

Apple Tree Pre-School

131 Strawberry Hill Avenue Norwalk, CT 06851

Telephone: 203-866-8933

Dear Parents,

Welcome to Apple Tree Pre-School. We are pleased that your child is joining us. Our staff is looking forward to a great year, with lots of fun filled hours of a balanced program of play and learning activities.

Attached are the registration forms for the **Fall & Summer Programs**, which runs from:

_____ || _____

Please fill out all the forms completely. This information is vital to ensuring your child's health and safety as well as assisting us in providing a quality program tailored to your child's needs.

When submitting the registration forms, please be sure that each item on the checklist is included.

No Registration Will Be Accepted Without the Following Information:

- Completed Registration Form
- Completed General Permission Form
- Completed Child Care Contract
- Completed Medical Health Form
- Completed Emergency Card
- Acknowledgment form Holidays & Vacations
- Acknowledgment form of Parent Information Packet
- Acknowledgment form of Sick & Illness Policy
- Paid Registration fee and 2 WEEKS TUITION DEPOSIT (Non-Refundable) Due By:

(Until we receive the registration fee your child's spot is not guaranteed)

First Weeks Tuition Payment - Due on or before _____

(Must be received by the above date in order for your child to start)

Registration will not be accepted unless all of the above are completed

I thank you in advance for your cooperation. Please feel free to contact me if you have any questions. I can be reached at (203) 866-8933

Sincerely,
Gerri Calka-Flewellyn
Apple Tree Pre-School Direction

Apple Tree Pre-School
Three & Four Year Old Programs
Registration for Summer & Fall Programs 2020-2021
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: _____

Mail: _____

Address: _____

Allergies: _____

My Child Will Be Attending Apple Tree For The Following Programs 2020-2021

Summer Program: Tuesday June 30th,2020 - Friday August 14th,2020

Full Time: ___ 7am _5:30pm

Part Time: ___ 9am -3pm

Pre-School Hours: ___ 9am-1pm

M _ T _ W _ TH _ F _

.....
Fall Program: Wednesday August 26th,2020 - Friday June 24th, 2021

Full Time: ___ 7am _5:30pm

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: \$85.00

And Is Per Program & Non-Refundable Tuition For Each Program

Full Time: 7:00-5:30

Part Time: 9:00-3:00

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

Fall:

Fall:

Fall:

Weekly: **\$265.00**

Weekly: **\$250.00**

Weekly: **\$235.00**

Daily: **\$70.00**

Daily: **\$65.00**

Daily: **\$60.00**

Summer

Summer:

Summer:

Weekly: **\$265.00 / Daily: \$70**

Weekly: **\$250.00/ Daily: \$65.00**

Weekly: **\$235.00/ Daily: \$60.00**

Please Complete Registration Form Along With The \$85 Registration Fee & Two Weeks Security Deposit (Tuition) These Are NON-REFUNDABLE & Will Be Applied To The Holiday Vacation Week & Spring Vacation Week 2020-2021

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

www.appletreepreschoolct.com

Check us out on our Facebook Page [Appletree Preschool]

CHILD ENROLLMENT & EMERGENCY MEDICAL CARE FORM

Date of Application: _____ Date of Enrollment: _____ Last Day of Enrollment: _____
Child's Name: _____ Child's Date of Birth: _____
Child's Address: _____ City: _____ Zip Code _____
Mother's Name: _____ Address: _____
City: _____ Zip Code: _____ e-mail Address: _____
Home Telephone #: (____) _____ Cell #: (____) _____
Mother's Employer: _____ Work #: (____) _____
Mother's Employer Address: _____ City: _____ Zip Code _____
Father's Name: _____ Address: _____
City: _____ Zip Code: _____ e-mail Address: _____
Home Telephone #: (____) _____ Cell #: (____) _____
Father's Employer: _____ Work #: (____) _____
Father's Employer Address: _____ City: _____ Zip Code _____

Weekly Care Schedule: (please include the child's hours in care for each day)

Sunday: _____
Monday: _____
Tuesday: _____
Wednesday: _____
Thursday: _____
Friday: _____
Saturday: _____

Persons permitted to remove the child from the child care program on behalf of parent. (Use back for additional names.)

Name: _____
Phone #: _____ Relationship _____

In an emergency, adults to be contacted if parent cannot be reached and to whom the child can be released.

(Use back for additional names.)

Name: _____
Phone #: _____ Relationship _____

Medical Information

Known Allergies: _____ Last Tetanus: _____
Insurance Carrier: _____ Insurance ID: _____

Child's Physician: Name: _____ Phone #: (____) _____
Address _____ City: _____ Zip Code: _____

Child's Dentist: Name: _____ Phone #: (____) _____
Address _____ City: _____ Zip Code: _____

Emergency Authorization

I give my consent for the First Aid and CPR certified staff of (program's name) _____, to administer first aid and CPR to my child and to contact the above named physician or dentist if my child has a medical emergency. I also give my consent for my child to be transported to the nearest hospital in the event of a medical emergency. I will be responsible for all medical fees.

Preferred Medical Facility: _____

Behavior Management and Parent Handbook

I acknowledge that I have read the parent handbook and agree to abide by the policies contained in it and that the techniques used to manage child behaviors in the facility have been discussed with me prior to enrollment.

Signature of Parent or Guardian: _____ Date: _____

Signature of Parent or Guardian: _____ Date: _____

Child Care Contract

Summer Program: Tuesday, June 30th, 2020 - Friday, August 14th, 2020

Fall Program: Wednesday, August 26th, 2020 - Friday, June 24th, 2021

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 & make contact with 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 two weeks written notice before withdrawing my child and I am responsible for the full tuition for those two weeks.
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, 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 can not 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 checkfee, and thereafter tuition will only be accepted in cash, money order, or bank check.
11. Initial: _____ I agree to check the designated parent information (3 yr. and 4 yr. old room doors) at all times 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 24 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 21st, 2020 and the two weeks tuition is due on or before June 24th, 2020 or my child will not attend 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 two (2) weeks notice, if the situation deems it necessary, Apple Tree has the right to revoke the two weeks notice and have the child leave immediatly. **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: _____

General Permission Form

Fall Program: _____
Summer Program: _____

A. I/We hereby grant permission for my child to use all of the play equipment as well as participate in all of the activities at Apple tree Pre-School, unless otherwise noted here:

_____ **Parent Initials:** _____

B. I/We hereby grant permission for my child to be included in evaluations and pictures connected with Apple Tree Pre-School. These pictures may be used for advertisement or other forms of public relations for an indefinite period. **Parent Initials:** _____

C. I/We hereby grant permission for the staff to take whatever steps necessary to obtain emergency medical care if warranted. These steps may include but are not limited to the following: **Parent Initials:** _____

1. Administering of first aid by a staff member.
2. Contacting the child's parent/guardian and contacting the child's dentist or physician.
3. Contacting any of the people listed on the emergency pick up form.
(Note: It is the parent's responsibility to keep this information current)
4. If none of the above can be reached, we will do any or all of the following:
 - A. Call your child's physician
 - B. Have child taken to the nearest hospital in the company of a staff member in an ambulance. Ambulance fees are the responsibility of the parent/guardian
5. While participating in Apple Tree Pre-School activities, I understand my child will be covered under my medical insurance carrier.

Carrier Name: _____

Policy Number: _____

D. Apple Tree Pre-School will not be responsible for anything resulting from false information at the times of enrollment or any other time. **Parent Initials:** _____

E. In cases where a child has been abandoned or assumed abandoned, which is one hour after the program has ended; the Norwalk Police Department will be called to pick up the child.

Parent Initials: _____

F. I/We have read and agree to abide by the childcare policies and procedures as explained in the Parent Information/Handbook Packet. **Parent Initials:** _____

Child's Name: _____

Parent/Legal Guardian Signature: _____

Date: _____

Developmental Profile

Fall Program: _____

Summer Program: _____

The following questionnaire is designed to aid us in providing the best care for your child. All information is confidential.

Child's Name: _____ DOB: _____

Developmental History:

Type Of Birth: ___ Normal ___ Premature || Age child began: Sitting _____ Crawling _____
Walking _____

Age Child Began Talking: _____ || Does child speak in words: _____ & Sentences: _____

Does Child Have Difficulty Speaking? _____

Main

Language Spoken at Home? _____

Speak other language? _____ || Is child a good climber? _____

Does Child Fall Easily? _____

Health:

What communicable diseases has child had and when? _____
Any serious illness or hospitalization? _____ Yes _____ No

If Yes, Please Explain: _____

Any Known Allergies? _____

Is the child on any regular medications? _____ Yes _____ No

If yes, explain: _____

Eating:

Is your child on a special diet? _____

Is your child hungry at meal time? _____ || Between Meals? _____

What foods are refused? _____

What are your child's favorite foods? _____

Any Eating Problems? _____ || Does Child Use Fork&Spoon to eat? _____

Toileting:

What words are used for urination? _____ || Bowels? _____

Does Child Need To Go More Frequen than Usual for His/Her Age? _____

Comments on toilet training and toileting needs? _____

Home Situation:

Does child walk, talk, or cry out at night? _____ || Is Child Friendly _____ Shy _____
Agressive _____ Withdrawn _____

How does child relate to siblings? _____ Adults? _____ Strangers? _____

Does Child Enjoy Being Alone? _____ || Does Child Have Tendancy To Wander? _____

Demand Alot Of Adult Attention? _____ || Does Child Have Any Fears? _____

Who Does Most Of The Disciplining? _____ || Favorite Toy&Activities? _____

Has your child attended any other Preschools or Daycare Facilities, if so please list all attended:

Parent or Legal Guardian Signature: _____

Date: _____

ADMINISTRATION OF MEDICATION 19a-79-3a(d)(8)(7) & 19a-79-9a

Apple Tree Pre-School Administration of Medication Policy

The center will only administer emergency medications which include prescribed inhalers and premeasured commercially prepared injectable medication (i.e. Epi-Pens, Auvi-Q, etc.), non-prescription topical medication and EMERGENCY oral medications (i.e. Benadryl). The parental responsibilities include providing the center the proper medication authorization form, and the medication. The medication administration form must be signed by the authorized prescriber and parent/guardian giving the center authorization to administer the medication. This form is available at the center.

The medication authorization form must include information, such as:

- The child's name, address, and birthdate
- The date the medication order was written
- Medication name, dose and method of administration
- Time to be administered and dates to start and end the medication
- Relevant side effects and prescribers plan for management should they occur
 - Notation whether the medication is a controlled drug
- Listing of allergies, if any and reactions or negative interactions with foods or drugs
 - Specific instructions from prescriber how medication is to be given
- Name, address, telephone number, and signature of authorized prescriber ordering the drug
- Name, address, telephone number, signature and relationship to the child of the parents giving permission for the administration of the drug by a staff member.

Please note that there are many variations of the medication administration form that medical providers have access to. It is the parents responsibility to ensure the medication administration form clearly states that it is for licensed child care centers. Please understand that your child may not be able to attend if he/she does not have the proper authorization.

All medications must be in their original child resistant safety container and clearly labeled with child's name, name of prescription, date of prescription, and directions for use. Except for non-prescription medications, premeasured commercially prepared injectable medications (i.e. Epi-pens), glucagon and asthma inhalent medications, all medications will be stored in a locked container and, if directed by a manufacturer, refrigerated. Controlled medications will be stored in accordance with 21a-262-10 of the RSCA. Non-prescription medications will be stored away from food and inaccessible to the children.

Staff responsibilities include, but are not limited to, ensuring the medication administration form is complete and that the medication being received matches the medication orders and stored as directed.

The center staff will keep accurate documentation of all medications administered. Included, but not limited in the documentation are:

- Name, address, and DOB of the child
- Name of the medication and dosage
- Pharmacy name and prescription number
 - Name of authorized prescriber
- The date & time the medication was administered
 - The dose that was administered
 - The level of cooperation of the child
 - Any medications errors
 - Food and medication allergies
- Signature of the staff administering

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	Until diagnosed by physician plus certification that patient is under adequate treatment
Scabies	
Scarlet Fever	On certification by physician that patient is under adequate treatment
Streptococcal Sore Throat	
Tuberculosis (Active)	Until three negative cultures have been obtained by a physician

Sick & Illness Policy

Summer Program : Tuesday, June 30th, 2020- Friday August 14th, 2020

Fall Program: Wednesday August 26th, 2020 - Friday June 24th, 2021

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 **24 Hours After** onset of illness and proper treatment is started:

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

- If your child returns to school without a doctors note for any of the above conditioned he/she will be sent home immediatly. **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 24 hours. from the time the fever breaks.

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: _____

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

Summer Program - Tuesday, June 30th, 2020 - Friday, August 14th 2020

**All parents are responsible for the full tuition the week of:
June 29th, 2020 - July 3rd, 2020**

This is your first weeks tuition and is due in full on or before June 26th, 2020

**CLOSINGS:
Monday June 29th**

Fourth of July: *Friday JULY 3RD CLOSED

*** EARLY CLOSING@ 1:00PM FRIDAY AUGUST 14TH**

**Summer Vacation : Monday *August 17th 2020 -Tuesday August 25th, 2020
(No Payment For Summer Vacation)**

Fall Program Begins on Wednesday, August 26th, 2020

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

Parent or Legal Guardian Signature: _____

Date: _____

PLEASE POST

IMPORTANT DATES TO REMEMBER

HOLIDAY & VACATION DAYS

Fall Program: Wednesday August 26th, 2020 - Friday June 25th, 2021

All parents are responsible for the full tuition the week of 8/24/20 - 8/28/20
This is your first weeks tuition and is due in full on or before August 14th

Tuesday August 25th - Teachers Set Up Day - Apple Tree will be closed

Wednesday August 26th, 2020 Apple Tree OPENS

Labor Day - September 7th

PROFESSIONAL DAY - October 12th

Election Day - November 3rd *Professional Day*

Thanksgiving Break - November 25 - Early Close @ 1:30 PM

Closed November 26th & 27th

Christmas Holiday Break

Closed December 24th, 2020 - January 1st, 2021

Martin Luther King Jr Day - January 18th

Presidents Day/Winter Recess - February 12th and February 15th

Spring Recess - March 15th-19th

Good Friday - Friday April 2nd

Memorial Day - May 31th

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

**** NO MAKE UP DAYS**

Parent/Legal Guardian Signature:

_____ SIGNATURE ON FILE _____

INCLEMENT WEATHER INFORMATION

CONSIDERATIONS :

*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.

*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.COM/CT , CLASS DOJO APP, [CHANNEL 3] WFSB.COM, FACEBOOK PAGE: APPLE TREE PRE SCHOOL.

** APPLE TREE PRE SCHOOL NOW FOLLOWS NORWALK PUBLIC SCHOOL WEATHER CLOSING& MORNING DELAYS.

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.

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, corporal, 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 _____

Child Discipline Policy

All staff at apple Tree will be instructed in the use of the following disciplinary measure in order to encourage the development of self-esteem in each child. Affirmation is the key to good discipline. What we do and say to children helps them develop and internalize self-control, self-esteem and self-confidence. Praise makes children feel good about themselves, and it tells them that others have recognized their appropriate behavior and hard work.

Words and actions of praise, encouragement, and affirmation should be abundant in our interactions with children.

The foundation of discipline is trust. The development of basic trust must begin during the early childhood years. The Apple Tree staff through consistency in actions and responses accomplishes this. Maintaining a calm and reassuring tone of voice and manner. It also means showing respect for the child's choices or decisions, providing a physical and emotional climate that offers safety and protection for each child, having realistic expectations that are founded on a knowledge and understanding of the individual child, and child development (ages and stages), and lastly, setting the appropriate limits. We adhere to the belief that teachers can best guide children when they themselves provide positive role models. Children are consistently observing us. They know what our feelings are, as well as what our intentions are.

The following principles are used in guiding children's behavior:

1. When we wish or need to interact with a child, we go to that child, get down on his/her level and establish eye contact. We recognize that speaking from across the room or from four feet above is usually ineffective.
2. We provide choices or options when possible. We do not provide children with an option when the outcome is something the child needs to do. Limitations are a part of life that children must at times expect. They are however, presented in ways that allow children to maintain their dignity.
3. Positive directions are set when we want to stop or change a behavior. In this way we let the children know what they can do; not just what they can't do (for example; "You can throw the ball when we go outside. || Not: "Don't throw the ball indoors!"

When disrupting behavior continues over a period of time, parents are called to schedule a conference with the teacher and the director to discuss the child's behavior and make a plan to address the issue.

Confidentiality Policy

Apple Tree Preschool's policy is to keep all information relating to a child or parent confidential. This confidentiality policy includes but is not limited to salary information of the parent, personal file of the child and health information. The center will maintain the confidentiality of all children's records. Files are kept current by updating as needed. All confidential information is kept in locked filing cabinets in the office. The nurse consultant checks medical records weekly however; teachers are privy to this information on a need-to-know basis with the child's parent or legal guardian consent. All teachers are instructed on maintaining confidentiality on an annual (or more frequently if needed) basis. The records are also accessible to the parent or legal guardian.

Child Abuse & Neglect Policy

All of the staff at Apple Tree Preschool has a responsibility to prevent child abuse and neglect of any children involved in our center.

1. **Definition:** Child Abuse includes: Any non-accidental injury (i.e. shaking, beating, burning) | Any form of sexual abuse (i.e. sexual exploitation | Neglect of a child (i.e. failure to provide food, clothing, shelter, education, mental care, appropriate supervision) | Emotional Abuse (i.e. excessive belittling, berating, or teasing which impairs the child's psychological growth) | At risk behavior (i.e. placing a child in a situation which might endanger him/her by abuse or neglect)
2. **Child neglect** is defined as a child who has been abandoned, denied proper care and attention physically, emotionally, or morally, and allowed to live under circumstances, conditions, or associations injurious to his/her well-being (CT statues 46b-120)

As childcare providers we are mandated by law to report any suspicion that a child is being abused, neglected, or at risk.

DCF Child Abuse & Neglect Care Line: 1-800-842-2288

**DCF Area Office: 203-899-1400
761 Main Avenue, I-Park Complex
Norwalk, CT 06851**

Staff shall not use abusive, neglectful, corporal, humiliating or frightening punishment under any circumstances. No child shall be physically restrained unless it is necessary to protect the safety and health of the child or others.

Teaching staff never uses physical punishment such as shaking or hitting and do not engage in psychological abuse or coercion.

Staff shall not threaten or use derogatory remarks. They will not withhold food or threaten to withhold food from a child.

Staff is expected to intervene when any child teases, rejects, or bullies another child. Staff removes the child who is doing the teasing from the other child to discuss why it is wrong to tease, reject, or bully another child.

Open Admission Policy

Apple Tree Preschool is open to all children. This is a non-discriminatory organization. The program's philosophy has always been dedicated to this policy. Currently the program has a wide economic and culturally diverse background. We accept children ages 2 Years 9 Months as of September – 5 years of age.

Open Door Policy

Apple Tree Preschool prides itself on having an open door policy, which allows parents to enter the school during the day to visit their child at any time of the day.

Maintaining Continuity and Relationships

Children in the classroom may be broken up into groups no more than twice a day, for meeting times, to maintain continuity. Each classroom is staffed and organized so the children interact with the same teachers every day.

Teachers are assigned to mostly the same classroom so they can maintain relationships with the children. Classrooms are to be maintained for the majority of the day. Preschool classrooms can be combined after 4:30 pm each day to consolidate the remaining children.

Parent Referrals

Apple Tree will assist any family in need of a referral to a community agency. Referrals will be held confidential at all times. Cultural and linguistic needs of the family will be taken into consideration when referring each family.

The agencies listed below are some that we currently have collaborative agreements with.

Registered Nurse: Sofia Christakos, RN	203-247-6162
Pediatric Medical: Dr. Joseph W. Hufnagel	203-762-3363
Pediatric Dental: Kids First Dentistry	203-255-6851
Mental Health: Mid Fairfield Child Guidance.....	203-299-1314
Speech/Language/Hearing: Norwalk Public Schools.....	203-854-4135
Children with Special Needs: Norwalk Public Schools.....	203-854-4135
Educational Consultant: Elizabeth Englander.....	203-258-4351
Adult Literacy: Norwalk Public Schools Adult Ed.	203-854-7977
Social Services: Department of Children & Families.....	860-550-6300
Health Services: Norwalk Public Health Department.....	203-854-7776
DCF Child Abuse and Neglect Care Line	1-800-842-2288
Health Insurance: HUSKY.....	877-284-8759

(Health Insurance for Uninsured Kids and Youth)

Please let us know if you feel like you may need a referral to any of these agencies. As always, any discussions with your family are held in strict confidence.

Apple Tree is a non-discriminatory center and welcome children and families of all cultures and languages, including children with special needs. Families are highly encouraged to share special family traditions with their child's teacher. If you require assistance in meeting your child's needs or require other services, we will make every effort to address your cultural and linguistic needs.



Apple Tree Pre-School – Norwalk, CT 06851
131 Strawberry Hill Avenue - 203-866-8933
Your child's home away from home

Dear Mr. and Mrs. _____

As per registering your child into pre-school as stated, your child must be fully potty trained. Apple Tree Pre-School is operated by the State of CT. We are unable to change diapers at our facility. Using pull-ups and diapers for potty training is ineffective. Attached to this letter is information on potty training your child.

Please be advised that Apple Tree will give you one more week to fully potty train your child. If this is unsuccessful, you will be asked to leave the program until your child is fully potty trained. Then he/she may return.

Please understand that we encourage all Apple Tree children to grow emotionally, socially, and academically. We see each child as a separate special person and we take great pride in knowing that your child's experience here will be a rewarding one.

**Thank You,
Gerri Flewellyn
Director Operator**

Acknowledgment form

I, (Parent/Legal Guardian Name)

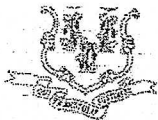
Parent/Legal Guardian of (Child's Name)

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: _____



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	If your child does not have health insurance, call 1-877-CT-HUSKY	
Does your child have dental insurance?	Y N		
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
Developmental — Any concern about your child's:					
1. Physical development	Y N	5. Ability to communicate needs	Y N	Sleeping concerns	Y N
2. Movement from one place to another	Y N	6. Interaction with others	Y N	High blood pressure	Y N
3. Social development	Y N	7. Behavior	Y N	Eating concerns	Y N
4. Emotional development	Y N	8. Ability to understand	Y N	Toileting concerns	Y N
		9. Ability to use their hands	Y N	Birth to 3 services	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 your child's health and educational needs in the early childhood program.

Signature of Parent/Guardian

Date

Part II — Medical Evaluation

ED 191 REV. 3/2015

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>*Vision Screening</p> <p><input type="checkbox"/> EPSDT Subjective Screen Completed (Birth to 3 yrs)</p> <p><input type="checkbox"/> EPSDT Annually at 3 yrs (Early and Periodic Screening, Diagnosis and Treatment)</p> <p>Type: <u>Right</u> <u>Left</u></p> <p> With glasses 20/ 20/</p> <p> Without glasses 20/ 20/</p> <p><input type="checkbox"/> Unable to assess</p> <p><input type="checkbox"/> Referral made to: _____</p>	<p>*Hearing Screening</p> <p><input type="checkbox"/> EPSDT Subjective Screen Completed (Birth to 4 yrs)</p> <p><input type="checkbox"/> EPSDT Annually at 4 yrs (Early and Periodic Screening, Diagnosis and Treatment)</p> <p>Type: <u>Right</u> <u>Left</u></p> <p> <input type="checkbox"/> Pass <input type="checkbox"/> Pass</p> <p> <input type="checkbox"/> Fail <input type="checkbox"/> Fail</p> <p><input type="checkbox"/> Unable to assess</p> <p><input type="checkbox"/> Referral made to: _____</p>	<p>*Anemia: at 9 to 12 months and 2 years</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 70%;">*Hgb/Hct:</td> <td style="width: 30%;">*Date</td> </tr> </table> <p>*Lead: at 1 and 2 years; if no result screen between 25 - 72 months</p> <p>History of Lead level ≥ 5µg/dL <input type="checkbox"/> No <input type="checkbox"/> Yes</p>	*Hgb/Hct:	*Date
*Hgb/Hct:	*Date			
<p>*TB: 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>*Dental Concerns <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>*Result/Level: _____ *Date _____</p> <p>Other: _____</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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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						
Rotavirus						*Pneumococcal conjugate vaccine
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 ¹	1 dose after 1st birthday ¹	1 dose after 1st birthday ¹	1 dose after 1st birthday ¹	1 dose after 1st birthday ¹
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 ³	1 booster dose after 1st birthday ⁴	1 booster dose after 1st birthday ⁴	1 booster dose after 1st birthday ⁴	1 booster dose after 1st birthday ⁴	1 booster dose after 1st birthday ⁴
Varicella	None	None	None	None	1 dose after 1st birthday or prior history of disease ^{1,2}	1 dose after 1st birthday or prior history of disease ^{1,2}	1 dose after 1st birthday or prior history of disease ^{1,2}	1 dose after 1st birthday or prior history of disease ^{1,2}	1 dose after 1st birthday or prior history of disease ^{1,2}
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 ⁵	1 dose after 1st birthday ⁵	1 dose after 1st birthday ⁵	2 doses given 6 months apart ⁵	2 doses given 6 months apart ⁵
Influenza	None	None	None	1 or 2 doses	1 or 2 doses ⁶	1 or 2 doses ⁶	1 or 2 doses ⁶	1 or 2 doses ⁶	1 or 2 doses ⁶

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 HbOC (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 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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