

# CV-TEC Pre K Handbook 2025-2026



# 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, 2025 will be considered for acceptance. The pre-school program is linked to the CTE Education and Human Services Program. The integration of these two programs allows CV-TEC to provide the Child Development students with hands-on training. The CV-TEC staff will provide a valuable learning experience for the pre-school children and the Career and Technical Education students. The Pre-School children are under constant staff supervision and will only be dropped off to staff members and not CV-TEC students. All lesson plans that are used with the Pre-School children are staff approved. We will arrange for you and your family to meet the staff and tour the 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  
12:15 pm - 2 pm



## Cost to attend

**The fee for attending is \$75.00 per month per child, regardless of the number of days in each month.**

Fees are charged by the month not by the hour or day. PM session is prone to ½ day dismissals and there is also a possibility of no school during Regents week depending on EHS 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 the program.

Regular attendance promotes a positive experience for your child and gives the EHS students valuable experience. Tuition payments may be made in the Principal's Office located in the main office on the Plattsburgh Campus.

## Withdrawal from the program

If a Parent/Guardian wishes to withdraw his/her child from the program, he/she needs to notify the billing office and the Pre-School staff in writing. Payment is expected for the month a child attends, even if it is only for one day.

## Dismissal from program

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

## Calendar

The program follows 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 main office. Picture Identification is also required.

Anyone who may be dropping off or picking up pre-school children should park in the 1<sup>st</sup> row of the faculty parking lot located directly across from the Preschool playground.

## **Health and Safety Concerns**

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

The CVES 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 the nursing staff. We cannot allow any medications to be stored any place in the classrooms or with child's belongings.

Medication check-in requires the following:

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**

CV-TEC staff will be available to receive your child at 9:00 AM and 12:30 pm and are the only staff 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, the nursing staff will review your child's file. They will then submit your child's name to the CV-TEC Education and Human Services Staff. Once he/she has been cleared to attend, we will contact you regarding your child's enrollment status.

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

For your convenience, included is a list of the paperwork that you will be expected to return to the CV-TEC staff.

### **Items attached:**

- \_\_\_\_\_ **Pre-school child application**
- \_\_\_\_\_ **Medical form**
- \_\_\_\_\_ **Lead Level**
- \_\_\_\_\_ **Permission to participate/Emergency Form**
- \_\_\_\_\_ **Parent/guardian agreement**
- \_\_\_\_\_ **Photo release permission**

### **Copy of:**

- \_\_\_\_\_ **Birth Certificate**
- \_\_\_\_\_ **Updated immunization form**
- \_\_\_\_\_ **Dr.'s Physical Form**





## **Student Media Release**

Dear Parents/Guardians:

Below please find a media release to be signed and returned to Champlain Valley Educational Services (CVES). By signing the release, you are authorizing CVES to photograph, interview, video record or live stream your child. In addition, you are authorizing CVES to use your child's photograph, interview, video record or live stream in printed publications, electronic resources such as the CVES website, CVES social media sites, any other bona fide business use.

I release Champlain Valley Educational Services, its officers, employees and agents, from any and all claims, demands, actions, causes of action, suits, damages and judgements as a result of the use of the above information about my child in the publications and sites described above.

**Please check:**    **Yes** \_\_\_\_\_    **No** \_\_\_\_\_

The authorization will be valid for the 2025-2026 school year only.

Date: \_\_\_\_\_

Child's/Student's Name: \_\_\_\_\_

Parent's/Guardian's Name: \_\_\_\_\_

Parent's/Guardian's Signature: \_\_\_\_\_



# CV-TEC

## Pre-School Child Application

Child's Name: \_\_\_\_\_ Child's Date of Birth: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_ Child's Age: \_\_\_\_\_ M \_\_\_\_\_ F \_\_\_\_\_  
\_\_\_\_\_ Home Phone: \_\_\_\_\_  
E-Mail Address: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
Referred By: \_\_\_\_\_

After completing this form, please return to:

Champlain Valley Educational Services  
CV-TEC Division  
Education and Human Services  
PO Box 455  
Plattsburgh, New York 12901

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 Parent/Guardian: \_\_\_\_\_  
Occupation: \_\_\_\_\_  
Home phone #: \_\_\_\_\_  
Work phone #: \_\_\_\_\_  
Mailing address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Name of Parent/Guardian: \_\_\_\_\_  
Occupation: \_\_\_\_\_  
Home phone #: \_\_\_\_\_  
Work phone #: \_\_\_\_\_  
Mailing address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### Child's siblings information: (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).**

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**Please describe your child's play experience with children his/her age.**\_\_\_\_\_

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**Does your child have neighborhood playmates? Please explain.**\_\_\_\_\_

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

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

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**What method of behavior management is used at home with your child?**\_\_\_\_\_

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**How would you describe your child's personality?**\_\_\_\_\_

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**Why would you like to see your child participate in Pre-School program?**\_\_\_\_\_

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**Do you have any other concerns (socially/ academically) regarding your child that you think we should know about?**

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## Immunization Requirement for Students Entering Pre-Kindergarten in 2025

Dear Parent/Guardian,

New York State Law Section 2164 requires certain immunizations (shots) to enter Pre-kindergarten and attend school. Please check with your health care provider as soon as possible to make sure that your child has all the needed immunizations. They are listed below.

### Required Immunizations for Pre-Kindergarten

Immunization	Number of Doses
Polio	3
Hepatitis B	3
Diphtheria/Tetanus/Pertussis	4
Measles/Mumps/Rubella	1
Varicella (Chickenpox)	1
Hemophilus Influenzae	1 to 4
Pneumococcal Conjugate	1 to 4

Please send proof of immunization to the school nurse where your child will be attending pre-kindergarten.

Proof of immunization must be **any 1 of the 3** items listed below:

- An immunization certificate signed by your health care provider
- Immunization Registry report (NYSIS or CIR from NYC) from your health care provider or your county health department
- A blood test (titer) lab report that proves your child is immune to the diseases
  - For varicella (chickenpox), a note from your health care provider (MD, NP, PA) which says your child had the disease is also acceptable.

If you have questions or concerns about immunizations, please contact the school health staff.

School Nurse: Nancy Davison  
Phone: 561-0100 x314

School: CV-TEC  
Nurses Fax: 561-2390



# 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 the Pre-School Program for 3-5 year olds. Classes meet for approximately 6 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? \_\_\_\_\_  
\_\_\_\_\_



## LEAD POISONING SCREENING

**Patient's Name:** \_\_\_\_\_ **DOB** \_\_\_\_\_

**Parent(s)/Guradian(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



## PARENT/GUARDIAN AGREEMENT

Our CV-TEC Pre-School Child Care Handbook is designed to provide parent/guardian with information regarding the Pre-School Program. the staff will provide you with clarification if you require or request assistance.

Parent/Guardian will pay a flat fee of \$75.00 per month, regardless of the number of days in each month. We are billing by the month, not by the week or day. A \$75.00 deposit is due 10 days from the date on your acceptance letter, this will hold your child's spot. If the deposit is not received, you will forfeit your child's spot and it will go to the next child on the waiting list. This is a non-refundable deposit, it will be applied to your October tuition.

Parent/Guardian will be charged whether his/her child/children are in attendance or not.

CV-TEC requests written notification if a child is being withdrawn from the Pre-School Program. Parent/Guardian will be charged for a full month fee if a child attends any part of that month.

Parent/Guardian is expected to pay tuition on the first of each month in the Principal's Office or at the drop-off/pick-up. If payment is not received by the 15<sup>th</sup> of the month, your child will not be allowed to enter class until payment is made or may be withdrawn from the program.

Parent/Guardian may enroll his/her child/children in either the A.M. or P.M. session, based upon availability.

Our Pre-School Child Care Program is in operation: **Tues., Wed., Thurs., 9:00 – 11:00 a.m. or 12:30 – 2:30 p.m.**

**School cancellations are announced on local radio/TV stations.**

I have read and understand the above stated information. I will refer to the CV-TEC Pre-School Child Care Program handbook or a staff member with questions.

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(PLEASE PRINT PARENT/GUARDIAN NAME)

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(SIGNATURE OF PARENT/GUARDIAN)

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(DATE)