



Dear NPNS Family:

Welcome to the 2018-19 school year. We are delighted to have you as part of the NPNS family. We will be busy over the summer sprucing up the school building for the upcoming year. Please note that our main entrance is located off the NPC Fellowship Lobby. You are able to park in the upper lot, and walk directly into NPNS on the same level.

You are required to return all completed paperwork to the office no later than August 24th. No child can be admitted to the program without all proper forms. Please turn in all documents together. Incomplete paperwork will not be accepted.

Due to our continued efforts to recycle and go green, the necessary school entry forms are now on our website - www.npns.org , under the Parent's Corner Section, under Forms.

Once you've clicked on the Forms Section, click on 2018-19 School Entry Forms. Fill-out and print the forms that have an (*) next to them. You may mail forms to the nursery school at 2011 Post Rd, Darien, CT 06820, deliver to Noroton Church's main office, or you will find a black box sitting outside the school's office, where you can place your paper work.

The following forms should be completed, printed, signed and returned by August 24th:

Check List

Student Profile*

Signed NPNS Health Contract*

CT Medical Record (2 separate pages)* (If your child attended NPNS last year and their Health Form is still current, you do not need to submit this form)

Signed Policy Agreement Form* (New Parent Handbook can be found above school entry forms)

Dismissal Permission Form*

Student Information Form (including dentist)*

Parent Volunteer Form (if applicable)*

Snack Policy Agreement Form*

Late Policy Agreement Form*

Two Standard size photos of your child 4" x 6" or 5"x 7"(for classroom use)*

Extended Day Registration and check (if applicable)* (Extended Day sign up will be thru our website). There are three (3) different registration forms, please be sure you print and fill out the correct registration form for your child, which will depend on what program they are in (AM 3's & 4's & Longer Day 4's). Waiver are required for Karate.

The following forms should be printed and saved for your records:

Classroom Visit Day schedule

Family Books

Snack List

School Calendar

Tuition Schedule

Parent Handbook

Your child's class list will be sent via email in August.

Have a great summer and we look forward to seeing you on September 7th at the Classroom Visit Day.

Sincerely,

Kalie Riordan
Director NPNS

2018-19 NPNS Classroom Visit Schedule Friday - September 7th

Time	Program	Room #
9:15-9:45	AM 2's- 3 Day	Rm. 16
9:15-9:45	AM 2's- 3 Day	Rm. 18
10:00-10:30	AM 2's – 2 Day	Rm. 16
10:00-10:30	AM 2's – 2 Day	Rm. 18
9:30-10:00	Five Day AM 3's	Rm. 14
	Five Day AM 3's	Rm. 15
	Four Day AM 3's M/T/W/Th	Rm. 19
10:15-10:45	Four Day PM 3's M/T/Th/F	Rm. 14
11:00-11:30	AM 4's – Reg. & Long Day	Rm. 10
		Rm. 11
		Rm. 12
		Rm. 13
11:00-11:30	Pre K	Rm. 17

If weather permits, you're invited to go to our playground with your child after you visit your classroom.

We suggest that NPNS Students attend without their siblings.

School officially starts – Tuesday, September 11th

NPNS ENROLLMENT & EMERGENCY MEDICAL CARE FORM

Date Of Enrollment _____

Class (Please circle one) 2's 3's 4's Pre K

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 _____

In an emergency, which parent should be called first? _____

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

Name: _____ Phone #: _____ Relationship _____

Name: _____ Phone #: _____ Relationship _____

Name: _____ Phone #: _____ Relationship _____

Medical Information

Known Allergies: _____ Epi Pen or Inhaler: _____

Insurance Carrier: _____ Insurance ID: _____

Child's Pediatrician: Name: _____ Phone Number: _____

Child's Dentist: Name: _____ Phone Number: _____

Emergency Authorization

I give my consent for the First Aid and CPR certified staff of **NPNS** 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 Hospital of Choice: Stamford _____ Norwalk _____

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, and have had the opportunity to discuss them prior to enrollment.

Print Name of Parent or Guardian: _____ **Date:** _____

Signature of Parent or Guardian: _____ **Date:** _____



NPNS DISMISSAL PERMISSION FORM

Child's Last Name

Child's First Name

Class/Program Child is Enrolled

I give my permission for Noroton Presbyterian Nursery School to dismiss my child to the following people and/or their caregivers in the event I am unable to pick up my child. Please include anyone who will be part of your car pool.

1. _____ Phone #: _____ Relationship _____
2. _____ Phone #: _____ Relationship _____
3. _____ Phone #: _____ Relationship _____
4. _____ Phone #: _____ Relationship _____
5. _____ Phone #: _____ Relationship _____
6. _____ Phone #: _____ Relationship _____
7. _____ Phone #: _____ Relationship _____

I **do not** give my permission to dismiss to a caregiver. ONLY NAMES SPECIFIED ABOVE.

Parent's Signature

Date

My child's caregiver has my permission to sign off on field trip permission slips and to coordinate playdate arrangements.

Parent's Signature

Date



**NOROTON PRESBYTERIAN NURSERY SCHOOL
ENROLLMENT INFORMATION 2018-19
Student Profile**

ALLERGIES

CHILD'S NAME: _____ BIRTH DATE: _____

ADDRESS: _____ PHONE: _____

PLEASE CHECK HERE IF BOTH PARENTS WORK _____

(This is so we can try to accommodate you with your first choice of conference time when they are scheduled during the school year)

STUDENT'S AGE ON 9/1/18: _____ (Years/Months)

OTHER CHILDREN IN FAMILY: NAME AGE SEX (M / F)

OTHER MEMBERS OF HOUSEHOLD (Include relationship)

1. CHILD'S PERSONAL HISTORY

Daily Routine and Experiences: (Characteristics and Patterns)

Waking up (Time and Mood) _____

Dressing _____

Eating _____

Toileting _____

Naptime _____

TV Favorites _____

Pets _____

Neighborhood Friends _____

Fears _____

Travel _____

Family Traumas (moving, death, separation) _____



NPNS Handbook Policy Agreement Form

I have read and understand the following policies as described in the NPNS Parent Handbook. I also agree to comply with the policies as stated. I have had the opportunity to discuss any questions or concerns with the Director.

POLICY	PARENT SIGNATURE	DATE
IMMUNIZATION/MEDICAL HEALTH FORM		
MEDICATION / EPI Pen		
DISCIPLINE		
ABUSE/NEGLECT		
FIELD TRIP PERMISSION		
CENSUS PERMISSION		
GENERAL PERMISSION		
TUITION AGREEMENT		
*PHOTO USE PERMISSION		
TWO'S TRANSITION (2'S)		

Please note:

1. Parents must sign and date each policy individually.
2. Please print Parent Name _____
3. Child's Name _____ Age Level _____

***If you do not wish to have your child photographed please make sure to deliver your Policy Agreement Form to the NPNS Director in-person.**



**NOROTON PRESBYTERIAN NURSERY SCHOOL
HEALTH CONTRACT**

2018-19 School Year

Dear Parents,

At NPNS, we are very interested in the continuing good health and safety of the children. A medical form for each child and teacher must be completed. Emergency cards must also be completed by parents and returned to the school before a child is present without a parent. In case of a serious accident or illness, parents are contacted immediately. If a parent cannot be reached, we follow your emergency instructions.

We ask all parents to read the paragraph below and sign agreeing to keep an ill child out of school. It is not a good experience for a child to be expected to participate at school when he/she does not feel well and it is not fair to expose his/her classmates and their teachers.

Please keep your child at home if you notice any of the following: runny nose, sore throat, swollen glands, pain, earache, rash, nausea, inflamed eyes, flushed face, or unusual pallor. The sneezing and coughing of a cold are contagious. We ask parents to keep at home: children who have loose stools; two year olds whose stool is so large in volume that it cannot be contained in the diaper; older children who cannot reliably use the toilet. The risk of contamination of surfaces by disease causing germs that may be in the stool is especially high when children have diarrhea. Please teach your child good habits of proper wiping at toileting and nose-blowing as well and **HAND WASHING** after both. Notify the school if your child has a contagious disease. The school will notify you if your child has had any exposure. This is important not just for childhood illness, but also for pregnant women or a family with a serious medical condition. The teachers will be alert for obvious symptoms when the child arrives in the morning. If the child does not seem well, the parent will be called.

NPNS is required to have a current health record on every student enrolled in the school. It is a parent's responsibility to provide the nursery school with an updated health form once the existing form expires. **Your child cannot attend classes without a current health form filed in the office.** NPNS requires all students to be in full compliance with the State of Connecticut Licensing requirements regarding annual physicals and immunizations.

Thank you for your cooperation.

Elizabeth M. Anavy, APRN, CPNP

HEALTH PROCEDURE AGREEMENT

I have read the letter from NPNS regarding health and immunization guidelines and agree to follow the procedures requested in the best interest of my child and others.

Print Child's Name

Print Parent Name

Signature

Date



NPNS Late Pick-up Policy and Procedure:

Timeliness and predictable routines are important for the emotional well-being of young children. Prompt pick-ups at the appropriate time are therefore a vital part of the school day. With the shared goal of ensuring a consistent, safe, and well-organized learning environment that meets the needs of both children and staff, we ask that parents and caregivers adhere to the following late pick-up policy and procedure:

Two staff members 18 years of age or older will remain in the program with the child at all times. If a child is not picked up after school, he/she will be brought to the Main Office. NPNS will call the parent or caregiver. If a child is still not picked up after 15 minutes the emergency pick-up procedure will be activated: Each of the emergency contacts will be called. The police will be called after 90 minutes if parents or other adults specified on the emergency/ dismissal forms cannot be reached. At that time the child may be released to the police. The non-emergency number for the Darien Police Department is 203-662-5300.

First offense: A parent/caregiver who picks up a child more than 15 minutes late is given a warning.

Second and subsequent offenses: You will be charged \$15.00 for the first 15 minutes, and an additional \$10.00 for every 5 minutes thereafter. Fines will be paid at the time of pick-up.

Teachers are not permitted to transport children to or from school.

Parent Signature

Date

NPNS Approved Snack List

Please provide daily snacks from two different food groups.
All packaged food must be labeled – “Processed in a nut free facility”

Suggested Fruits

- Grapes – cut in half for 2's classes only
- Apples and pears – sliced and sprinkled with OJ to prevent browning
- Oranges, tangerines or clementines – peeled is easiest
- Bananas, mini bananas – children can peel
- Melon slices
- Berries (any kind)
- Pineapple chunks
- Individual Fruit Cups
- Dried fruit
- Raisins

Suggested Vegetables

- Mini carrots
- Cucumbers
- Celery sticks
- Snap peas
- Peppers
- Baby tomatoes (cut in half)
- Broccoli, cauliflower

Approved Starches (Approved brands are produced in nut free facility)

GF= Gluten Free, 0TF= Zero Trans Fat

- Plain Rice Cakes – **Quaker & Lundberg brand approved** (small size preferred) – GF, 0TF
- Veggie Chips – **Good Health brand approved** – GF, 0TF
- Naked Pita Chips – **Stacy's brand approved** – 0TF
- Saltines – **Nabisco & ShopRite brand approved** – 0TF
- Ritz Crackers – 0TF
- Pop Chips – GF, 0TF
- Annie's Homegrown Cheddar Bunnies – 0TF
- Back to Nature Classic Round Crackers – 0TF
- Back to Nature Harvest Whole Wheat Crackers – 0TF
- Back to Nature Crispy Wheat Crackers – 0TF
- Harvest Snaps – GF, 0TF

Dairy / Spreads

- Cheese - sticks, rounds, slices, cubes or shapes
- Cream cheese (for rice cakes or dipping vegetables (can be colored for special occasions)
- Yogurt – Spoonable or Drinkable (**No Squeezable**) – Greek or Low-sugar preferred
- Hummus – **Tribe brand only**
- SoyNut Butter

Please use extreme measures when preparing food at home. All surfaces and utensils used should be clean and free of any possible trace of peanuts and tree nuts. To ensure safety in food preparation, you are encouraged to use the NPNS kitchen to prepare snacks.



NOROTON PRESBYTERIAN NURSERY SCHOOL SNACK POLICY

Due to the increased number of children entering school with food related allergies and our concern for children's nutrition, NPNS has developed a list of approved snacks. This list has been researched and approved by our Board. We ask that our families please follow this list, without any deviations. **All items must come in the original unopened packaging.** Teachers are required to send home any snacks that are not listed.

If your child has food allergies, we ask that you write it on your child's Profile and contact their teacher before the start of school. In particular, if your child requires an Epi-pen, a meeting must be scheduled with the teacher(s) and Director before school starts.

Thank you for your cooperation and support on this matter.

I agree to comply with the above stated Snack Policy.

Print Student's Name

Parent Signature

Date

We are a nut free environment (this includes peanuts and tree nuts) and do not allow any foods that have been processed in a plant that also processes nuts.

Family Books



One of the key factors to a successful preschool experience is the home/school connection. To foster this connection, the NPNS teachers are using Family Books, which are created by each child with the help of their family. This project is really simple, not particularly time consuming and opens a myriad of learning venues for the child.

Please purchase a 1/2" thick, three ring, white binder as well as plastic sheet protectors to hold photos. Binders can be purchased at any office supply store. Ideal is a binder with a plastic overlay as your child's picture and name can be easily inserted, which will help your child identify his/her family book. In addition, adding the name to the spine of the binder will make it easier for your child to recognize their book.

Your child should help you select photos of meaningful events and/or photos of people or places identifiable to them. These photos are then added to the Family Book.

Children having attended NPNS previously should add photos to their existing Family Book.

Please include as much of your child's input as possible and have fun working on this project together!

2018 – 2019 NPNS Parent Volunteer Form

Throughout the school year, NPNS depends on committees of volunteer parents for specific projects and events. We'd like to reach out to all parents to find the right volunteer opportunity that works for you! Spending time with other NPNS parents for our school, enhances you and your child's experience as well as benefits our school greatly!

Thank you in advance! Please return with your child's school paperwork by August 24th, 2018.

Parent Name: _____

Phone Number: _____

E-Mail Address: _____

Child's Name(s) and Class (2's, 3's, 4's or Pre-K): _____

Class (2's, 3's, 4's or Pre-K): _____

Please Check all opportunities below that you would be interested in:

Fundraiser Committee _____

Works on planning, organizing, and assisting with the annual fundraiser

Events Committee _____

Works on planning, organizing, and assisting the back-to-school classroom visits, movie day, parent's night, pancake breakfast and new parent welcome event.

Library Committee _____

Shelves books, codes and enters new books into library system, and coordinates new book donations. Holds book fair in the spring.

Finance Committee _____

Compares monthly expenses vs. budget, assists Director in preparing annual budget and tuition rates, and investigates in special financial projects. (Note: a background in finance is required)

Room Parent _____

Coordinates class coffee and teacher gifts, oversees snack sign ups, and communicates with class and teachers for special volunteering in classroom, field trips, or other necessary information.

Photo Day _____

Assist Photo Day Coordinator with classes during Class Photo Days.