

Dear Parents,

Welcome to Preschool Program! Heart 2 Heart is looking forward to getting to know you and your child. Your child will work on self-help skills, small and large motor skills, letter and number recognition, communication, and several other cognitive and social skills. Heart 2 Heart will cover these areas using a variety of methods to ensure that learning is always fun and interesting for your child.

Our classroom is theme based, meaning each week has a theme and each day we discuss a different topic pertaining to that theme. Heart 2 Heart will integrate these themes into most activities throughout the day.

Heart 2 Heart also concentrates on one letter of the alphabet every week. We will work on recognizing this letter, practice sounding it out, we'll try writing it, and naming things that begin with the letter.

The Preschool classroom is divided into several areas: Art and Writing, Sensory, Math, Science, Table Toys, and a quiet Reading area. During 'Choice Time' the children may choose the area in which they want to play. They may switch areas at any time. The children learn to keep toys in their areas, pick up after themselves, share and respect each other, and work together.

Heart 2 Heart is so excited to share this wonderful time of discovery with your child and look forward to working with your family.

Hearts 2 Heart

Pre-School Room Supply List

- ✓ Extra Sets of Clothing Season appropriate (From head to toe)
- ✓ \$ 20 for Sheet / Blankets / Pillow (Supplied by Heart 2 Heart)
- ✓ Backpack to be Taken to and from School
- ✓ Pocket Folder
- ✓ 24 pack of crayons (School Year Only)
- ✓ 1 Thick Washable Markers (School Year Only)
- ✓ Plastic Supply box (School Year Only)
- ✓ \$ 4.99 for Scholastic “ My Big World” Clifford (School Year Only)

All Children will have a cubby to store their belongings in. Please label all belongings with FIRST and LAST names so we do not mix up their things.

ALL UNLABELED ITEMS WILL BE LABELED BY THE STAFF

Parent Responsibilities

1. Please be sure to label all your child's food, food containers, bottles and cups with both **FIRST** and **LAST NAMES**
2. Please put all perishable foods in the refrigerator in your child's labeled zip lock bag.
3. On Fridays or the last day of the week for your child, please bring all sheets / blankets / pillow home to be washed. Return sheets / blankets / pillow on Monday or the first day of the week for your child.
4. We ask that all children's toys be kept at home unless otherwise advised by your child's teacher. We cannot be responsible for lost or broken toys. We do not allow toy guns, knives, toy swords or any toys of destruction, which encourage violence or aggressive play.
5. Please let us know of any changes in your family's routine or illness, antibiotic treatment, etc. that might be effecting your child's behavior while in our care.
6. When picking up your children and leaving for the day, please leave as quickly as possible. Remember that the teachers still have responsibilities before they can leave.
7. Please check in the refrigerator daily and remove empty food containers and food.
8. Please call if your child is going to be absent
9. Please be here by 9:00 am in order to fully benefit from the routine and learning programs. Toddlers thrive with consistent schedules, so late arrival can be a problem. Sometimes parents allow their child to sleep late in the morning. We know that you have your child's needs in mind but it is actually less beneficial to allow the extra sleep time. Allowing a child to sleep until 9 a.m. and then arriving at school at 10, only to be offered lunch and afternoon naps at Noon does not present much balance to his/her day. Let us know if your child had a late night and we will make an extra effort to allow them to make up for lost sleep during the day.
10. Please be sure to check your child's folder daily as many important notes are sent home. Folder should stay in the backpack.

POLICY AND PROCEDURE FOR EXCLUDING ILL CHILDREN

Fever

A temperature over a 100 degrees. Because a fever may indicate other health concerns a child must be fever-free, without the use of fever-reducing medicine, for twenty-four hours before returning to child care. Upon return, child must be able to participate in all classroom activities including outdoor play.

Vomiting

Child will be sent home if he 2 vomits or more times. Child may return to child care the following morning if he has not vomited in the previous eight hours. If there appears to be blood present in the vomited content, immediate medical attention is necessary.

Cough

Child should be referred for evaluation if he/she has a frequent cough which prevents eating, sleeping, playing or which is accompanied by other illness symptoms.

Rash

Child with an undiagnosed rash will be sent home for any of the following reasons:

- Rash is spreading over a period of time
- Rash is widespread
- Rash appears to cause discomfort and/or is accompanied by fever
- Rash persists for more than two days
- Rash contains or consists of blisters
- Rash looks like bleeding under the skin

If symptoms do not improve or worsen, re-valuation may be required.

Child will be excluded from child care until a note is received from his/her healthcare provider stating the diagnosis or that he/she is not contagious.

Mouth Sores

A child unable to control his/her saliva or unable to eat or drink due to mouth sores may be excluded from child care unless a healthcare provider states that the child does not have coxsackie virus or some other contagious illness. (See coxsackie virus under Contagious Illnesses.)

Contagious Illnesses

Diarrhea*

Child will be sent home for diarrhea that occurs three or more times per day for infants that is not contained by diapers and two or more times per day for toddlers and preschool children that is not contained by diapers or toilet use. Child may return to child care when diarrhea (as described above) has not occurred in the previous eight ours. On the day the child returns, if one such stool occurs, he/she will be excluded from child care. If there appears to be blood present in the stool, immediate medical attention is necessary. Diarrhea of two weeks' duration is an indication for medical evaluation, and a note from a healthcare provider will be required for continued attendance.

***All diarrhea is a health concern in the classroom.**

Cold

Child may be sent home with any of the following symptoms or complaints:

- Hacking Cough
- Breathing difficulty
- Fever
- Profuse or yellow-green nasal discharge
- Ear drainage

Coxsackie Virus

Child may return following being fever free for twenty-four hours without the use of fever reducing medication. Lesions on the hands and feet are not reasons for exclusion, but lesions which are not dried up must be kept covered.

Herpes Virus

A diagnosis of herpes requires exclusion from child care until lesions appear dried and no longer active (indicating they are non-contagious) or can be covered by a bandage. The recurrent nature of herpes makes it necessary for the child care centers to follow these guidelines with each successive episode.

Impetigo

Child may return following twenty-four hours of treatment (may include topical or oral). Draining lesions should be covered with a bandage (i.e., Band-Aid).

Pink Eye (Conjunctivitis)

Child will be sent home if either eye is draining cloudy or has colored discharge.

Child may return to child care when:

- He/she has been on antibiotics for twenty-four hours, or
- He/she is accompanied by a doctor's note stating that the drainage is caused by a non-contagious condition (such as a blocked tear duct).

If the child returns to child care and symptoms do not improve or should worsen, re-evaluation may be required.

Ringworm/Tinea

Child may return to child care after one treatment as long as lesions can be kept covered by clothing or bandage for one day.

Roseola

Child may return to child care when fever is gone and child has a doctor's note stating that he/she has resolving roseola and is not contagious.

Strep Throat

Child must be on an antibiotic for twenty-four hours before returning to child care. Child must feel well enough to eat, drink, and participate in all classroom activities.

Thrush

Child may return to child care after one treatment, as long as the child is able to eat, drink, and participate in all classroom activities.

Chicken Pox

Child may return to child care after seven days from the onset of the rash or when all lesions are crusted over.

Lice

Child may return to child care when nits (eggs) can no longer be found on the child by the child care staff.

Preschool Skills Summary

Heart 2 Heart

Gross Motor	Accurate ball toss Runs smoothly, pivots, changes pace Stands on one foot Pedals tricycle Jumps with one foot leading Sits for 10 minute circle
Fine Motor	Manipulates clothing fasteners w/assistance Completes 12 to 16 piece puzzles “Bridges” blocks Draws circle & square Writes name with scattered letters Cuts paper in half
Cognitive	“Tadpole” figure emerges in drawing 1:1 Correspondence Asks “why?” Gives names to artwork Recognizes name Knows days of week
Language	Speaks clearly Sings complete songs “Mock” writing emerges in drawings
Social/Emotional	Cooperative play rather than parallel Uses words more than hands and teeth Shows empathy to other children Helpful Follows rules Works in small groups
Pre-Reading	Recognizes capital letters “Reads” books from front to back Continues simple patters
Pre-Math	Can identify three to five objects Seriates 10 objects
Self Help	Independent toileting Participates in classroom routines as a “helper” Washes hands without playing Pours own milk Serves self with dry foods Cleans up toys with little assistance

Child Care Center Contract

Please check that you have received and read my daycare handbook. By checking the box you show that you agree and accept all the rules and regulations that Heart 2 Heart provided you with. It also shows that you will do your best to follow Heart 2 Heart handbook and know that you may get friendly reminders if some of the rules in the hand book are not being followed.

This is a legal and binding contract between Heart 2 Heart and _____(parent/or legal guardian)

1. Childcare services will be provided by Heart 2 Heart for (name of child) _____, according to the agreed upon schedule provided.
2. All Major Holidays will be paid while at the Heart 2 Heart and no childcare service will be provided.
3. The fee for childcare will be \$_____ per week payable at the beginning of the week.
4. You agree to pay \$25.00 for any check that is returned to me. If a 3rd bounced check occurs all payments for the next 6 months will be made in cash, money order or cashier's check.
5. You know and agree to pay all costs that come about because of unpaid debt; Such as money paid out to a collection agency, legal fees and court fees.
6. You know and agree to provide me with a 2 weeks' notice prior to any vacation time.
7. Parent and child care provider both agree to provide 2-week written notice to terminate the Childcare Contract. Parent knows and agrees that if a 2 weeks written notice is not given to provider prior to withdrawal of your child from Heart 2 Heart, then the final 2 weeks fees will still be payable to Provider. *Provider has the right to terminate this contract instantly if your child has caused intentional harm to the other children (such as biting, hitting and kicking, etc) or is purposely destroying property and not following the rules. Such as breaking things on purpose, swearing, not listening to Staff.
8. All forms need to be filled out before your child can start. Forms will be updated yearly. Parents know that without the proper forms his/her child will not be able to attend until they are all filled out.
9. Parent agrees to provide all supplies needed by Provider. Parent understands items are not supplied, they will be purchased by Heart 2 Heart and Parent will reimburse Provider for the full cost.
10. Parent agrees to not drop child off before their schedule times and to pick child up by their schedule times otherwise there will be a fee charged of \$1.00 for every minutes early or late unless child is prearranged to arrive early or stay late but must be done 24 hours in advance. If parent is consistently late parent knows that daycare can and will be terminated.

Parent/Guardian (Please Print) _____

Parent Signature: _____ Date: _____

Weekly Schedule

M – F

Start Time _____

End Time _____

Or

Monday

Tuesday

Wednesday

Thursday

Friday

Start Time _____

Start Time _____

Start Time _____

Start Time _____

Start Time _____

End Time _____

End Time _____

End Time _____

End Time _____

End Time _____

Parent/Guardian (Please Print) _____

Parent Signature: _____ Date: _____

NEW YORK STATE
OFFICE OF CHILDREN AND FAMILY SERVICES
DAY CARE REGISTRATION

**PHOTO OF CHILD
(Optional)**

Child's Full Name: _____

Does your child have any allergies? Yes No
If Yes, what is your child allergic to? _____

Children who have special health care needs are those who have chronic physical, developmental, behavioral or emotional conditions expected to last 12 months or more and who also require health and related services of a type beyond that required by children generally. If your child does have special health care needs please discuss these with your child-care provider.

Child's Source of Medical Care/Primary Care Physician's Name: _____

Telephone Number: _____

Child's Source of Dental Care/Dentist's Name: _____

Telephone Number: _____

Name Of Medical Care Facility/Hospital: _____

Telephone Number: _____

Would you like information on Child Health Plus? Yes No

EMERGENCY DATA	RELATIONSHIP	CONTACT NAME	TELEPHONE NUMBER DURING CHILD CARE	OTHER TELEPHONE NUMBER (Check type)
				<input type="checkbox"/> Pager <input type="checkbox"/> Cell <input type="checkbox"/> Other
				<input type="checkbox"/> Pager <input type="checkbox"/> Cell <input type="checkbox"/> Other
				<input type="checkbox"/> Pager <input type="checkbox"/> Cell <input type="checkbox"/> Other
				<input type="checkbox"/> Pager <input type="checkbox"/> Cell <input type="checkbox"/> Other

Provider/Day Care Facility Name and Address:	CHILD'S FULL NAME:		SEX: <input type="checkbox"/> Male <input type="checkbox"/> Female	
	CHILD'S HOME ADDRESS:		DATE OF BIRTH:	
			HOME TELEPHONE NUMBER:	
	DATE OF ACCEPTANCE:	DATE OF DISCHARGE:		
	NAME OF PERSON APPLYING FOR CHILD:	<input type="checkbox"/> Parent <input type="checkbox"/> Guardian <input type="checkbox"/> Caretaker <input type="checkbox"/> Relative <input type="checkbox"/> Other _____	HOME TELEPHONE NUMBER:	
			DAYTIME TELEPHONE NUMBER:	
	ADDRESS OF PERSON LISTED ABOVE: (IF DIFFERENT FROM CHILD'S):			
	AGREEMENTS			
	I consent to the enrollment of the child listed above in this facility and have been advised of the policies regarding administration of medications, fees, transportation and the services provided by the facility, and the Office of Children and Family Services regulations under which it operates.			
	I give consent for my child to take part in neighborhood trips (i.e. library, park and playground) away from the facility under proper supervision. <input type="checkbox"/> Yes <input type="checkbox"/> No			
In case of accident or injury, I authorize any and all emergency medical, dental, and /or surgical care and hospitalization advised by the physicians, surgeon or hospital (listed on the other side of this card) necessary for the proper health and well-being of my child. <input type="checkbox"/> Yes <input type="checkbox"/> No				
I have provided information on my child's special needs (Allergies, Diet, Disabilities, and /or Medical Information) to the provider, as may be necessary to assist the facility in properly caring for my child in case of an emergency. <input type="checkbox"/> Yes <input type="checkbox"/> No				
I agree to review and update this information whenever a change occurs and at least once every six months. <input type="checkbox"/> Yes <input type="checkbox"/> No				
SIGNATURE – PARENT OR PERSON(S) LEGALLY RESPONSIBLE			DATE:	



Medical Statement of Child in Childcare

To Be Completed By Licensed Physician, Physician's Assistant or Nurse Practitioner

Name of Child:	Date of Birth:	Date of Examination:
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Immunizations required for entry into day care

Yes No

Medical Exemption The physical condition of the named child is such that one or more of the immunizations would endanger life or health. Attach certification specifying the exempt immunization(s).

Diphtheria, Tetanus and Pertussis (DPT) Diphtheria and Tetanus and acellular Pertussis (DTaP)	1 st Date	2 nd Date	3 rd Date	4 th Date	5 th Date
Polio (IPV or OPV)	1 st Date	2 nd Date	3 rd Date	4 th Date	
Haemophilus influenzae type B (Hib)	1 st Date	2 nd Date	3 rd Date	4 th Date OR 1 st Date (if given on or after 15 months of age)	
Pneumococcal Conjugate (PCV) for those born on or after 1/1/08)	1 st Date	2 nd Date	3 rd Date	4 th Date	
Hepatitis B	1 st Date	2 nd Date	3 rd Date		
Measles, Mumps and Rubella (MMR)	1 st Date	2 nd Date			
Varicella (also known as Chicken Pox)	1 st Date	2 nd Date			

Other Immunizations may include the recommended vaccines of Rotavirus, Influenza and Hepatitis A

Type of Immunization:	Date:	Type of Immunization:	Date:
Type of Immunization:	Date:	Type of Immunization:	Date:
Type of Immunization:	Date:	Type of Immunization:	Date:

Tests

Tuberculin Test Date: ___ / ___ / ___ Mantoux Results: Positive Negative _____ mm

TB Tests are at the physician's discretion.

If positive, or if x-ray ordered, attach physician's statement documenting treatment and follow-up.

Lead Screening Date: ___ / ___ / ___

Attach lead level statement

Lead Screening (Include All Dates and Results)

1 year ___ / ___ / ___ Result: _____ mcg/dL Venous Capillary

2 years ___ / ___ / ___ Result: _____ mcg/dL Venous Capillary

Most recent date of lead screening (if different from above):

___ / ___ / ___ Result: _____ mcg/dL Venous Capillary

Per NYS law, a blood lead test is required at 1 and 2 years of age and whenever risk of lead poisoning is likely. If the child has not been tested for lead, the day care provider may not exclude the child from child day care, but must give the parent information on lead poisoning and prevention, and refer the parent to their health care provider or the county health department for a lead blood screening test.



Medical Statement of Child in Childcare (continued)

Health Specifics

Comments

Are there allergies? (Specify)	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Is medication regularly taken? (Specify drug and condition)	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Is a special diet required? (Specify diet and condition)	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Are there any hearing, visual or dental conditions requiring special attention?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Are there any medical or developmental conditions requiring special attention?	<input type="checkbox"/> Yes <input type="checkbox"/> No	

Summary of Physical Exam

Include special recommendations to Day Care Providers

On the basis of my findings as indicated above and on my knowledge of the named child, I find that: he/she is free from contagious and communicable disease and is able to participate in day care.

Yes No

Signature of Examiner

Address

Please Print Name

City, State, Zip

Title

()
Phone

Date

Religious Exemptions

Public Health law Section 2164 allows a child to be religiously exempted from immunization. A written and signed statement from a parent, parents or guardian of the child stating that they object of the immunization of their child due to their sincere and genuine religious beliefs should be submitted to the day care owner, operator or administrator who shall determine whether the statement of religious belief is acceptable.

Medical Emergency Release

Child's Information

First Name _____ Last Name _____

Date of Birth _____



Does your child have any medical conditions that the emergency room would need to know about (such as asthma, diabetes, epilepsy and etc.)? Yes No

Is your child on any medication? Yes No

If yes, what is the name of the medication? _____

Insurance Information:

Insurance carrier & policy number _____

Doctor's name & phone number _____

Dentist's name & phone number _____

Medical Emergency Treatment

I, hereby, give Heart 2 Heart Child Care Center permission to administer first aid and/or CPR to my child, _____ . Heart 2 Heart or any of its employees has permission to call a physician to secure necessary medical care in the event of an emergency.

I give consent for all medical and/or surgical treatment that may be required for our child during my absence I, hereby, authorize Heart 2 Heart to have my child as listed above treated by any medical personnel, EMTs, paramedics, doctors, or dentist that Heart 2 Heart thinks is necessary (including the administration of anesthesia if surgery is advised by a physician), and to otherwise act in my behalf in order to protect my child when I cannot be reached and/or when delay would be dangerous in case of illness or accident. I also give my consent to have my child transported by ambulance to a medical facility. I understand that I will be responsible for all costs related to such treatment.

I, hereby, acknowledge that no guarantees have been made to me as to the effect of such examinations or treatments on my child's condition. I have read this form and I certify that I understand its contents.

I, hereby, give my consent:

Parent/Guardian (Please Print) _____

Parent Signature: _____ Date: _____

Heart 2 Heart Child Care Center Emergency Contact Numbers / Pick-up List

I authorize the following individual to take my child from Heart 2 Heart premises. (It is advised that you notify the provider at the beginning of the day when your child will be picked up by one of the authorized Individuals.) **Please only provide a number if Heart 2 Heart can contact them if they cannot reach you.**

1. Name as Appears on Driver License _____

- Number _____

2. Name as Appears on Driver License _____

- Number _____

3. Name as Appears on Driver License _____

- Number _____

4. Name as Appears on Driver License _____

- Number _____

5. Name as Appears on Driver License _____

- Number _____

6. Name as Appears on Driver License _____

- Number _____

7. Name as Appears on Driver License _____

- Number _____

Persons NOT Authorized to Pick Up My Child

1. _____

2. _____

Parent/Guardian (Please Print) _____

Parent Signature: _____ Date: _____

Permission to Apply Ointments

Child's Name _____

Please check Ointments provider can apply:

Diapering Ointment

Sun Screen

Bug Spray

First Aid Ointment

Other _____

Parents will provide all necessary ointments. Heart 2 Heart does not provide ointment. Parents will label child's ointments. Teachers do not check cubbies each day for new items, it is just impracticable. Please make the teachers aware of any new ointment. Please let your child's teacher know if you provided new ointment.

Parent/Guardian (Please Print) _____

Parent Signature: _____ Date: _____

Permission to Use Disinfectant Wipes

Heart 2 Heart Child Care does it utmost to prevent accidents, but children being they children occasionally fall and sustain cuts or scrapes. All cuts and scrapes are treated by washing with soap and water and then covering. If soap and water are unavailable, Heart 2 Heart will use disinfectant wipes to clean cuts and scrapes before covering. Please check and sign below or Heart 2 Heart will only cover the cut or scrape until soap and water is available.

Clean with disinfectant wipes & cover area for my child.

Parent/Guardian (Please Print) _____

Parent Signature: _____ Date: _____

Heart 2 Heart Child Care Web Camera Access Agreement

1. Parent access to this Service is intended to foster comfort and not serve as a surveillance system for events that take place at the Center. Accordingly, Heart 2 Heart is not obligated to archive or otherwise maintain files or other reproduction of the content which appears on the Service for future reference.
2. You are responsible for the security and use of your password. You must never respond to a request for this password to safeguard your privacy.
3. You shall not use the Service for any unlawful or inappropriate purpose.

Parent/Guardian (Please Print) _____

Parent Signature: _____ Date: _____

Student Pictures and Video Usage Policy

Children are photographed or videotaped at Heart 2 Heart for a variety of uses; please check the uses for which you would like to give permission. If there are any special conditions please specify below.

_____ School Use

_____ Parent Password Protected Online Photo Album

_____ Newspapers and TV stations

_____ Website

Special conditions: _____

Parent/Guardian (Please Print) _____

Parent Signature: _____ Date: _____

Heart 2 Heart Child Care Center Telephone Directory

I only want the information to be used for teachers contact list.

I give permission for my child's name and the parents' information checked to be listed in a directory to be given to families of the children enrolled in the school.

Dad's Information - ALL

Dad Name _____

Email _____

Best Contact Number _____

Mom's Information - All

Mom Name _____

Email _____

Best Contact Number _____

Parent/Guardian (Please Print) _____

Parent Signature: _____ Date: _____

Child's Informational Sheet

Child's Name _____

Child's Birthday _____

Nickname or Preferred Name _____

Parent's Marital Status _____

Mom's Name _____

Occupation _____

Dad's Name _____

Occupation _____

List of Siblings

Name: _____

D.O.B. _____

Name: _____

D.O.B. _____

Name: _____

D.O.B. _____

Other People Living in Household and Relationship:

Name: _____ Relation _____

Name: _____ Relation _____

Name: _____ Relation _____

Do you speak a language other than English at home? Yes No

If "Yes", please specify the other language: _____

Are there any ethnic practices or holidays which you would like us to know about?

If so, please

specify: _____

Have there been any major changes in your family recently (i.e., new baby, family move, separation or divorce) that you would like for us to know about in relating to your child?

Does your child feed him/herself? Yes No

Does your child have a favorite toy, blanket or soother? Yes No

Please identify: _____

Is there anything about your child's health that worries or concerns you now?

Is this your child's first experience in a school setting? Yes No

Does your child enjoy playing alone or with others? Alone With others

What are your child's special interests and activities? _____

In what ways do you encourage your child in developing independence? _____

What are your goals for your child this year? _____

Please describe any fears or dislikes your child may have? _____

Does your family have any pets? Yes No

If "Yes", please specify what kind: _____

Is there anything about your child's you would like to share? _____
