

**Apple Tree Pre-School**  
**Three- & Four-Year-Old Programs**  
**Registration for Summer & Fall Programs 2023-2024**  
**Please Return This Form ASAP**

*Registration is done on a first come first serve basis. It is open to our children at Apple Tree presently, then to our waiting list, and to the general public.*

Please Fill Out the Following Information:

Child's Name: \_\_\_\_\_ Birthday: \_\_\_\_\_

Parent's Name: \_\_\_\_\_

Phone: \_\_\_\_\_

E-Mail: \_\_\_\_\_

Address: \_\_\_\_\_

Allergies: \_\_\_\_\_

My Child Will Be Attending Apple Tree for The Following Programs 2023-2024

**Summer Program: Wednesday July 5th,2023- Friday August 11th,2023**

Full Time: \_\_\_7:30am -5:00pm

Part Time: \_\_\_9am -3pm

Pre-School Hours: \_\_\_9am-1pm

M \_ T \_ W \_ TH \_ F \_

.....  
**Fall Program: Wednesday August 30th,2023- Friday June 21st, 2024**

Full Time: \_\_\_7:30am-5:00pm

Part Time: \_\_\_9am-3pm

Pre-School Hours:

\_\_\_9am-1pm

M \_ T \_ W \_ TH \_ F \_

**No My Child Will Not Be Attending Apple Tree**

Summer Program \_\_\_

Fall Program \_\_\_

**The Registration Fee Is: \$100.00**

**And Is Per Program & Non-Refundable Tuition for Each Program**

**Full Time: 7:30-5:00**

**Part Time: 9:00-3:00**

**Pre-School Hours: 9:00-1:00**

**Fall:**

**Fall:**

**Fall:**

Weekly: **\$285.00**

Weekly: **\$270.00**

Weekly: **\$255.00**

Daily: **\$70.00**

Daily: **\$65.00**

Daily: **\$60.00**

**Summer**

**Summer:**

**Summer:**

Weekly: **\$285.00 / Daily: \$70**

Weekly: **\$270.00/ Daily: \$65.00**

Weekly: **\$255.00/ Daily: \$60.00**

**Please Complete Registration Form Along with the \$100.00 Registration Fee Nonrefundable.**  
**Two Weeks Security Deposit (Tuition)\* Due Friday June 21st This Deposit Will Be Applied to The**  
**Holiday (December) Vacation Week & Spring (April) Vacation Week 2023-2024**

**\*Your Child's Spot Is Not Guaranteed. Return As Soon As Possible. Spaces Are Limited. \***

**gerriappletree@gmail.com**

**www.appletreepreschoolct.org**

Check us out on our Facebook Page [ Appletree Preschool]

**Apple Tree Pre-School Fall/Summer Program Registration: 2023/2024**

**Start date:** \_\_\_\_\_ **Program (Check One):** \_\_\_ Three's \_\_\_ Four's

Child's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Home Address: \_\_\_\_\_  
Home Number: \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Cell Number: \_\_\_\_\_

Home Address: \_\_\_\_\_  
Home Number: \_\_\_\_\_

Employer: \_\_\_\_\_ Work Number: \_\_\_\_\_  
Employer Address: \_\_\_\_\_ Cell Number: \_\_\_\_\_

Father's Name: \_\_\_\_\_ Cell Number: \_\_\_\_\_  
Home Address: \_\_\_\_\_

Home Number: \_\_\_\_\_

Employer: \_\_\_\_\_ Work Number: \_\_\_\_\_  
Employer's Address: \_\_\_\_\_ Cell Number: \_\_\_\_\_

Child's Physician: \_\_\_\_\_ Physicians Phone: \_\_\_\_\_  
Child's Dentist: \_\_\_\_\_ Dentists Phone: \_\_\_\_\_

**Sibling(s) In Program?** \_\_\_ Yes \_\_\_ No **Sibling(s) Name:** \_\_\_\_\_

**Do Not List a Parent Who Does Not Have Permission to Pick Up the Above Named Child**

Please list the name and telephone number of three people, other than parent(s), who have permission to pick up your child and may be called in the parent(s) absences or in an emergency. Only those names listed below will be able to pick up and transport your child. If other arrangements have been made for a pick-up, a pickup slip provided by Apple Tree Pre-School must be filled out and be sent in with your child. Proper identification will be required for the release of your child.

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

**Child Lives With (Check One):** \_\_\_ Mother \_\_\_ Father \_\_\_ Both \_\_\_ Other  
**If one parent retains sole custody, for the protection of the child, a copy of a court order must be accompanying this form.**

**Registration Fee Is \$100.00- and Two-Weeks Deposit, Registration Fee Is Non-Refundable, And Is Per Program**

I wish to enroll my child on the following days: ALL \_\_\_ M \_\_\_ T \_\_\_ W \_\_\_ TH \_\_\_ F \_\_\_  
\_\_\_ Full Time Pre-School 7:30-5:00 \_\_\_ Partial Day Pre-School 9:00-3:00  
\_\_\_ Pre-School Hours 9:00-1:00

**Parent Or Legal Guardian Signature:** \_\_\_\_\_ **Date** \_\_\_\_\_

**Child Care Contract**

**Summer Program: Wednesday, July 5th, 2023- Friday, August 11th, 2023**

**Fall Program: Wednesday, August 30th, 2023 - Friday, June 21st, 2024.**

1. Initial: \_\_\_\_\_ I agree to notify Apple Tree as soon as possible whenever my child will be absent
2. Initial: \_\_\_\_\_ I agree to walk my child directly into Apple Tree to their class & contact the director or a staff member
3. Initial: \_\_\_\_\_ I agree that my child will be dropped off/picked up on time for the hours my child is registered for
4. Initial: \_\_\_\_\_ I agree to pay the charge of \$5.00 per every five minutes that I am late for scheduled pick-up time \*Pay on the next scheduled day of care in cash\*
5. Initial: \_\_\_\_\_ I agree to sign my child in and out daily on the form provided by Apple Tree
6. Initial: \_\_\_\_\_ I agree to give Apple Tree Pre-School ONE MONTH written notice before withdrawing my child and I am responsible for the full tuition for ONE MONTH.
7. Initial: \_\_\_\_\_ I understand that there are no refunds, credits, or reductions in price, & I agree that all absences, holidays, vacation days, and weeks taken by either the child or Apple Tree, closings due to a death in the Apple Tree Pre-School's family, early dismissals, and closings due to bad weather, OR PANDEMIC are ALL PAID for.
8. Initial: \_\_\_\_\_ I agree to pay my child's tuition on his/her first registered day of each week. If the tuition is not paid, we cannot permit your child to attend the school until tuition is paid.
9. Initial: \_\_\_\_\_ I agree that if I take a vacation my child's tuition will be paid prior to leaving.
10. Initial: \_\_\_\_\_ I agree that if a check is returned to pay the \$25.00 returned check fee, and thereafter tuition will only be accepted in cash, money order, or bank check.
11. Initial: \_\_\_\_\_ I agree to always check the designated parent information / Dojo (3 yr. and 4 yr. old room doors) to remain up to date on all policies, activities, announcements, changes, etc.
12. Initial: \_\_\_\_\_ I agree that if my child is seen by a doctor for an illness, he/she must return with a note from the doctor indicating the type of illness, expected term of illness, medication child is on, and if the child is contagious. If your child begins taking antibiotics, he/she must remain at home for 48 hours after the medication has been started. And that you will also abide by the sick and illness policy found in your parent handbook. \*\*Emergency medication administered only
13. Initial: \_\_\_\_\_ I understand that my registration fee is due by February 24th, 2023, and the two weeks tuition deposit is due by June 21st or my child's spot will not be secured at Apple Tree Pre-School.
14. Initial: \_\_\_\_\_ I agree that the first thirty (30) days my child is enrolled in the Apple Tree Program, is a probationary period. If the child does not adjust to the program in this time period, he/she may be asked to leave. We will give you ONE MONTH notice, if the situation deems it necessary, Apple Tree has the right to revoke the ONE MONTH notice and have the child leave immediately. \*\*Also see disciplinary policy in the parent information handbook packet for other reasons discontinuing child's attendance at Apple Tree Pre-School. \*\*\*
15. Initial: \_\_\_\_\_ I agree to pay \$ \_\_\_\_\_ per week.

For Child Care Services for (Childs Name) \_\_\_\_\_

During the hours of: \_\_\_\_\_

For the days: \_\_\_\_\_

## Sick & Illness Policy

**Summer Program: Wednesday, July 5th, 2023- Friday August 11th, 2023**

**Fall Program: Wednesday August 30th, 2023- Friday June 21st, 2024**

Your child **will be** sent home for the following conditions and Apple Tree Pre-School will require a note from your child's physician which **must include** diagnosis, if child is contagious, and for how long, date child may return to school. And MAY NOT RETURN to school until 48 HOURS AFTER onset of illness and proper treatment is started:

RASH, PERSISTANT COUGH, DIARRHEA, VOMITTING, PERSISTANT RUNNY NOSE  
(YELLOW/GREEN) **RINGWORM, IMPETIGO, STREP THROAT**

- Your child needs a doctor's note to return to school! If your child returns to school without a doctor's note for any of the above conditioned, he/she will be sent home immediately. **There will be NO exceptions!**
- If your child is sent home with a fever of 100 degrees or higher, he/she **MAY NOT RETURN** to school until he/she is **COMPLETLELY WITHOUT FEVER FOR A FULL 48 HOURS.** from the time the fever breaks.
- RUNNY NOSE AND COUGHS MUST STAY OUT UNTIL THEY NO LONGER HAVE SYMPTOMS. INT. \_\_\_\_\_
- IF CHILD COMPLAINS OF SORE THROAT MUST BE EXCLUDED FOR 48 HOURS AND NEEDS A DOCTORS NOTE TO RE-TURN. INT. \_\_\_\_\_
- RASHES CHILD CAN NOT RETURN WITHOUT A DOCTOR'S NOTE. INT \_\_\_\_\_
- CHILDREN WHO HAVE ALLERGIES WILL NEED TO BE EXCLUDED AT THIS TIME, (\*UNLESS A DOCTORS NOTE IS PROVIDED ) BECAUSE ALLERGIES AND COVID-19 SYMPTOMS ARE TO SIMILAR AT THIS TIME. INT \_\_\_\_\_
- IF CHILD BECOMES SICK AT THE SCHOOL PICK UP IS NOW IMMEDIATELY! AND IF PARENTS CAN"T COME QUICKLY THEY NEED TO HAVE An ALTERNATIVE PICK UP IN PLACE. INT \_\_\_\_\_

### Rules for Absence and Exclusion from School

Parents and Guardians are asked to notify the school when a child is absent due to illness. Not to send to school a child who has a cold or any communicable disease. Treatments must be given at home for all illnesses. **Communicable diseases must be reported** to the Department of Health at (203) 854-7776 by the child's physician or parent. **The exclusion period for patients** with a communicable disease is stated in the table below.

**Parent or Legal guardian Signature:** \_\_\_\_\_

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

## RULES FOR ABSENCE AND EXCLUSION FROM SCHOOL

Parents and guardians are asked to

Notify the school when a child is absent due to illness.

Not to send to school a child who has a cold or any communicable disease.

Treatments must be given at home

For accidents not occurring at school and for all illnesses.

Communicable disease must be reported

To the Department of Health at 854-7776

The exclusion period for patients

With a communicable disease is stated in the table below.

DISEASE	TIME PATIENT IS EXCLUDED FROM SCHOOL
Chicken Pox	Six days from onset
Diphtheria	Until two negative cultures have been obtained by a physician
German Measles	Five days from onset
Impetigo	On certification by a physician that patient is under adequate treatment
Fungus/Ringworm	On certification by a physician that patient is under adequate treatment
Influenza	Until clinically well
Whooping Cough	Three weeks after whooping begins
Measles	Five days after rash appears
Meningococcic/Meningitis	Until certified by physician as cured
Mumps	Until glands are normal
Pediculosis (Head Lice)	Until all signs of nits are gone
Pinkeye	On certification by a physician that patient is under adequate treatment
Poliomyelitis	Ten days
Rash Scabies	Until diagnosed by physician plus certification that patient is under adequate treatment
Scarlet Fever Streptococcal Sore Throat	On certification by physician that patient is under adequate treatment
Tuberculosis (Active)	Until three negative cultures have been obtained by a physician

The **APPLE TREE PRE-SCHOOL** will run its learning programs for both three year old children and four year old children. **APPLE TREE PRE-SCHOOL** is fully licensed with the State of Connecticut.

We provide a very friendly, caring and supportive environment. It is our policy to make learning fun for the child and to help each child feel good about himself or herself. Maintaining a non-stressful atmosphere for your child is very important to our staff here at **APPLE TREE PRE-SCHOOL!**

**APPLE TREE PRE-SCHOOL** hours are 7:30 am. to 5:00 pm. Children can be enrolled from two to five days per week.

Morning and afternoon snacks and juice are served everyday.

The **APPLE TREE PRE-SCHOOL** staff is made up of teachers and aides who have many years of experience and training in working with the pre-school child.

Please know that at **APPLE TREE PRE-SCHOOL** you child is cared for as an individual. We see each child as a separate, special person. We take great pride in knowing your child's experience here will be a rewarding one.

Sincerely,

Geri Calka Flewellyn  
Director

### **SOCIAL DEVELOPMENT**

Interaction with other children  
Social courtesy  
Self awareness  
Expressed feelings  
Independence  
Nutrition and Personal hygiene

### **PRE-READING SKILLS**

Recognize and read name  
Alphabet recognition  
Repeat favorite poem, rhymes, jingles  
Dramatize favorite stories

### **WRITING DEVELOPMENT**

Begin writing including printing name

### **CREATIVE DEVELOPMENT**

Arts and crafts  
Show and tell  
Special visitors

### **MUSIC**

Sense and rhythm  
Appreciation for music  
Knowledge of many songs

### **LANGUAGE SKILLS**

Vocabulary enrichment  
Express his or hers ideas

### **NUMBER READINESS**

Counting  
Recognition of numerical quantities

### **PHYSICAL SKILLS**

Motor skill coordination  
Outdoor activities

### **PERCEPTUAL DEVELOPMENT**

Development of the senses  
Weights and measures  
Recognition of colors, shapes, sizes

### **SCIENCE**

Experiments  
Nature exploration

### **EXTENDED DAY**

7:30 am. to 5:00 pm.  
Five full days per week  
Less than five days per day

### **PARTIAL DAY**

9:00 am. to 3:00 pm.  
Five full days per week  
Less than five days per day

### **NURSERY DAY**

9:00 am. to 1:00 pm.  
Five full days per week  
Less than five days per day

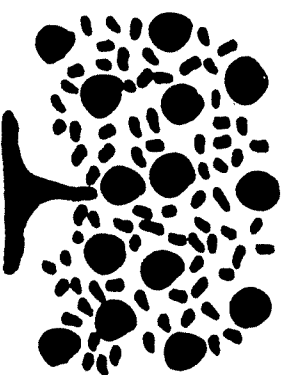
A non-refundable registration fee is to be handed in with registration form to hold your child's space.

A 10% discount will be given for each additional child in the same family.

Tuition is due on child's first day of each week.

All absences, holidays and vacations are paid for

# APPLE TREE



# PRE-SCHOOL

## **APPLE TREE'S DAILY SCHEDULE**



**7:30 - 10:30 - FREE PLAY**

**10:30 - 11:00 - SNACK TIME**

**10:30 - 11:00 - CIRCLE TIME/STORY TIME**

**11:00 - 11:30 - ARTS & CRAFTS**

**11:30 - 12:00 - LARGE MOTOR/INDOOR OUT  
DOOR PLAY**

**12:00 - 1:00 - LUNCH TIME**

**1:00 - 2:30 - NAP TIME**

**2:45 - 3:00 - SNACK TIME**

**3:00 - 3:20 - STORY TIME**

**3:20 - 5:00 - LARGE MOTOR/INDOOR OUT DOOR  
PLAY**



# Discipline Policy

All children at the center will be encouraged to express his/herself to the fullest potential. However, if in doing so they disrupt the class or become aggressive towards another child/teacher the following procedure will take place:

1. Child will be spoken to and encouraged to talk about his/her problem
2. Discipline including, but not necessary, limited to positive guidance, redirection, setting clear limits, continuous supervision by staff during disciplinary action.
3. Specifically prohibited any kind of abusive, neglectful, corporeal, humiliating, or frightful punishment.
4. If behavior continues child will be separated from the group (off to one side of the room). Child will sit no more than one (1) minute per year of life. No more than three (3) minutes away from an activity for three year olds, four (4) minutes for four year olds and five (5) minutes for five year olds.
5. However, if a child becomes so aggressive and abusive physically to the other children or teachers (chair throwing, biting, kicking, etc.) it may be necessary to use physical restraint to protect the health and safety of the child and other people. The child will be removed from the group immediately and brought to the director. The parent(s) or Legal guardian will then be called in. Our goal will first and always be to get the children to talk about their upsets so as to be able to verbally settle conflicts, which arise through out their early years. They need to know how to handle and deal with anger, fear, and sadness and that we are always there for them, always.

If after all the above policies have been observed and the child continues to pose a threat to other children we will ask that the child be removed from the program immediately.

\*\*The parent(s) or Legal Guardian is liable for the two (2) weeks tuition for the program hours and days for which the child is enrolled in as per the signed childcare contract, as if the parent(s) or legal guardian were withdrawing the child themselves without written notice.

## Probationary Period

The first thirty (30) days of the program that your child is enrolled in at Apple Tree Pre-School is considered the probationary period, if the child does not adjust to the program in this time period he/she may be asked to leave. Apple Tree Pre-School will give the parent or legal guardian two weeks written notice. The parent(s) or legal guardian is responsible for the tuition as per the signed childcare contract, up until the last day stated in the written notice.

**\*\*My signature indicates that Apple Tree Pre-School discipline policy was discussed with prior to my child's enrollment.\*\***

Parent/Guardian Signature \_\_\_\_\_



# Yearly Outline

## Month:

## Weekly Theme:

### September:

1. Classroom Rules/Guidelines
2. All About Me [5 Senses / Feelings]
3. Shapes / Numbers
4. Seasons

### October

1. All About Safety
2. Colors
3. Farm / Crops
4. Halloween

### November

1. My Family
2. Giving / Sharing
3. Thanksgiving / Pilgrims & Native Americans
4. Solar System

### December

1. Holiday Traditions
2. Happy New Year!

### January

1. All About Health/Dental
2. Polar Animals (Penguins, Seals, Polar Bears)
3. Being Different / Making Friends
4. Hibernation / Migration

### February

1. Land & Air
2. Love / Friendship - Being a Good Friend
3. Presidents Week
4. Rail & Water

### March

1. Dinosaurs & Reptiles
2. St. Patrick's Day
3. Spring / Insects
4. Zoo Animals

### April

1. Easter - Baby Animals / Eggs
2. Plant Life (Trees, Flowers)
3. Earth [Bodies of Water, Desert, Mountains]

### May

1. Nature (Butterflies)
2. Moms
3. Community Workers [Part 1]
4. Community Workers [Part 2]
5. Sports

### June

1. Graduation Prep
2. Fathers
3. Summer Safety / Summer Fun
4. Graduation Prep

**IMPORTANT DATES TO REMEMBER**

**2023/2024**

**HOLIDAY & VACATION DAYS**

Fall Program: Wednesday August 30th, 2023 - Friday June 21st, 2024.

**All parents are responsible for the full tuition the week of 8/28/23 - 9/1/24.  
This is your first week's tuition and is due in full on or before August 11th, 2023.**

**\*\*Tuesday August 29th** - Teachers Set Up Day - Apple Tree will be closed

**Wednesday August 30th, 2023, Apple Tree OPENS**

**\*\*Labor Day - September 4<sup>th</sup>**

**\*\*Indigenous Day – October 9th**

**\*\*Professional Development- November 7th**

**\*\*Veteran's Day -November 10th**

**\*\*Thanksgiving Break - November 22nd - Early Close @ 1:30 pm**

**\*\*Closed November 23rd & 24th**

**\*\*Christmas Holiday Break**

**\*\*Closed December 25th, 2023 – \*\*January 1st, 2024**

**\*\*Martin Luther King Jr Day - January 15th, 2024**

**\*\*Presidents Day/February Winter Recess - February 19th -February 23rd**

**\*\*Good Friday - Friday March 29th**

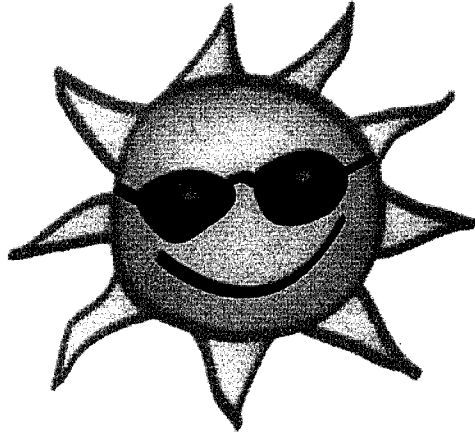
**\*\*Spring Recess - Monday April 15th -Friday April 19th**

**\*\*Memorial Day - May 27th**

**\*\*ALL PARENTS ARE RESPONSIBLE FOR PAYMENT OF THESE POSTED  
HOLIDAYS AND VACATION DAYS\*\***

**\*\* NO MAKE UP DAYS**

**Parent/Legal Guardian Signature: SIGNATURE \_on file \_\*\*Updated \*\*2/24/23**



## Apple Tree Pre-School Summer Camp 2023

- Creative Weekly Themes
  - Arts & Crafts
  - Music & Movement
- Science & Nature Exploring
  - Cooking
  - Special events
- Morning & Afternoon Snacks Included
  - Large Fenced in Playground
    - Outdoor Play
    - Sprinkler
    - Slip & Slide
    - Gym Games
    - Huge Sandbox
  - Air-Conditioned Facility
  - Professional Adult Staff
- Programs Available: 9am-1pm | 9am-3pm | 7:30am-5pm
- Summer Program Begins: Wednesday July 5th, 2023 -Ends Friday August 11th, {Closing at 1pm} 2023
- \*For More Information, Please Call Apple Tree! 203-866-8933
  - [gerriappletree@gmail.com](mailto:gerriappletree@gmail.com)
  - [www.appletreepreschoolct.org](http://www.appletreepreschoolct.org)

# Parents/Guardians,

We would like to welcome you to our **2023 Summer Session** starting on Wednesday July 5th through Friday August 11th

We are all looking forward to having a great time at Apple Tree Pre-School.  
**Your Child Will Need**

- Bathing suit, **worn under clothing in AM for sprinkler Tuesday and Thursday only** and Beach shoes (NO FLIP FLOPS)
- Towel
- Change of Clothes & Shoes
- Small Pillow, Crib Sheet, and small light weight blanket [For the children who nap]
- Lunch [Remember all lunches need an ice pack] We have a microwave and a toaster oven! Please supply your child with juice/water too!
- PLEASE apply sun block when dressing your child for school in AM
- PLEASE return **completed** summer registration application \$100.00, along with summer enrollment packet & Health form to Apple Tree.

**\*PLEASE LABEL all of your child's belongings!**

You will receive a summer calendar with guest special snacks, and weekly themes starting on Wednesday July 5th.

If you have any questions, please call us at 203-866-8933  
gerriappletree@gmail.com

Thank You,  
Apple Tree Staff

# **Welcome To Summer Camp!**

## A few friendly reminders

- Per Health Dept. Regulations - An ice pack must be packed in your child's lunch box.
- Please bring in a water cup with your child's name on it, your child will bring this cup outside with us to keep cool in the Summer heat!
- Please refrain from sending your child to school in flip flops with no strap on the back.
- Bathing Suits and water shoes must be on in the morning when dropped off, to participate in Sprinkler - Sprinkler will only be Tuesday and Thursday
  - No sprinkler on Mondays, Wednesday, Fridays
  - Apply sunscreen to your child before morning drop off
- We leave towels outside to dry, on our fence, in the afternoon we fold and bring them inside our classroom. You are more than welcome to keep them at Apple Tree for the week but must be taken home every Thursday to be washed.
- Nap Time belongings must be taken home every Friday to be washed.
- Please do not bring in toys from home. We do not want them to get lost or broken :)
- Don't forget to pack a change of clothes for your child to keep here at Apple Tree in case of an accident
- Parking at Apple Tree is very limited. We talk to the children and let them know that it is very important after parents/caregivers pick up their things, it is time to go to prevent traffic jams in our parking lot
- There will be a calendar in your child's mailbox and hanging on our door filled with all the special visitors/activities we will have throughout the month! Each week we will have a different theme we will be talking/learning about.

*Looking forward to a great Summer!*

Apple Tree Teachers

**Please Post  
Important Dates to Remember  
SUMMER  
Holiday & Vacation Days**

**Summer Program - Wednesday, July 5th, 2023- Friday, August 11th, 2023**

**All parents are responsible for full tuition payment for the six weeks Summer Program.**

**This is your first week's tuition and is due in full on or before June 23rd, 2023**

**CLOSINGS  
Summer Vacation:**

**Monday June 26th 2023-Tuesday July 4th 2023**

**Friday August 11th 2023 (Early closing @ 1pm) -Tuesday  
August 29th 2023**

**\*NO TUITION PAYMENT DUE FOR SUMMER RECESS  
VACATION**

**Fall Program Begins on Wednesday, August 30th, 2023**

**\*\* PARENTS ARE RESPONSIBLE FOR PAYMENT OF POSTED  
HOLIDAYS\*\***

**INCLEMENT WEATHER INFORMATION**  
**CONSIDERATIONS: UPDATED 2/24/23**

\*THE PRIMARY CONSIDERATION WHEN DECIDING TO CLOSE, DELAY OR KEEP TO THE REGULAR SCHOOL SCHEDULE IS THE SAFETY OF THE CHILDREN.

\*IT IS ALSO IMPORTANT TO KEEP IN MIND THAT WEATHER AND STREET CONDITIONS CAN VARY GREATLY WITHIN NORWALK.

\*ANOTHER IMPORTANT CONSIDERATION WHEN DECIDING TO CLOSE, DELAY OR STAY OPEN IS THE ABILITY OF THE PUBLIC WORKS DEPARTMENT TO PLOW THE STREETS AND SCHOOL DRIVEWAY.

\*\* PARENTS PLEASE CHECK CLASS DOJO APP. FOR CLOSURES AND DELAYS

\*FOR SCHOOL CLOSING AND DELAYS PLEASE LISTEN TO THE FOLLOWING NEWS 12 ON CABLEVISION, CHANNEL 3 EYEWITNESS WFSB.

\*PLEASE CHECK THE FOLLOWING WEBSITES FOR CLOSINGS OR DELAYS: WWW.NEWS12.COMCT , CLASS DOJO APP, [CHANNEL 3] WFSB.COM, FACEBOOK PAGE: APPLE TREE PRE SCHOOL.

**PLEASE BE ASSURED THAT NO DECISION IS MADE WITH A  
GREATER SENSE OF RESPONSIBILITY FOR THE SAFETY OF APPLE  
TREE CHILDREN THAN THE DECISION TO CLOSE SCHOOL BECAUSE**

**OF BAD WEATHER. THERE IS NO STANDARD FORMULA ABOUT  
WHETHER OR NOT TO CLOSE. EACH STORM IS UNIQUE IN TERMS  
OF TIME, CONDITIONS, RESPONSE, AND FORECAST.**

**Sincerely,  
Gerri Calka-Flewellyn**



# State of Connecticut Department of Education

## Early Childhood Health Assessment Record



(For children ages birth – 5)

To Parent or Guardian: In order to provide the best experience, early childhood providers must understand your child's health needs. This form requests information from you (Part I) which will be helpful to the health care provider when he or she completes the health evaluation (Part II). State law requires complete primary immunizations and a health assessment by a physician, an advanced practice registered nurse, a physician assistant, or a legally qualified practitioner of medicine, an advanced practice registered nurse or a physician assistant stationed at any military base prior to entering an early childhood program in Connecticut.

*Please print*

Child's Name (Last, First, Middle)	Birth Date (mm/dd/yyyy)	<input type="checkbox"/> Male <input type="checkbox"/> Female
Address (Street, Town and ZIP code)		
Parent/Guardian Name (Last, First, Middle)	Home Phone	Cell Phone
Early Childhood Program (Name and Phone Number)	Race/Ethnicity	
Primary Health Care Provider:	<input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Black, not of Hispanic origin <input type="checkbox"/> Asian/Pacific Islander <input type="checkbox"/> White, not of Hispanic origin <input type="checkbox"/> Other	
Name of Dentist:		
Health Insurance Company/Number* or Medicaid/Number*		
Does your child have health insurance?	Y    N	
Does your child have dental insurance?	Y    N	If your child does not have health insurance, call 1-877-CT-HUSKY
Does your child have HUSKY insurance?	Y    N	

\* If applicable

### Part I — To be completed by parent/guardian.

Please answer these health history questions about your child before the physical examination.

Please circle Y if "yes" or N if "no." Explain all "yes" answers in the space provided below.

Any health concerns	Y    N	Frequent ear infections	Y    N	Asthma treatment	Y    N
Allergies to food, bee stings, insects	Y    N	Any speech issues	Y    N	Seizure	Y    N
Allergies to medication	Y    N	Any problems with teeth	Y    N	Diabetes	Y    N
Any other allergies	Y    N	Has your child had a dental examination in the last 6 months	Y    N	Any heart problems	Y    N
Any daily/ongoing medications	Y    N			Emergency room visits	Y    N
Any problems with vision	Y    N	Very high or low activity level	Y    N	Any major illness or injury	Y    N
Uses contacts or glasses	Y    N	Weight concerns	Y    N	Any operations/surgeries	Y    N
Any hearing concerns	Y    N	Problems breathing or coughing	Y    N	Lead concerns/poisoning	Y    N
<b>Developmental — Any concern about your child's:</b>				Sleeping concerns	Y    N
1. Physical development	Y    N	5. Ability to communicate needs	Y    N	High blood pressure	Y    N
2. Movement from one place to another	Y    N	6. Interaction with others	Y    N	Eating concerns	Y    N
3. Social development	Y    N	7. Behavior	Y    N	Toileting concerns	Y    N
4. Emotional development	Y    N	8. Ability to understand	Y    N	Birth to 3 services	Y    N
		9. Ability to use their hands	Y    N	Preschool Special Education	Y    N

**Explain all "yes" answers or provide any additional information:**

Have you talked with your child's primary health care provider about any of the above concerns?    Y    N

Please list any medications your child will need to take during program hours:

*All medications taken in child care programs require a separate Medication Authorization Form signed by an authorized prescriber and parent/guardian.*

I give my consent for my child's health care provider and early childhood provider or health/nurse consultant/coordinator to discuss the information on this form for confidential use in meeting my child's health and educational needs in the early childhood program.	Signature of Parent/Guardian _____ Date _____
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Child's Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_

REV. 3/2015

# Immunization Record

To the Health Care Provider: Please complete and initial below.

Vaccine (Month/Day/Year) \_\_\_\_\_

	Dose 1	Dose 2	Dose 3	Dose 4	Dose 5	Dose 6
DTP/DTaP/DT						
IPV/OPV						
MMR						
Measles						
Mumps						
Rubella						
Hib						
Hepatitis A						
Hepatitis B						
Varicella						
PCV* vaccine						*Pneumococcal conjugate vaccine
Rotavirus						
MCV**						**Meningococcal conjugate vaccine
Influenza						
Tdap/Td						

Disease history for varicella (chickenpox) \_\_\_\_\_ (Date) \_\_\_\_\_ (Confirmed by) \_\_\_\_\_

Exemption: Religious \_\_\_\_\_ Medical: Permanent \_\_\_\_\_ †Temporary \_\_\_\_\_ Date \_\_\_\_\_

†Recertify Date \_\_\_\_\_ †Recertify Date \_\_\_\_\_ †Recertify Date \_\_\_\_\_

## Immunization Requirements for Connecticut Day Care, Family Day Care and Group Day Care Homes

Vaccines	Under 2 months of age	By 3 months of age	By 5 months of age	By 7 months of age	By 16 months of age	16-18 months of age	By 19 months of age	2 years of age (24-35 mos.)	3-5 years of age (36-59 mos.)
DTP/DTaP/DT	None	1 dose	2 doses	3 doses	3 doses	3 doses	4 doses	4 doses	4 doses
Polio	None	1 dose	2 doses	2 doses	2 doses	2 doses	3 doses	3 doses	3 doses
MMR	None	None	None	None	1 dose after 1st birthday <sup>1</sup>	1 dose after 1st birthday <sup>1</sup>	1 dose after 1st birthday <sup>1</sup>	1 dose after 1st birthday <sup>1</sup>	1 dose after 1st birthday <sup>1</sup>
Hep B	None	1 dose	2 doses	2 doses	2 doses	2 doses	3 doses	3 doses	3 doses
HIB	None	1 dose	2 doses	2 or 3 doses depending on vaccine given <sup>3</sup>	1 booster dose after 1st birthday <sup>4</sup>	1 booster dose after 1st birthday <sup>4</sup>	1 booster dose after 1st birthday <sup>4</sup>	1 booster dose after 1st birthday <sup>4</sup>	1 booster dose after 1st birthday <sup>4</sup>
Varicella	None	None	None	None	1 dose after 1st birthday or prior history of disease <sup>1,2</sup>	1 dose after 1st birthday or prior history of disease <sup>1,2</sup>	1 dose after 1st birthday or prior history of disease <sup>1,2</sup>	1 dose after 1st birthday or prior history of disease <sup>1,2</sup>	1 dose after 1st birthday or prior history of disease <sup>1,2</sup>
Pneumococcal Conjugate Vaccine (PCV)	None	1 dose	2 doses	3 doses	1 dose after 1st birthday	1 dose after 1st birthday	1 dose after 1st birthday	1 dose after 1st birthday	1 dose after 1st birthday
Hepatitis A	None	None	None	None	1 dose after 1st birthday <sup>5</sup>	1 dose after 1st birthday <sup>5</sup>	1 dose after 1st birthday <sup>5</sup>	2 doses given 6 months apart <sup>6</sup>	2 doses given 6 months apart <sup>6</sup>
Influenza	None	None	None	1 or 2 doses	1 or 2 doses <sup>6</sup>	1 or 2 doses <sup>6</sup>	1 or 2 doses <sup>6</sup>	1 or 2 doses <sup>6</sup>	1 or 2 doses <sup>6</sup>

1. Laboratory confirmed immunity also acceptable
2. Physician diagnosis of disease
3. A complete primary series is 2 doses of PRP-OMP (PedvaxHIB) or 3 doses of Hib (ActHib or Pentacel)
4. As a final booster dose if the child completed the primary series before age 12 months. Children who receive the first dose of Hib vaccine on or after 12 months of age and before 15 months of age are required to have 2 doses. Children who received the first dose of Hib vaccine on or after 15 months of age are required to have only one dose
5. Hepatitis A is required for all children born on or after January 1, 2009
6. Two doses in the same flu season are required for children who have not previously received an influenza vaccination, with a single dose required during subsequent seasons

Initial/Signature of health care provider MD/DO/APRN/PA	Date Signed	Printed/Stamped Provider Name and Phone Number
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## Part II — Medical Evaluation

**Health Care Provider must complete and sign the medical evaluation, physical examination and immunization record.**

Child's Name \_\_\_\_\_ Birth Date \_\_\_\_\_ Date of Exam \_\_\_\_\_  
(mm/dd/yyyy) (mm/dd/yyyy)

I have reviewed the health history information provided in Part I of this form

### Physical Exam

Note: \*Mandated Screening/Test to be completed by provider.

\*HT \_\_\_\_\_ in/cm % \*Weight \_\_\_\_\_ lbs. \_\_\_\_\_ oz / \_\_\_\_\_ % BMI \_\_\_\_\_ / \_\_\_\_\_ % \*HC \_\_\_\_\_ in/cm % \*Blood Pressure \_\_\_\_\_ / \_\_\_\_\_  
(Birth - 24 months) (Annually at 3 - 5 years)

### Screenings

<p><b>*Vision Screening</b></p> <p><input type="checkbox"/> EPSTD Subjective Screen Completed (Birth to 3 yrs)</p> <p><input type="checkbox"/> EPSTD Annually at 3 yrs (Early and Periodic Screening, Diagnosis and Treatment)</p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">Type:</td> <td style="width: 15%; text-align: center;"><u>Right</u></td> <td style="width: 15%; text-align: center;"><u>Left</u></td> </tr> <tr> <td>With glasses</td> <td style="text-align: center;">20/</td> <td style="text-align: center;">20/</td> </tr> <tr> <td>Without glasses</td> <td style="text-align: center;">20/</td> <td style="text-align: center;">20/</td> </tr> </table> <p><input type="checkbox"/> Unable to assess</p> <p><input type="checkbox"/> Referral made to: _____</p>	Type:	<u>Right</u>	<u>Left</u>	With glasses	20/	20/	Without glasses	20/	20/	<p><b>*Hearing Screening</b></p> <p><input type="checkbox"/> EPSTD Subjective Screen Completed (Birth to 4 yrs)</p> <p><input type="checkbox"/> EPSTD Annually at 4 yrs (Early and Periodic Screening, Diagnosis and Treatment)</p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">Type:</td> <td style="width: 15%; text-align: center;"><u>Right</u></td> <td style="width: 15%; text-align: center;"><u>Left</u></td> </tr> <tr> <td></td> <td style="text-align: center;"><input type="checkbox"/> Pass</td> <td style="text-align: center;"><input type="checkbox"/> Pass</td> </tr> <tr> <td></td> <td style="text-align: center;"><input type="checkbox"/> Fail</td> <td style="text-align: center;"><input type="checkbox"/> Fail</td> </tr> </table> <p><input type="checkbox"/> Unable to assess</p> <p><input type="checkbox"/> Referral made to: _____</p>	Type:	<u>Right</u>	<u>Left</u>		<input type="checkbox"/> Pass	<input type="checkbox"/> Pass		<input type="checkbox"/> Fail	<input type="checkbox"/> Fail	<p><b>*Anemia:</b> at 9 to 12 months and 2 years</p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;"><b>*Hgb/Hct:</b></td> <td style="width: 50%;"><b>*Date</b></td> </tr> </table> <p><b>*Lead:</b> at 1 and 2 years; if no result screen between 25 - 72 months</p> <p>History of Lead level <math>\geq 5\mu\text{g/dL}</math> <input type="checkbox"/> No <input type="checkbox"/> Yes</p>	<b>*Hgb/Hct:</b>	<b>*Date</b>
Type:	<u>Right</u>	<u>Left</u>																				
With glasses	20/	20/																				
Without glasses	20/	20/																				
Type:	<u>Right</u>	<u>Left</u>																				
	<input type="checkbox"/> Pass	<input type="checkbox"/> Pass																				
	<input type="checkbox"/> Fail	<input type="checkbox"/> Fail																				
<b>*Hgb/Hct:</b>	<b>*Date</b>																					
<p><b>*TB:</b> High-risk group? <input type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>Yes Test done: <input type="checkbox"/> No <input type="checkbox"/> Yes Date: _____</p> <p>Results: _____</p> <p>Treatment: _____</p>	<p><b>*Dental Concerns</b> <input type="checkbox"/> No <input type="checkbox"/> Yes</p> <p><input type="checkbox"/> Referral made to: _____</p> <p>Has this child received dental care in the last 6 months? <input type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p><b>*Result/Level:</b> _____ <b>*Date</b> _____</p> <p><b>Other:</b> _____</p>																				

**\*Developmental Assessment:** (Birth - 5 years)  No  Yes **Type:** \_\_\_\_\_

Results: \_\_\_\_\_

**\*IMMUNIZATIONS**  Up to Date or  Catch-up Schedule: **MUST HAVE IMMUNIZATION RECORD ATTACHED**

### \*Chronic Disease Assessment:

**Asthma**  No  Yes:  Intermittent  Mild Persistent  Moderate Persistent  Severe Persistent  Exercise induced  
 If yes, please provide a copy of an Asthma Action Plan

Rescue medication required in child care setting:  No  Yes

**Allergies**  No  Yes: \_\_\_\_\_  
 Epi Pen required:  No  Yes  
 History/risk of Anaphylaxis:  No  Yes:  Food  Insects  Latex  Medication  Unknown source  
 If yes, please provide a copy of the Emergency Allergy Plan

**Diabetes**  No  Yes:  Type I  Type II **Other Chronic Disease:** \_\_\_\_\_

**Seizures**  No  Yes: Type: \_\_\_\_\_

- This child has the following problems which may adversely affect his or her educational experience:  
 Vision  Auditory  Speech/Language  Physical  Emotional/Social  Behavior
- This child has a developmental delay/disability that may require intervention at the program.
- This child has a special health care need which may require intervention at the program, e.g., special diet, long-term/ongoing/daily/emergency medication, history of contagious disease. Specify: \_\_\_\_\_
- No  Yes This child has a medical or emotional illness/disorder that now poses a risk to other children or affects his/her ability to participate safely in the program.
- No  Yes Based on this comprehensive history and physical examination, this child has maintained his/her level of wellness.
- No  Yes This child may fully participate in the program.
- No  Yes This child may fully participate in the program with the following restrictions/adaptation: (Specify reason and restriction.) \_\_\_\_\_
- No  Yes Is this the child's medical home?  I would like to discuss information in this report with the early childhood provider and/or nurse/health consultant/coordinator.

Signature of health care provider MD / DO / APRN / PA	Date Signed	Printed/Stamped Provider Name and Phone Number
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## Acknowledgment form

I, (Parent/Legal Guardian Name)

\_\_\_\_\_

Parent/Legal Guardian of (Child's Name)

\_\_\_\_\_

Acknowledge that I have received a copy of the Apple Tree Pre-School Parent Information/Handbook and agree to abide by all the childcare policies and procedures as explained and set forth.

**Parent Initials:** \_\_\_\_\_

**Parent/Legal Guardian Signature:** \_\_\_\_\_

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