical personnel should know about this child: _____

**DO NOT SIGN THIS DOCUMENT UNTIL YOU ARE IN THE PRESENCE OF A NOTARY.
UN-NOTARIZED FORMS ARE INVALID.**

_____ (Signature of Parent/Guardian)	_____ (Signature of Parent/Guardian)
Daytime telephone numbers: _____	Daytime telephone numbers: _____
State of Virginia, City of _____, to wit: Subscribed and subscribed to before me this _____ day of _____, 2____.	
_____ My commission expires _____. (Signature of Notary Public)	



This form requires the signature of a physician if your child exhibits signs of food allergy.

Place a photograph of your child here

Emergency Health Care Plan Food Allergy Information

Child's Name: _____ DOB: _____

My child has NOT exhibited any signs of allergic reactions

Allergy to: _____

Please check all reactions that apply:

- Asthma: coughing, wheezing, emotional distress
- Mouth: itching and swelling of the lips, tongue or mouth
- Throat: itching and/or sense of tightness in the throat, hoarseness and hacking cough
- Skin: hives, itchy rash and or swelling about the face or extremities
- Gastro: nausea, abdominal cramps, vomiting and/or diarrhea
- Lung: shortness of breath, repetitive coughing and/or wheezing
- Heart: "thready" pulse, passing out

The severity of symptoms can quickly change. All of the above symptoms can potentially progress to a life-threatening situation.

ACTION:

If ingestion is suspected, give _____ and call _____
(medication/dosage/route)

- 911 Dr. _____ at _____
- Mother's telephone numbers: _____
- Father's telephone numbers: _____
- Emergency contact: _____

DO NOT HESITATE TO ADMINISTER MEDICATION OR CALL RESCUE SQUAD EVEN IF PARENTS OR DOCTOR CANNOT BE REACHED.

Parent Signature

Date

Physician Signature

Date

Additional Emergency Contacts	
(1) Name: _____	Phone number: _____
Relationship to child: _____	
(2) Name: _____	Phone number: _____
Relationship to child: _____	
(3) Name: _____	Phone number: _____
Relationship to child: _____	