

CV-TEC Pre K Handbook 2011-2012



May 2011



PROGRAM INFORMATION

CV-TEC is located at 1585 Military Turnpike on the corner at the Route 3 intersection. We offer a pre-school experience for children ages 3 - 5 years old. Children who will be three years of age before December 1, 2011 will be considered for acceptance. Our pre-school program is linked to the Career & Technical Education Child Care Program. The integration of these two programs allows us to provide our Child Development students with hands-on training. The CV-TEC staff will provide a valuable learning experience for our pre-school children and our Career and Technical Education students. Our Pre-School children are under constant staff supervision and should only be dropped off to staff members and not students. All lesson plans that are used with our Pre-School children are staff approved. We will arrange for you and your family to meet our staff and tour our facility at your convenience.

Days and Hours of Operation

AM Session

Tuesday, Wednesday & Thursday

9:00 am - 11:00 am

OR

PM Session

Tuesday, Wednesday & Thursday

12:30 pm - 2:30 pm



Cost to attend

We are charging a flat fee of \$75.00 per month per child, regardless of the number of days in each month.

We are charging by the month not by the hour or day. PM session is prone to ½ day dismissals and possibly no school during Regents week depending on childcare student attendance.

Payment will be expected on the first of each month. You will be charged \$75.00 per month whether your child is in attendance or not. If payment is not made it could result in the removal of your child from our program.

Regular attendance promotes a positive experience for your child and gives our Child Care Program students valuable experience with your child. Tuition payments may be made in our Principal's Office located to the left of the Security Desk in the lobby.

Withdrawal from the program

If a Parent/Guardian wishes to withdraw his/her child from our program, he/she needs to notify our billing office and our Pre-School staff in writing. Payment is expected for any part of the month a child attends.

Dismissal from program

If our Pre-School staff feels that our program is unable to meet the needs of a child, his/her Parent/Guardian may be asked to withdraw that child from our class. We will make a referral to another program if available

Calendar

We follow the CV-TEC school calendar. All school cancellations will be announced on the local radio/television stations.

Building Security/Parking

All visitors entering the CV-TEC building are required to sign in at the security desk located in the lobby. Picture Identification is also required.

People who are dropping off or picking up pre-School children should park in our visitor's parking lot.

Health and Safety Concerns

Your child will be in our care for only short periods of time. It is likely that if he/she needs to take medicine the Parent/Guardian will be able to administer it either before or after school. However, we have included our school policy regarding student medications for your information.

Our nursing staff will be responsible for all health concerns including medications. No medications can be given without a current written prescription by a physician specifically for your child as well as a permission slip from the Parent/Guardian. All medications must be checked in with our nursing staff. We cannot allow any medications to be stored any place in our classrooms or with child's belongings.

When you check medication in with our nurses they will need a:

1. **Current physician's statement**
2. **Written permission from parents/guardians**
3. **Original container**
4. **Prescription must be in a labeled pharmacy bottle/container with the child's name and medication name on it.**

Drop off and pick up

Our CV-TEC staff will be available to receive your child at 9:00 AM and 12:30 pm and are the only people authorized to do so. Please maintain close and direct supervision of your child as you enter and leave the building each day.

Enrollment

Once all of the necessary paperwork and documentation has been received, our nursing staff will review your child's file. They will submit your child's name to us once he/she has been cleared to attend. At that point we will contact you regarding your child's enrollment status.

Children are enrolled on a first come first serve basis. We will open registration to new applicants once our returning children have been considered.

For your convenience we are including a list of the paperwork that you will be expected to return to our CV-TEC staff.

Items attached:

- Pre-school child application**
- Medical form**
- Permission to participate**
- Emergency form**
- Parent/guardian agreement**
- Photo release permission**

Copy of:

- Birth Certificate**
- Updated immunization form**
- Lead Level**
- Dr.'s Physical Form**





Photo Release Permission

Dear Parents/Guardians:

Below please find a media release to be signed and returned to Champlain Valley Educational Services Center. By signing the release, you are authorizing CVES to photograph, interview, and/or videotape your child. In addition, you are authorizing CVES to use your child's photograph, interview, and/or videotape for presentations, news articles, publications, yearbook, newspapers, television, promotional literature, slides, and any other bone fide business use. If over 18 years of age, the student may sign the authorization.

The authorization will be valid for the 2011-2012 school year only.

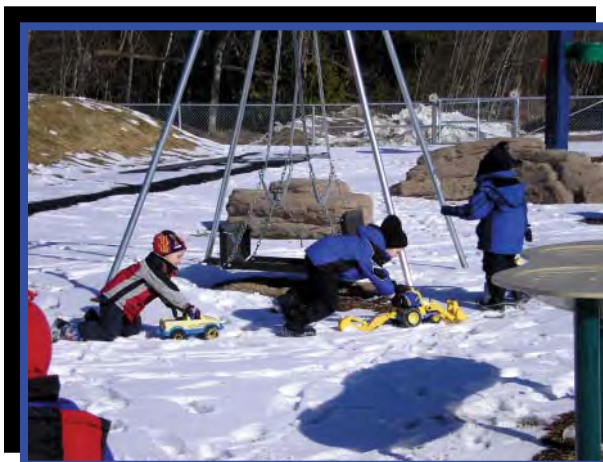
Date: _____

Child's Name and Signature: _____

Parents/Guardian's Name and Signature: _____

Yes _____ No _____

I authorize my child to be photographed, interviewed, and/or videotaped as provided for herein.



CV-TEC

Pre-School Child Application

Name of Child: _____ Child's Date of Birth: _____

Mailing Address: _____

Home Phone: _____

E-Mail Address: _____

After completing this form, please return to: Donna Wyant - Teacher
Champlain Valley Educational Services
CV-TEC Division
Child Care Program
PO Box 455
Plattsburgh, New York 12901
dwyant@cves.org

Check the session of Pre-School that would be your *first* choice for your child: _____ a.m. _____ p.m.
Legal guardian(s) of this child:

Name of Mother/Guardian: _____

Occupation of Mother: _____

Her telephone number: _____

Work telephone number: _____

Her home mailing address: _____

Name of Father/Guardian: _____

Occupation of Father: _____

His telephone number: _____

Work telephone number: _____

His home mailing address: _____

Brothers and sisters of child: (Attach additional paper if necessary)

Name _____ Date of birth _____

Name _____ Date of birth _____

Name _____ Date of birth _____

Please list all household members living in your child's home(s) (Please include relationship to the child)._____

Please describe your child's play experience with children his/her age._____

Does your child have neighborhood playmates? Please explain._____

Does your child have any allergies or particular health problems that we should be aware of?_____

Do you have any concerns about your child's speech development? Please explain._____

What method of behavior management is used at home with your child?_____

How would you describe your child's personality?_____

Why would you like to see your child participate in Pre-School program?_____

Do you have any other concerns, regarding your child that you think we should know about? _____



MEDICAL FORM

Champlain Valley Educational Services

CV-TEC Division

P.O. Box 455

Plattsburgh, New York 12901

Tel. (518) 561-0100

_____, whose birth date is _____,

has been enrolled in our Pre-School Program for 3-5 year olds. Classes meet for approximately 6 - 9 hours a week in groups of ten to twelve children. The daily program involves both rigorous and quiet indoor and outdoor play, including the use of climbing equipment. Developmentally appropriate activities are planned to foster social, emotional, intellectual and physical development. A daily snack is served.

Does this child have any physical conditions that we should be aware of? If so, please list and define. _____

Please list all allergies that this child has. _____

Does this child require special attention, medication, or routines that may have to be taken into consideration in planning his or her time at school? _____

In your opinion, is this child physically and emotionally able to participate in a Pre-School program like the one described above? _____

Physician's Signature _____ **Date** _____

MEDICAL FORM

Continued

Patient's Name: _____

Eyes: _____

Ears (otoscopic): _____

Nose: _____

Mouth and throat: _____ **Tonsils: In** _____ **Out** _____

Teeth: _____

Glands: _____

Heart: _____

Abdomen: _____

Hernia: _____ **Inguinal** _____ **Umbilical** _____

Genitourinary: _____

Orthopedic: **Structure** _____ **Scoliosis** _____

Posture _____ **Feet** _____

Skin: _____

Nervous System: _____

Speech: _____

Nutrition & Growth: _____ **Ht:** _____ **Wt:** _____

Immunization boosters: _____

Lead level reading: _____

Other: _____

PHYSICIAN'S SIGNATURE: _____ **DATE:** _____

LEAD POISONING SCREENING

Patient's name _____ DOB _____

Parent(s)/Guardian(s) _____

Address _____

Phone: _____

Date of Screening: _____

Levels: _____

Signature of Physician

Date



**PERMISSION TO PARTICIPATE
AND
EMERGENCY FORM**

- ❖ I hereby grant permission for my child to use all of the play equipment and participate in all of the activities of the school.
- ❖ I hereby grant permission for the CV-TEC staff to take whatever steps may be necessary to obtain emergency medical care if warranted. These steps may include, but are not limited to, the following:
 1. Attempt to contact a parent or guardian.
 2. Attempt to contact parent or guardian through any of the persons listed on this form.
 3. If we cannot contact parent/guardian we will:
 - a. Call an ambulance
 - b. Transport the child to CVPH Medical Center in the company of a staff member.
(Any expenses incurred under step # 3 will be the child's family responsibility.)

THE SCHOOL WILL NOT BE RESPONSIBLE FOR ANYTHING THAT MAY HAPPEN AS A RESULT OF FALSE INFORMATION GIVEN AT THE TIME OF ENROLLMENT.

Please release my child to any of the following people if necessary. Also, please use this list of people as emergency contacts.

1.			
	Name	Relationship	Phone #
2.			
	Name	Relationship	Phone #
3.			
	Name	Relationship	Phone #
4.			
	Name	Relationship	Phone #

A signature here indicates that I have read the contents of this packet and clearly understand this material.

Signature: _____ **Parent or legal guardian signature** _____ **Date** _____

