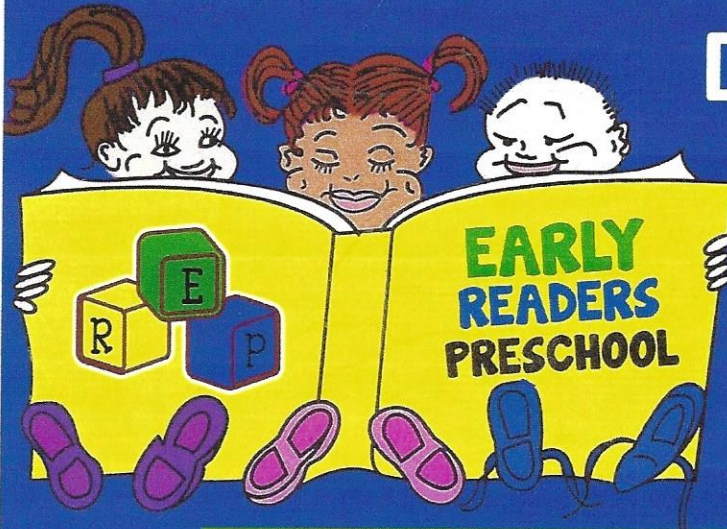


**Do You Want Your Child Reading
BEFORE KINDERGARTEN?**

EARLY READERS PRESCHOOL DAY CARE CENTER

Lic.# 103810060



**IS THE PLACE FOR
YOUR CHILD!**

ENROLL NOW !!

Preschoolers Ages 2-5 years

Hours: 7:00 AM to 6:00 PM

Private & Subsidize Tuition

**Parent Support with Community
& Social Service Referrals**

SCHOOL FEATURES

Learning to Read in Preschool

Introduction to Computers.

Learning Spanish & Sign Language.

Christian Principles & Prayer.

Gated & Monitored Facility.

Free Breakfast for Parents.

Friday Community Guest Providing:
Kids haircuts, Music & More!

Learning to Read While Having so Much Fun! No Strees! No Press!

Bethel Temple

Date _____

Parent/Guardian Admissions Contract

I, _____ agree to enroll my child _____ in Early Readers Preschool. **Tuition covers a 10 hour day. Tuition are due the 1st. day of each month upon arrival** for the amount of \$ _____. Half-day students attending for _____ days, weekly fees _____, or daily fees _____. Parent are required to pay fees upon enrollment with a completed application. **Tuition will not be deducted for missed days.** My child will arrive at _____ and will be picked up at _____. Application fee \$ _____. Other fees \$ _____ for the year. **Class hours 7:30 a.m. to 5:30 p.m. Parent must supply wipes, ointment & pull-ups/no pampers - if child is not potty trained.**

Late Fees: \$2.00 for every minutes late past the 1st 10 minutes grace period.

A \$25.00 charge if check bounces. Cash or other arrangements thereafter.

Tuition are subject to change. A 30 day written notice will be given.

There is a two week trial period during which either party may cancel without written notice. **Refund will be prorated. Thereafter, a 30 day written notice for termination** must be given if either party determines that program is not a good match.

HOLIDAYS AND VACATION: Holidays observed are: New Year's Day, ML King, President's Day, Memorial Day, 4th July, Labor Day, Veterans Day, Thanksgiving Day and the Friday after and Christmas Day. If holiday is on a Sunday, center will close Monday.

TUITION FEES REMAIN THE SAME FOR ALL HOLIDAYS DURING CLOSE SESSIONS.

PARENT BONUS * After 1 year, you will be credited for **1 week free tuition** for your vacation time while your child is out, providing a two week notice. All and any additional vacation time over 1 week will be subject to 1/2 the regular fee to keep your child's slot active.

MEALS: Breakfast, lunch and afternoon snack will be prepared and provided daily by the school. List Any Food Allergies or health conditions

ILLNESS: Please notify director by 7:00 a.m. if your child will not be coming to school.. **Children with a fever, diarrhea, vomiting, bad coughs will not be accepted for 24 hours.** Medication or doctor's note must be presented to return to school if child is not contagious. **All immunization MUST be up to date.**

Pick-Up/Drop-Offs: Please abide by written agreement. All persons picking up children must be 18 yrs of age, have I.D. and written authorization by parent.

Clothing: Parents are bring one complete change of clothes that are to be left at school. Please bring child's pillow and blanket, labeled with their name. I agree to maintain the requirements in this contract.

IDENTIFICATION AND EMERGENCY INFORMATION **CHILD CARE CENTERS/FAMILY CHILD CARE HOMES** **To Be Completed by Parent or Authorized Representative**

| | | | | | | |
|--|--|-----------|--------|-------|---------------------------|---------------------------|
| CHILD'S NAME | | LAST | MIDDLE | FIRST | SEX | TELEPHONE () |
| ADDRESS | | NUMBER | STREET | CITY | STATE | ZIP |
| | | | | | | BIRTHDATE |
| FATHER'S/GUARDIAN'S/FATHER'S DOMESTIC PARTNER'S NAME | | LAST | MIDDLE | FIRST | BUSINESS TELEPHONE () | |
| HOME ADDRESS | | NUMBER | STREET | CITY | STATE | ZIP |
| | | | | | | HOME TELEPHONE () |
| MOTHER'S/GUARDIAN'S/MOTHER'S DOMESTIC PARTNER'S NAME | | LAST | MIDDLE | FIRST | BUSINESS TELEPHONE () | |
| HOME ADDRESS | | NUMBER | STREET | CITY | STATE | ZIP |
| | | | | | | HOME TELEPHONE () |
| PERSON RESPONSIBLE FOR CHILD | | LAST NAME | MIDDLE | FIRST | HOME TELEPHONE () | BUSINESS TELEPHONE () |

ADDITIONAL PERSONS WHO MAY BE CALLED IN AN EMERGENCY

| NAME | ADDRESS | TELEPHONE | RELATIONSHIP |
|------|---------|-----------|--------------|
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

PHYSICIAN OR DENTIST TO BE CALLED IN AN EMERGENCY

| | | | |
|-----------|---------|-------------------------|------------------|
| PHYSICIAN | ADDRESS | MEDICAL PLAN AND NUMBER | TELEPHONE () |
| DENTIST | ADDRESS | MEDICAL PLAN AND NUMBER | TELEPHONE () |

IF PHYSICIAN CANNOT BE REACHED, WHAT ACTION SHOULD BE TAKEN?

☐ CALL EMERGENCY HOSPITAL ☐ OTHER EXPLAIN: _____

NAMES OF PERSONS AUTHORIZED TO TAKE CHILD FROM THE FACILITY

(CHILD WILL NOT BE ALLOWED TO LEAVE WITH ANY OTHER PERSON WITHOUT WRITTEN AUTHORIZATION FROM PARENT OR AUTHORIZED REPRESENTATIVE)

| NAME | RELATIONSHIP |
|------|--------------|
| | |
| | |
| | |
| | |
| | |
| | |

TIME CHILD WILL BE CALLED FOR

SIGNATURE OF PARENT/GUARDIAN OR AUTHORIZED REPRESENTATIVE

DATE

TO BE COMPLETED BY FACILITY DIRECTOR/ADMINISTRATOR/FAMILY CHILD CARE HOMES LICENSEE

DATE OF ADMISSION

DATE LEFT

PHYSICIAN'S REPORT—CHILD CARE CENTERS (CHILD'S PRE-ADMISSION HEALTH EVALUATION)

PART A – PARENT'S CONSENT (TO BE COMPLETED BY PARENT)

_____, born _____ is being studied for readiness to enter
(NAME OF CHILD) (BIRTH DATE)

_____. This Child Care Center/School provides a program which extends from _____ : _____
(NAME OF CHILD CARE CENTER/SCHOOL)
a.m./p.m. to _____ a.m./p.m., _____ days a week.

Please provide a report on above-named child using the form below. I hereby authorize release of medical information contained in this report to the above-named Child Care Center.

(SIGNATURE OF PARENT, GUARDIAN, OR CHILD'S AUTHORIZED REPRESENTATIVE)

(TODAY'S DATE)

PART B – PHYSICIAN'S REPORT (TO BE COMPLETED BY PHYSICIAN)

Problems of which you should be aware:

Hearing: _____ Allergies: medicine: _____

Vision: _____ Insect stings: _____

Developmental: _____ Food: _____

Language/Speech: _____ Asthma: _____

Dental: _____

Other (Include behavioral concerns): _____

Comments/Explanations: _____

MEDICATION PRESCRIBED/SPECIAL ROUTINES/RESTRICTIONS FOR THIS CHILD: _____

IMMUNIZATION HISTORY: (Fill out or enclose California Immunization Record, PM-298.)

| VACCINE | DATE EACH DOSE WAS GIVEN | | | | |
|---|--------------------------|-----|-----|-----|-----|
| | 1st | 2nd | 3rd | 4th | 5th |
| POLIO (OPV OR IPV) | / / | / / | / / | / / | / / |
| DTP/DTaP/DT/Td (DIPHTHERIA, TETANUS AND (ACELLULAR) PERTUSSIS OR TETANUS AND DIPHTHERIA ONLY) | / / | / / | / / | / / | / / |
| MMR (MEASLES, MUMPS, AND RUBELLA) | / / | / / | | | |
| (REQUIRED FOR CHILD CARE ONLY) | | | | | |
| HIB MENINGITIS (HAEMOPHILUS B) | / / | / / | / / | / / | |
| HEPATITIS B | / / | / / | / / | | |
| VARICELLA (CHICKENPOX) | / / | / / | | | |

SCREENING OF TB RISK FACTORS (listing on reverse side)

- ☐ Risk factors not present; TB skin test not required.
- ☐ Risk factors present; Mantoux TB skin test performed (unless previous positive skin test documented).
- ____ Communicable TB disease not present.

I have ☐ have not ☐ reviewed the above information with the parent/guardian.

Physician: _____
Address: _____
Telephone: _____

Date of Physical Exam: _____
Date This Form Completed: _____
Signature _____

☒ Physician ☒ Physician's Assistant ☒ Nurse Practitioner

**CONSENT FOR EMERGENCY MEDICAL TREATMENT-
Child Care Centers Or Family Child Care Homes**

AS THE PARENT OR AUTHORIZED REPRESENTATIVE, I HEREBY GIVE CONSENT TO

_____ TO OBTAIN ALL EMERGENCY MEDICAL OR DENTAL CARE
FACILITY NAME

PRESCRIBED BY A DULY LICENSED PHYSICIAN (M.D.) OSTEOPATH (D.O.) OR DENTIST (D.D.S.) FOR

_____. THIS CARE MAY BE GIVEN UNDER
NAME

WHATEVER CONDITIONS ARE NECESSARY TO PRESERVE THE LIFE, LIMB OR WELL BEING OF THE CHILD
NAMED ABOVE.

CHILD HAS THE FOLLOWING MEDICATION ALLERGIES:

DATE

PARENT OR AUTHORIZED REPRESENTATIVE SIGNATURE

HOME ADDRESS

HOME PHONE

()

WORK PHONE

()

Early Readers Preschool Classroom Schedule

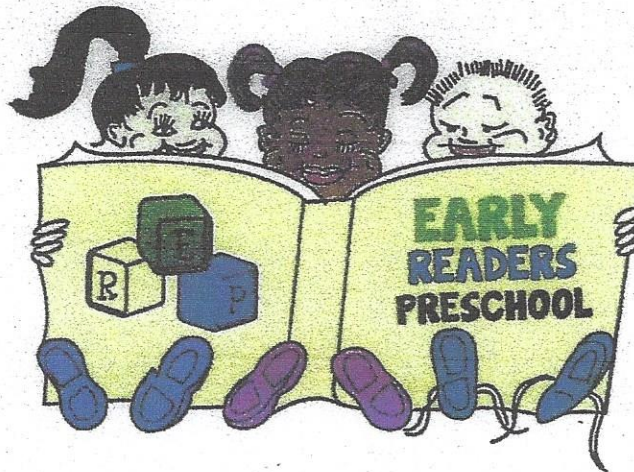
| | |
|---------------|--|
| 7:00am-7:30am | Sign in, healthcheck, quiet activity.....books/coloring etc. |
| 7:30am | Circle time, roll call, calendar, songs, <u>Pre-reading activities</u> |
| 7:50am | Prepare and wash up for breakfast |
| 8:00am-8:30am | Breakfast |
| 8:30am-9:30am | Free choice-Learning during discovery-Play time is work time! |

CENTERS

OBJECTIVES

| | |
|---------------|--|
| Art | Creativity, science, following directions, use of items, fine motor skills |
| Animal Shop | Math, identifying animals, social skills, imagination, fun |
| Cookie Shop | Math, sequences, social skills, pretending |
| Computer | Listening skills, attention skills, following directions, building cognitive skills, basic skills; language, letters, reading, colors, etc. |
| Writing | Fine motor skills, handwriting, creative thinking. |
| Science | Discovery & explore, critical thinking. |
| Sensory | Relaxation, discover cause & effect, measuring. |
| Manipulatives | Fine motor skills, critical thinking, lace & tie strings. |
| Sequencing | Reproducing patterns, matching. |
| Block | Building, exploring, pretending, cooperation skills, fun & more fun. |
| Library | Learning to enjoy looking at books, learning how to handle books, learning about reading from left to right, identifying words and pictures, learning to read. |

| | |
|-----------------|---|
| 9:30am-10:00am | Clean-up, small group time for cognitive skill building & <u>pre-reading activities</u> |
| 10-10:15am | Restroom and prepare for outdoor play |
| 10:15am-11:15am | Recess |
| 11:15am-11:30am | Prepare & wash up for lunch |
| 11:45am-12:30am | Lunch time |
| 12:30am-2:30pm | Rest & nap time |
| 2:30pm-3:00pm | Art time/ <u>Pre-reading activities</u> |
| 3:00pm-3:30pm | Group time/ <u>Pre-reading activities</u> |
| 3:30pm-3:45pm | Snack time |
| 3:45pm-4:45pm | Recess |
| 4:45pm-5:00pm | Restroom and wash up |
| 5:00pm-5:30pm | Story time/ quiet activity & beverage refreshment, lemon aid, etc. |
| 5:30pm | School secession out/ parent pick up |



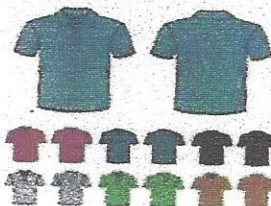
is glad to announce that we are a

Uniformed Preschool!

Promoting: School Unity, Self Pride,
Curriculum Focus, Student Equality

Our Uniform Colors

- Polo shirts:** Green, Blue, Yellow & White
- Pants, shorts,**
- Skirts:** Blue & Tan
- Dresses:** Blue & Tan Uniform Dresses
 (girls are to wear leggings under skirts & dresses)
- Shoes:** Black or Blue tennis or hard shoes



Free Dress Day on Friday

