



Your Child's World Learning Center, Inc.

"Where your child will feel free to explore all possibilities."

5837 N. 2nd Street, Philadelphia, PA 19120 PHONE: (215) 924-4175 FAX: (215) 924-6632

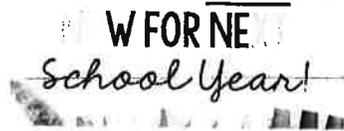
7120 N. Broad Street, Philadelphia, PA 19126 PHONE: (215) 924-4195 FAX: (215) 924-6632

6595A Roosevelt Blvd, Philadelphia, PA 19149 PHONE: (215) 289-2026 FAX: (215) 924-6632

1052 Easton Rd., Abington, PA 19001 PHONE: (215) 758-2487 FAX: (215) 924-6632

2406 S 71<sup>st</sup> Street, Philadelphia, PA 19146 PHONE: (267) 233-7031 FAX: (215) 924-6632

**THINGS YOU MUST DO** RE: Returning Students



June 14, 2017

Dear Parents:

As we prepare for the upcoming school year, please assist us with ensuring that your child's documents are up to date. All returning students must have the following updated forms on file no later than August 1, 2017.

1. Health Assessment
2. Dental Assessment
3. Emergency Contact and Agreement
4. CACFP Meal Application
5. Updated Child Custody Order (IF APPLICABLE)
6. Dietary Restrictions Letter from Doctor (IF DIETARY RESTRICTIONS IS NEEDED) – children can not receive an alternative meal/component without a letter from the doctor. – NO OUTSIDE FOOD PERMITTED WITHOUT WRITTEN APPROVAL WITH GUIDELINES FROM THE CENTER DIRECTOR AFTER RECEIVING THE DOCTOR'S LETTER.

All parents must submit the following by August 21, 2017 for the 2017/2018 school Year.

1. Child Abuse Clearance
2. PA State Criminal Clearance
3. FBI Check
4. Volunteer Emergency Contact
5. Volunteer Disclosure
6. Signed Volunteer Policy
7. Copy of current State ID, or Passport

If we do not receive your updated forms by August 1, 2017 your child's start date will be delayed until updated forms are received. If you have any questions, concerns, or need any documents, please feel free to contact your center director or email me at [lisarobinson@yourchildsworldlc.com](mailto:lisarobinson@yourchildsworldlc.com)

Have a great summer and thank you for your support,

Lisa Robinson  
Your Child's World Learning Center, Inc.  
Administrative Director



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June 1, 2017

It is hard to believe how quickly the school year has come to an end. I would like to thank you for your for entrusting us with your precious possession. It is your belief that a Pre-Kindergarten education is extremely important and we thank you for your support throughout the year. We respect the sacrifices each family makes to ensure that their child arrives to school on time and is ready to socialize with their friends, learn new things, and build bonding experiences. This was a very busy year and you, as partners in education, played a great role in making it a success!

The children participated in many fun and exciting projects. They started to develop skills needed for Kindergarten and made many new friends along the way too. Each of your children has brought such joy and happiness to our classroom. They touched our lives in many positive and rewarding ways. It has been our pleasure to get to know not only your child, but you as well. Thank you for all you have done to make our year so fulfilling and memorable.

As your child moves from Pre-Kindergarten to Kindergarten, there are some very important things you can do to help them succeed. Engage in meaningful conversations with your child everyday. Take time (if only a few minutes a day) to really listen to what they have to say. Read to and listen to your child read. Ask questions, make predictions, make life to text connections as you read. Help your child develop a sense of working and solving problems independently. Talk about ways and start practicing getting and staying organized. Encourage your child to write often! These little things will lead to big successes next year. Again, thank you for a wonderful year. Have a fantastic summer and for those children returning for a second year of Pre-Kindergarten, we can't wait to see you in the fall! Your teacher will contact you prior to the start of the school year to give you our start date and to set up a parent conference.

All the best,  
Your Child's World Learning Center, Inc.

**Pre-Kindergarten Program Emergency Contact and Agreement**

<b>Child's Name</b>		<b>Date of Birth:</b>	
<b>Address:</b>			, PA
<b>Mother's's Name</b> <input type="radio"/> <b>Foster Parent</b> <input type="radio"/> <b>Legal Guardian</b>		<b>Contact Numbers</b> <b>Cell:</b>	
		<b>Home:</b>	
		<b>Work:</b>	
<b>Home Address:</b>			, PA
<b>Work Address:</b>			, PA
<b>Father's Name</b> <input type="radio"/> <b>Foster Parent</b> <input type="radio"/> <b>Legal Guardian</b>		<b>Contact Numbers</b> <b>Cell:</b>	
		<b>Home:</b>	
		<b>Work:</b>	
<b>Home Address:</b>			, PA
<b>Work Address:</b>			, PA
<b>Child's Physician</b>		<b>Phone Number</b>	
<b>Physician Address:</b>			

**EMERGENCY CONTACTS AND PERSONS AUTHORIZED TO PICK CHILD:**

Each person you authorize to pick up your child must be 18 years or older and have a valid ID.

<u>Contact/Escorts Name</u>	<u>Address</u>	<u>Phone Number</u>	<u>Parent's Initial and date authorized</u>

<b>Allergies:</b>	<b>Medical Conditions/Disabilities:</b>
<b>Medications taken at home:</b>	<b>Medications given to school with physician request and medication log completed:</b>
<b>Nutrition/Dietary Restrictions</b>	<b>Health Insurance Name and Policy Number</b>

Child's Name:		Date of Birth:
<b>SIGN EACH BOX BELOW TO GIVE CONSENT:</b>		
Daily Walks	X	
Transportation by the facility	X	
Obtaining Emergency Medical Care	X	
Administration of Minor First Aid Procedures	X	
Photos (To be use by YCW and Affiliates)	X	
<b>AGREEMENT</b>		
<b>Services provided by Your Child's World Learning Center, Inc.:</b>		
(\$0.00)Free Educational Program from 8:30AM-2:30PM, Monday-Friday during our current school calendar year. Excluding holidays, professional development days, early dismissal days, etc. SEE OUR SCHOOL CALENDAR		
Breakfast, Lunch, PM Snack	*All meals must be eaten at school and cannot be taken off school site excluding trips.	
*Before and After School Services are available for an additional fee. Wrap around services begins 1 minute after dismissal.		
<b>Parent Agrees to the following:</b>		
Parent received the parent handbook and will review and adhere to all the information.		
Update Emergency Contact and Agreement every 6 months and whenever a change occurs.		
Inform the schools Adm. whenever changes occur and provide proof of change if necessary and when requested.		
Update dental forms every 6 months	Update health assessment/report forms every 12 months	
Drop off child before 9:00AM on school days.	Pick up child by 2:30PM, Monday-Friday when school is open. (\$2.00/minute/child late pick up fee begins at 2:01pm)	
Volunteer a minimum of 2 hours a month.	Pick up child by the early dismissal/emergency early dismissal time when school closes early. (\$2.00/minute/child late pick up fee begins 1 minute after dismissal)	
Complete 2 Home Visits a year	Complete 2 Parent Conferences a year	
Ensure that no outside food is brought to school.	Label all items sent to school.	
Call when child is absent	If child is absent 2 or more days, provide a Dr. note prior to returning.	
Parent's Full Signature: X _____		
Print Name: X _____		
Parent Email Address: X _____		
Date: X _____		
Director's Full Signature: X _____		
Print Name: X _____		
Date: X _____		
START DATE:		TERM DATE:

**Pre-Kindergarten Program Emergency Contact and Agreement 2 Pgs. Total**

Updated 6/14/2017

**Child and Adult Care Food Program**

Sponsor/Center Name: Your Child's World Learning Center, Inc.

Agreement #:300-51-002-7

**ENROLLMENT FORM FOR HEAD START AND PRE-K COUNTS CHILDREN**

**PARENTS:** This Institution participates in the Child and Adult Care Food Program (CACFP) and receives reimbursement to provide more nutritious meals for your child(ren). Federal CACFP regulations require all parents and guardians to complete a CACFP Annual Enrollment Form when enrolling their child(ren) and again every year thereafter. This information will help ensure all children receive appropriate meals during their care.

Please complete all areas of the application.

		<b>Days Child Normally Attends</b>	<b>Times child normally attends during the week</b>			
<b>First Name</b>		<input checked="" type="checkbox"/> Monday <input checked="" type="checkbox"/> Tuesday <input checked="" type="checkbox"/> Wednesday <input checked="" type="checkbox"/> Thursday <input checked="" type="checkbox"/> Friday	<b>AM</b>		<b>PM</b>	
<b>Last Name</b>			8:30		2:30	
<b>Birth Date</b>			<b>Child Enrolled into before and after Head Start/Pre-K Counts Care program</b>			
<b>Age</b>			<input type="checkbox"/> Yes			
			<input type="checkbox"/> No			
			<b>Times child attends before and after Head Start/Pre-K Counts Care program</b>			
			<b>AM</b>		<b>PM</b>	
			<small>Start Time</small>	<small>End Time</small>	<small>Start Time</small>	<small>End Time</small>
				8:30	2:30	
	<b>I work multiple shifts and child(ren) may be in care different days/hours</b>	<b>Meals Expected to receive during care</b>				
	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> Breakfast <input checked="" type="checkbox"/> Lunch <input checked="" type="checkbox"/> PM Snack				
	<input type="checkbox"/> No					

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

\_\_\_\_\_  
Date

**CHILD CARE REPRESENTATIVE ONLY:**

Enrollment Date

Withdrawal Date

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

\_\_\_\_\_  
Date

The effective date can be made retroactive back to the first day the child participates in the CACFP as long as it occurs in the same month this form is received

*The U.S. Department of Agriculture prohibits discrimination against its customers, employees, and applicants for employment on the bases of race, color, national origin, age, disability, sex, gender identity, religion, reprisal, and where applicable, political beliefs, marital status, familial or parental status, sexual orientation, or all or part of an individual's income is derived from any public assistance program, or protected genetic information in employment or in any program or activity conducted or funded by the Department. (Not all prohibited bases will apply to all programs and/or employment activities.)*

*If you wish to file a Civil Rights program complaint of discrimination, complete the [USDA Program Discrimination Complaint Form](http://www.ascr.usda.gov/complaint_filing_cust.html), found online at [http://www.ascr.usda.gov/complaint\\_filing\\_cust.html](http://www.ascr.usda.gov/complaint_filing_cust.html), or at any USDA office, or call (866) 632-9992 to request the form. You may also write a letter containing all of the information requested in the form. Send your completed complaint form or letter to us by mail at U.S. Department of Agriculture, Director, Office of Adjudication, 1400 Independence Avenue, S.W., Washington, D.C. 20250-9410, by fax (202) 690-7442 or email at [program.intake@usda.gov](mailto:program.intake@usda.gov).*

*Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800)877-8339; or (800) 845-6136 (Spanish). USDA is an equal opportunity provider and employer.*



## Child and Adult Care Food Program Child Care Center Meal Benefit Income Eligibility Form

<b>Part 1. All Household Members</b>				
Name of Enrolled Child(ren)				
Names of all household members (First, Middle Initial, Last)	CHECK IF A FOSTER CHILD (THE LEGAL RESPONSIBILITY OF A WELFARE AGENCY OR COURT) * IF ALL CHILDREN LISTED BELOW ARE FOSTER CHILDREN, SKIP TO PART 5 TO SIGN THIS FORM.			CHECK IF NO INCOME
	<input type="checkbox"/>			<input type="checkbox"/>
	<input type="checkbox"/>			<input type="checkbox"/>
	<input type="checkbox"/>			<input type="checkbox"/>
	<input type="checkbox"/>			<input type="checkbox"/>
	<input type="checkbox"/>			<input type="checkbox"/>
	<input type="checkbox"/>			<input type="checkbox"/>
	<input type="checkbox"/>			<input type="checkbox"/>
	<input type="checkbox"/>			<input type="checkbox"/>
<b>Part 2. Benefits:</b> If any member of your household received [State SNAP], [FDPIR], or [State TANF cash assistance], provide the name and case number for the person who receives benefits. <b>If no one receives these benefits, skip to part 3.</b> NAME: _____ CASE NUMBER: _____ - _____				
<b>Part 3.</b> If any child you are applying for is homeless, migrant, or a runaway, check the appropriate box and call [Your center director, Homeless Liaison, Migrant Coordinator] Homeless <input type="checkbox"/> Migrant <input type="checkbox"/> Runaway <input type="checkbox"/>				
<b>Part 4. Total Household Gross Income—You must tell us how much and how often</b>				
A. Name (List only household members with income) <i>(Example)</i> <i>Jane Smith</i>	B. Gross Income and how often it was received			
	1. Earnings from work before deductions	2. Welfare, child support, alimony	3. Pensions, retirement, Social Security, SSI, VA benefits	4. All Other Income
	\$200/weekly _____	\$150/twice a month _____	\$100/monthly _____	\$ _____ / _____
	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____
	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____
	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____
	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____
	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____
<b>Part 5. Signature and Last Four Digits of Social Security Number (Adult must sign)</b> An adult household member must sign this form. <b>If Part 3 is completed, the adult signing the form must also list the last four digits of his or her Social Security Number or mark the "I do not have a Social Security Number" box.</b> (See Privacy Act Statement on the back of this page.)  <i>I certify that all information on this form is true and that all income is reported. I understand that the center or day care home will get Federal funds based on the information I give. I understand that CACFP officials may verify the information. I understand that if I purposely give false information, the participant receiving meals may lose the meal benefits, and I may be prosecuted.</i>				
Sign Here: _____		Print Name: _____		
Date: _____				
Address: _____		Phone Number: _____		
City: _____		State: _____		Zip Code: _____
Last four digits of Social Security Number: * * * - * * * - _____ <input type="checkbox"/> I do not have a Social Security Number				

**Part 6. Participant's ethnic and racial identities (optional)**

Mark one ethnic identity:

- Hispanic or Latino  
 Not Hispanic or Latino

Mark one or more racial identities:

- Asian  American Indian or Alaska Native  
 White  Native Hawaiian or Other Pacific Islander  
 Black or African American

**Don't fill out this part. This is for official use only.**

Annual Income Conversion: Weekly x 52, Every 2 Weeks x 26, Twice A Month x 24, Monthly x 12

Total Income: \_\_\_\_\_ Per:  Week,  Every 2 Weeks,  Twice A Month,  Month,  Year Household size: \_\_\_\_\_

Categorical Eligibility: \_\_\_\_\_ Eligibility: Free \_\_\_\_\_ Reduced \_\_\_\_\_ Denied (Paid) \_\_\_\_\_ Date Withdrawn: \_\_\_\_\_

Reason for Denied: \_\_\_\_\_

Temporary: Free \_\_\_\_\_ Reduced \_\_\_\_\_ Time Period: \_\_\_\_\_ (expires after \_\_\_\_\_ days)

Determining Official's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Confirming Official's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Follow-up Official's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**The participant in the day care facility may qualify for free or reduced price meals if your household income falls within the limits on this chart.**

Household size	Yearly
1	\$21,590
2	\$29,101
3	\$36,612
4	\$44,123
5	\$51,634
6	\$59,145
7	\$66,656
8	\$74,167
Each additional person:	+\$7,511

**Privacy Act Statement:** The Richard B. Russell National School Lunch Act requires the information on this application. You do not have to give the information, but if you do not, we cannot approve the participant for free or reduced price meals. You must include the last four digits of the Social Security Number of the adult household member who signs the application. The Social Security Number is not required when you apply on behalf of a foster child or you list a Supplemental Nutrition Assistance Program (SNAP), Temporary Assistance for Needy Families (TANF) Program or Food Distribution Program on Indian Reservations (FDPIR) case number for the participant or other (FDPIR) identifier or when you indicate that the adult household member signing the application does not have a Social Security Number. We will use your information to determine if the participant is eligible for free or reduced price meals, and for administration and enforcement of the Program.

**Non-discrimination Statement:** This explains what to do if you believe you have been treated unfairly. "In accordance with Federal Law and U.S. Department of Agriculture policy, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, age, or disability. To file a complaint of discrimination, write USDA, Director, Office of Adjudication, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410 or call toll free (866) 632-9992 (Voice). Individuals who are hearing impaired or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339; or (800) 845-6136 (Spanish). USDA is an equal opportunity provider and employer."

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Philadelphia PA 19149

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DENTAL HEALTH

Child's Name \_\_\_\_\_ Birth Date \_\_\_\_\_ Center *Your Child's World Learning Center, Inc.*

Dea r Parent/Guardian,

- Please complete Part I to the best of your knowledge  
Part II is to be completed by your child's dentist

Part I Completed by parent/guardian:

1 Has your child been to the dentist? \_\_\_\_\_ No \_\_\_\_\_ Yes ... If Yes, please complete the following:

Dentist Name \_\_\_\_\_ Address \_\_\_\_\_ Zip \_\_\_\_\_

Phone Number \_\_\_\_\_ Date of child's last dental visit \_\_\_\_\_

2 Does your child have (or had) cavities or caries? \_\_\_\_\_ No \_\_\_\_\_ Yes .. If Yes, how many? \_\_\_\_\_

3. Does you r child have any problems with his/her teeth, gums, or mouth? \_\_\_\_\_ No \_\_\_\_\_ Yes

If Yes, please describe \_\_\_\_\_

4. How many times a day does your child brush his/her teeth?

Part II Completed by child's dentist:

1. Date of child's most recent:

Dental Examination \_\_\_\_\_ Teeth Cleaning \_\_\_\_\_ Fluoride Treatment \_\_\_\_\_

2. Has child ever needed dental treatment? \_\_\_\_\_ No \_\_\_\_\_ Yes

If Yes, type of dental treatment \_\_\_\_\_

Has dental treatment been completed? \_\_\_\_\_ No \_\_\_\_\_ Yes

" If Yes, date of completion \_\_\_\_\_

3. Date of child's next dental visit \_\_\_\_\_

My signature certifies the accuracy of this information.

Dentist's Signature \_\_\_\_\_

Date \_\_\_\_\_

Dental Office Stamp



# CHILD HEALTH REPORT

(55 PA CODE §§3270.131, 3280.131 AND 3290.131)

Parent/Provider fill in this part.

CHILD'S NAME: (LAST)	(FIRST)	PARENT/GUARDIAN:
DATE OF BIRTH:	HOME PHONE:	ADDRESS:
CHILD CARE FACILITY NAME: <b>YOUR CHILD'S WORLD LEARNING CENTER, INC.</b>		
FACILITY PHONE:	COUNTY:	WORK PHONE:
<input type="checkbox"/> I authorize the child care staff and my child's health professional to communicate directly if needed to clarify information on this form about my child.		
PARENT'S SIGNATURE:		

**DO NOT OMIT ANY INFORMATION**  
This form may be updated by a health professional. Initial and date any new data. The child care facility needs a copy of the form.

HEALTH HISTORY AND MEDICAL INFORMATION PERTINENT TO ROUTINE CHILD CARE AND DIAGNOSIS/TREATMENT IN EMERGENCY (DESCRIBE, IF ANY):  
 NONE

DESCRIBE ALL MEDICATION AND ANY SPECIAL DIET THE CHILD RECEIVES AND THE REASON FOR MEDICATION AND SPECIAL DIET. ALL MEDICATIONS A CHILD RECEIVES SHOULD BE DOCUMENTED IN THE EVENT THE CHILD REQUIRES EMERGENCY MEDICAL CARE. ATTACH ADDITIONAL SHEETS IF NECESSARY.  
 NONE

CHILD'S ALLERGIES (DESCRIBE, IF ANY):  
 NONE

LIST ANY HEALTH PROBLEMS OR SPECIAL NEEDS AND RECOMMENDED TREATMENT/SERVICES. ATTACH ADDITIONAL SHEETS IF NECESSARY TO DESCRIBE THE PLAN FOR CARE THAT SHOULD BE FOLLOWED FOR THE CHILD, INCLUDING INDICATION OF SPECIAL TRAINING REQUIRED FOR STAFF, EQUIPMENT AND PROVISION FOR EMERGENCIES.  
 NONE

IN YOUR ASSESSMENT, IS THE CHILD ABLE TO PARTICIPATE IN CHILD CARE AND DOES THE CHILD APPEAR TO BE FREE FROM CONTAGIOUS OR COMMUNICABLE DISEASES?  
 YES  NO IF NO, PLEASE EXPLAIN YOUR ANSWER:

HAS THE CHILD RECEIVED ALL AGE APPROPRIATE SCREENINGS LISTED IN THE ROUTINE PREVENTIVE HEALTH CARE SERVICES CURRENTLY RECOMMENDED BY THE AMERICAN ACADEMY OF PEDIATRICS? (SEE SCHEDULE AT [WWW.AAP.ORG](http://WWW.AAP.ORG))

YES  NO

**NOTE BELOW IF THE RESULTS OF VISION, HEARING OR LEAD SCREENINGS WERE ABNORMAL. IF THE SCREENING WAS ABNORMAL, PROVIDE THE DATE THE SCREENING WAS COMPLETED AND INFORMATION ABOUT REFERRALS, IMPLICATIONS OR ACTIONS RECOMMENDED FOR THE CHILD CARE FACILITY.**

VISION (subjective until age 3)

HEARING (subjective until age 4)

LEAD

**RECORD DATES OF IMMUNIZATIONS BELOW OR ATTACH A PHOTOCOPY OF THE CHILD'S IMMUNIZATION RECORD**

IMMUNIZATIONS	DATE	DATE	DATE	DATE	DATE	COMMENTS
HEP-B						
ROTAVIRUS						
DTAP/DTP/TD						
HIB						
PNEUMOCOCCAL						
POLIO						
INFLUENZA						
MMR						
VARICELLA						
HEP-A						
MENINGOCOCCAL						
OTHER						

MEDICAL CARE PROVIDER:

ADDRESS:

PHONE:

SIGNATURE OF PHYSICIAN, CRNP OR PHYSICIAN'S ASSISTANT

TITLE:

LICENSE NUMBER:

DATE FORM SIGNED:

Parents may write immunization dates; health professional should verify and complete all data.



**Dear Mom and Dad:**

Please review the following daily with your child/children. Please go at your child's level. Make flash cards, bingo games, memory games, etc. Make it fun.

**Alphabets**

- Point to each letter as you read left to right. Say the letter and its sound. Say words that begin with the letter. Spell everything. "Please get the p-h-o-n-e"

A	B	C	D	E
F	G	H	I	J
K	L	M	N	O
P	Q	R	S	T
U	V	W	X	Y
Z				

## Numbers

- Point to each number as you read left to right. Have your child identify numbers in their environment (EX. In the supermarket, on newspapers, etc.)

1	2	3	4	5
6	7	8	9	10
11	12	13	14	15
16	17	18	19	20

## Math Ideas

- Count items as you place them on the counter at the supermarket.
- Sort like items as you wash cloths.
- While paying for items at the store show your child the money and tell them the amount it represents.
- Show your child how to measure their foot while buying shoes.
- Use a measuring tape to measure your child's height. Chart their height.
- Have your child count as many things as possible.

## Name

- Have your child say and spell their first and last name. Instead of calling your child by name, try saying "If your name is spelled \_\_\_\_\_ please come to me". Teach them your FULL name. Limit using nick names.

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### Day of the Week

- Point to each day of the week as you read left to right. While talking about days, show your child the calendar. Tell them the day that was yesterday, today, and tomorrow.

Sunday	Monday	Tuesday	Wednesday	Thursday
Friday	Saturday			

### Months of the Year

- Point to each month of the year as you read left to right. While talking about months, show your child the calendar. Tell them the month that came before the current month and the month that comes after the current month.

January	February	March	April	May
June	July	August	September	October
November	December			

Preschool Word List Spell as many words as possible instead of saying the word. Example: "We are on our way h-o-o-n-e".  
Say, then spell, then say all sight words and as many other words as possible.

a	and	away	big	blue
can	come	down	find	for
funny	go	help	here	I
in	is	it	jump	little
look	make	me	my	not
one	play	red	run	said
see	the	three	to	two
up	we	where	yellow	you

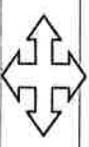
**Vowels**

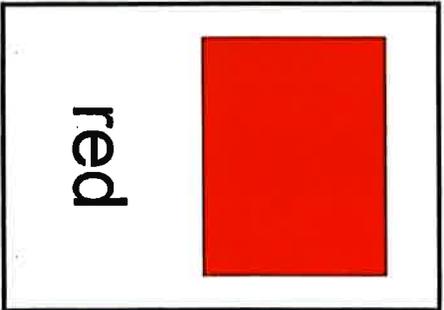
- Point to each vowel as you read left to right.

A	E	I	O	U
And	Y			
sometimes				

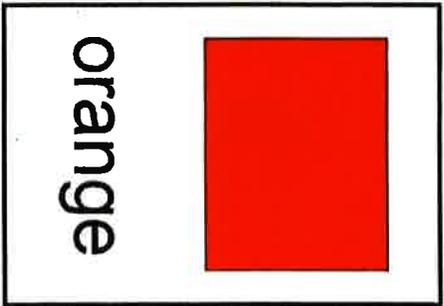
**Directions**

- Point to each direction as you read left to right. When walking, driving, etc. Tell your child which direction they are going. When asking your child to tie their shoe, tell them which shoe to tie; or when asking your child to move over, tell to move to their left/right, etc. Put a ring on your child's right hand, and tell them that everything on that side of their body is on the right, etc. Play 'Simon Say' (Simon says raise your right hand, etc.). Have fun!

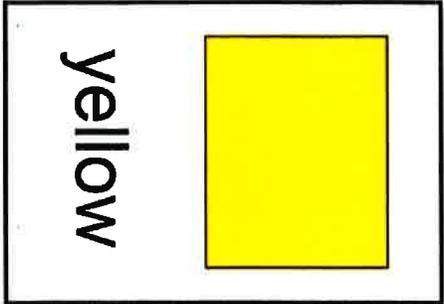
Left	Right	Up	Down		
→	→	↓	↓		
West	North	East			
					
South					



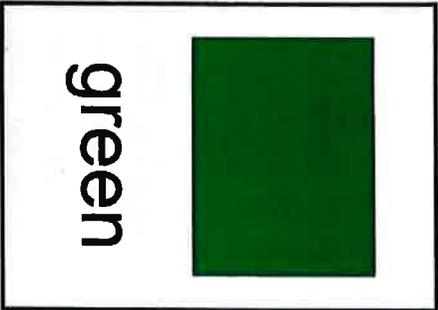
red



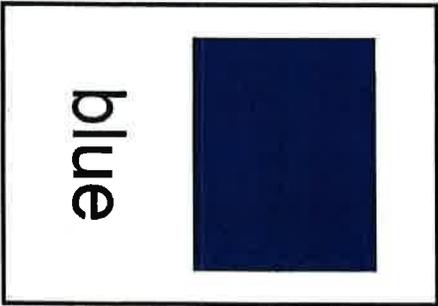
orange



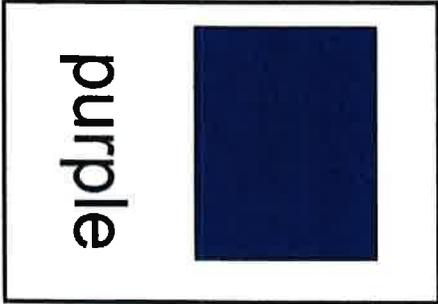
yellow



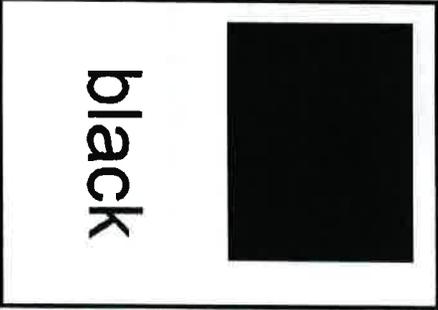
green



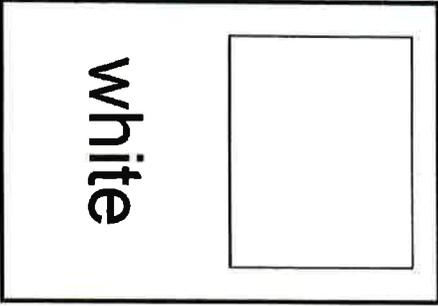
blue



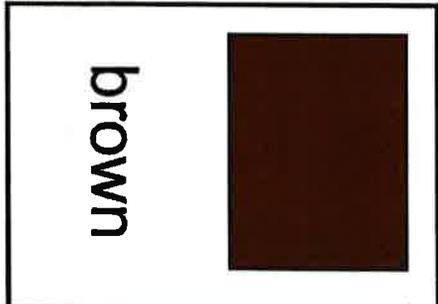
purple



black



white



brown

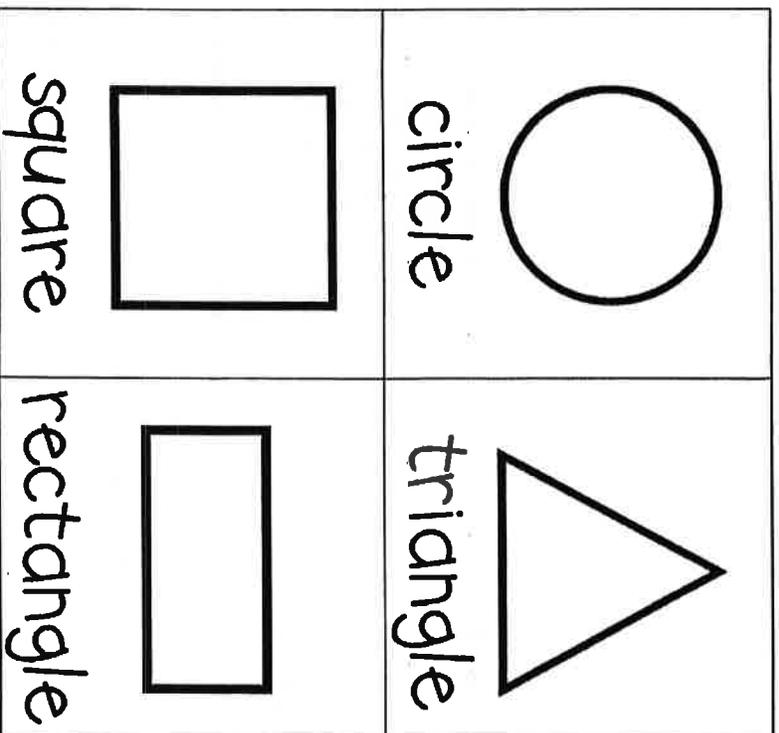
- Point to each color as you read left to right. Have your child identify colors in their environment (home, stores, outside, etc.)

### Colors in Spanish

<b>Red = Rojo</b>
<b>Orange = Anaranjado</b>
<b>Yellow = Amarillo</b>
<b>Green = Verde</b>
<b>Blue = Azul</b>
<b>Purple = Morado</b>
<b>Black = Negro</b>
<b>White = Blanco</b>
<b>Brown = Marro'n</b>

## Shapes

- Point to each shape as you read left to right. Have your child identify shapes in their environment (home, stores, outside, etc.)



## Shapes in Spanish

circle = un círculo  
triangle = un triángulo  
square = un cuadrado  
rectangle = un rectángulo

## Literacy Ideas

- Read to your child daily.
- Have your child read you a story.
- While driving in the car, read all signs that you see. Have your child read the signs that they recognize.
- Label items in your child's room.
- Encourage your child to write daily.
- Have your child make a birth day card instead of buying a card.
- Have your child read menus in restaurants. Associating pictures to the words is a great way to learn words.
- Put letter magnets on the refrigerator and as you cook, spell the items on the refrigerator. Remember to say, spell, and say everything.
- Play a story CD while driving, instead of listening to music.
- Teach your child a poem. Reinforce the words that rhyme in the poem.
- Play word games. Play "I Spy" .....
- Talk to your child often. Use proper English Spanish, etc. Do not use "baby talk".

## Family Fun Ideas

1. Take a walk in your neighborhood, talk about the things that you see.
2. Enjoy a day at the museum.
3. Go to the library for story time.
4. Go to community events.
5. Take your child to a play.
6. Go camping.
7. Go to the movies.
8. Take a family vacation.
9. Have a family game night
10. Eat dinner together.

THINK OUT THE BOX AND JUST HAVE FUN!

## Safety Reminders

- Model and remind your child/children about safety when.....
  1. Always cross at the light.
  2. Always look both ways before crossing.
  3. Always use a seat belt when in vehicles.
  4. Never talk to strangers unless an adult that you are with says that it is okay.
  5. Always wear a helmet when riding your bike.
  6. Do not talk on the phone/text while driving.
  7. Never touch the stove, go too close to the fire place, and touch an electrical outlet.
  8. Practice fire/emergency drills at home.
  9. Check your smoke detectors monthly.
  10. Teach your child where they can go in the event of an emergency to be safe.

# Children Fun Educational Websites

<http://resources.woodlands-junior.kent.sch.uk/maths/measures.htm>

<http://www.oswego.org/ocsd-web/games/mathmagician/cathymath.html>

<http://resources.oswego.org/games/SplatSquares/splatsq100.html>

<http://resources.woodlands-junior.kent.sch.uk/maths/interactive/subtraction.htm>

<http://www.sheppardsoftware.com/math.htm#time>

<http://illuminations.nctm.org/>

<http://www.abcya.com/>

<http://www.bbc.co.uk/bitesize/ks1/>

[http://www.internet4classrooms.com/skill\\_builders/recognizing\\_dolch\\_words\\_language\\_arts\\_kindergarten\\_k\\_grade.htm](http://www.internet4classrooms.com/skill_builders/recognizing_dolch_words_language_arts_kindergarten_k_grade.htm)

<http://pbskids.org/>

<http://www.ictgames.com/>

<http://www.starfall.com/>

<http://www.coolmath4kids.com/>

<http://www.learninggamesforkids.com/>

<http://www.rif.org/kids/readingplanet.htm>

<http://www.funbrain.com/brain/MathBrain/MathBrain.html>

## **VIRTUAL FIELD TRIPS**

[http://www.educationworld.com/a\\_lesson/virtual-field-trips-science.shtml](http://www.educationworld.com/a_lesson/virtual-field-trips-science.shtml)

<http://tvschoolhouse.com/shows/FieldTrip/>

<http://blog.k12.com/2012/03/15/transforming-way-we-learn-awesome-interactive-virtual-field-trips>

<http://www.googolpower.com/content/free-learning-resources/virtual-field-trips>

<http://ilearntechnology.com/?tag=virtual-field-trips>

<http://askatechteacher.wordpress.com/2009/10/27/10-great-virtual-field-trips/>

<http://www.edudemic.com/2012/08/5-digital-field-trips-for-your-class/>

<http://www.bsu.edu/eft/webisodes/43webisodes.htm?redirect=t134>

<http://www.bsu.edu/eft/home2/31digest.php>

**There is no Excuse for Domestic Violence!**

**No Hay Excusa para la Violencia Doméstica!**

**Free Help Line**

**1-866-723-3014**

For more information on how to get help if you or someone you know is in an abusive relationship, please call the Philadelphia Domestic Violence Hotline toll free number which is available 24 hours a day, 7 days a week.

- Services are free, confidential, and bilingual

**Línea de Ayuda Gratuita**

**1-866-723-3014**

Para más información sobre como obtener ayuda para usted o alguien que usted conozca que esté en una relación abusiva llame a la Línea de Ayuda de Philadelphia disponible 24 horas al día y 7 días de la semana.

- Los servicios son gratis confidenciales y bilingües.

**Do you feel safe in your relationship?**

**Does your partner:**

- Humiliate or yell at you?
- Criticize you and put you down?
- Blame you for their own abusive behavior?
- Kick, slap, punch, choke you?
- Hurt you, or threaten to hurt or kill you?
- Threaten to take your children or harm them?
- Force you to do sexual favors against your will?

**¿Te sientes segura / seguro con tu pareja?**

**Tu pareja:**

- ¿Te critica y te humilla?
- ¿Te hace sentir culpable del abuso?
- ¿Te patear, golpea, o te estrangula?
- ¿Te lastima o te amenaza con lastimarte o matarte?
- ¿Te amenaza con quitarte los niños, o de lastimarlos?
- ¿Te obliga a tener relaciones sexuales sin tu consentimiento?



**Latina Domestic Violence Program**

**216 W. Somerset St.**

**Philadelphia, PA 19133**

**215-763-8870**

**[www.congreso.net](http://www.congreso.net)**



## Youth Services

- Services**
- Individual counseling and advocacy for families
  - Educational support groups for parents and children



- Servicios**
- Consejería para niños que han sido testigos de violencia domestica
  - Grupos educacionales para padres e hijos

For more information on Youth Services, contact Ana Maria Rodriguez at 215-763-8870 x 1322 or email at [rodriguezam@congreso.net](mailto:rodriguezam@congreso.net)

## Adult Services

- Services**
- Individual counseling and advocacy to adult survivors
  - Support for achieving independence and maintaining safety
  - Weekly support groups for survivors
  - Trauma Recovery Empowerment Model (TREM) Groups
  - Rental Assistance Program for victims of domestic violence

- Servicios**
- Consejería individual para adultos de ambos sexos
  - Apoyo para alcanzar independencia y mantener seguridad
  - Grupos de apoyo semanales para los sobrevivientes
  - TREM: Grupos de Empoderamiento y la Recuperación del Trauma
  - Asistencia de renta para sobrevivientes de violencia domestica

For more information on Adult Services, contact Daniela Castejon at 215-763-8870 x 1353 or email at [castejond@congreso.net](mailto:castejond@congreso.net)

## Community Education and Professional Development

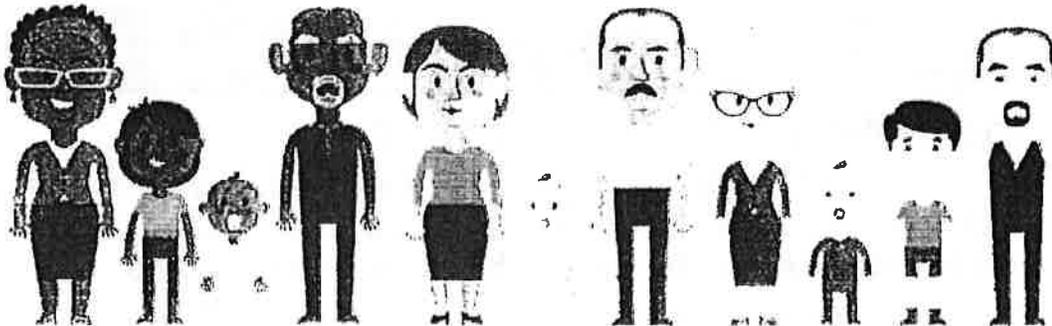
- Services**
- Education for community groups about the cycle of violence, warning signs, resources, and safety planning
  - Workshops for youth focused on building negotiation skills for preventing dating violence and substance abuse
  - Advanced skills training for professionals on domestic violence

- Servicios**
- Talleres educativos para la comunidad sobre violencia domestica como: el ciclo de la violencia, señales de violencia, recursos a su alcance y como tener un plan de seguridad
  - Talleres de jóvenes para enseñar habilidades de negociación para la prevención de relaciones violentas y el abuso de drogas y alcohol
  - Talleres avanzados en violencia domestica para profesionales

For more information on Education Services, contact Cristina Luna at 215-763-8870 x 1336 or email at [lunac@congreso.net](mailto:lunac@congreso.net)

# ARE YOU A GRANDPARENT RAISING YOUR GRANDCHILDREN?

Please Join Us for Grandparents Raising Grandchildren  
Workshops



## Benefits of Program:

- DHS approved certified parenting education
- Skilled parent educator
- Up to date parenting information
- Build support and community
- Open to other kinship care providers
- Meet other caregivers just like you
- Safe and confidential
- Information and resources
- Opportunity to participate via phone conference

**When:** Thursdays

10:00-noon

## Where:

11<sup>th</sup> Street Family Health Services,  
850 N. 11<sup>th</sup> Street,  
Philadelphia, PA 19123

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**For more info: contact Arlene Segal**

Phone: 215-487-3000 Ext. 11

Email: [asegal@sown.org](mailto:asegal@sown.org)

**To register: contact Jessica Falk**

Phone: 215-769-2153

Email: [jfalk@fpcn.com](mailto:jfalk@fpcn.com)

**SOWN**  
FINDING NEW WAYS  
TO GROW OLDER TOGETHER



 DREXEL UNIVERSITY  
Stephen and Sandra Shelle  
11th Street  
Family Health Services  
College of Nursing and Health Professions

Funded by the First Hospital Foundation



# WELLNESS WISDOM

FROM YOUR COPE DIETITIAN MAY



## Food, Mood, Stress, and You...

*May is Mental Health Month. This edition looks at stress fact and figures, foods that may help, and the low down on vitamin drinks.*

### Stress levels are on the rise! Check out these stats

- Recent surveys show that 50% of people feel more stress than they did five years ago
- Teachers reported 2nd highest levels of stress behind physicians
- 51% of teachers report "a great amount of stress" several days per week
- 43% report using food to cope with stress

As you can see, if you are feeling overwhelmed and stretched to capacity you are not alone. Working in a school environment is very rewarding, but comes with its own set of challenges. Here are a few foods that help you cope with stress more effectively.

-Foods containing magnesium help you relax. Add dark chocolate, almonds, and salmon to your diet.

-Food containing probiotics help control stress hormones. Try some yogurt, sauerkraut, or kim chi.

-Eating a balanced breakfast will help modulate blood sugar, helping to avoid stress spikes as the day goes by.

### Bust out of a bad mood with this tasty snack...

#### Stress Buster Parfait

- ¼ cup Apple Cinnamon Cheerio's
- 1 cup plain fat-free Greek yogurt
- ¼ cup diced apple
- 2 teaspoons honey

Layer ingredients into a glass or bowl.

Nutrition: Calories 198, Carbohydrates 31g, Protein 19g, Fat 0.5g, Sodium 120mg

The calcium and magnesium in the creamy yogurt calms the nerves and relaxes the tension, layered with the satisfying fiber-filled crunch of apples and whole grain cereal, making this stress-busting parfait an "ohm" with attitude!



### The Dietitian Download: Ask COPE

*I've recently started drinking vitamin drinks. They are tasty, but are they actually good for me?*

The market has been flooded with all kinds of specialty drinks making a wide variety of claims. These drinks are often quite expensive, full of sugar, artificial colors, and empty promises! The best bet for hydration is water, and you can get all the nutrition you need from a balanced diet. Stay hydrated in style by investing in a nice refillable water bottle, adding a slice of lime, cucumber, or strawberry, and keeping it cool.

(Do you have a nutrition question? Email [cope@villanova.edu](mailto:cope@villanova.edu))

[www.villanova.edu/cope](http://www.villanova.edu/cope)

# Single Mom

# SUPPORT Group

**Stephen Klein Wellness Center**

**2144 Cecil B. Moore Avenue**

**Philadelphia, PA 19121**

**EVERY THURSDAY**

**11am-12pm**

**No Babysitter? No Problem**

**Bring your little one(s) with you  
Childcare will be available for you  
at the Stephen Klein YMCA!**

**Call Amanda**

**215-320-6187 X5724**

**to RSVP NOW!**

**FREE** Training

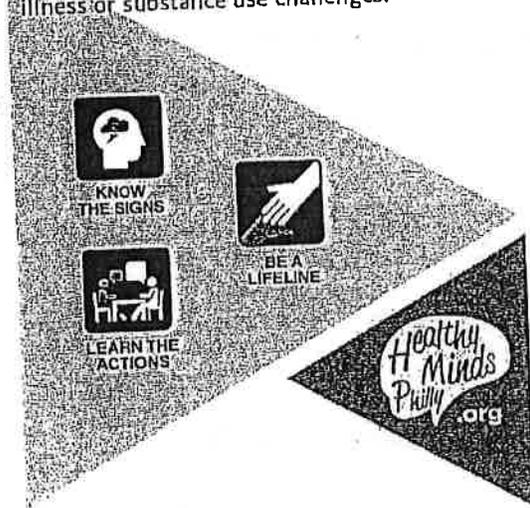
April

**MENTAL  
HEALTH  
FIRST AID**  
PHILADELPHIA



MHFA training is a national early intervention & public education program.

MHFA teaches the knowledge and skills needed to identify, understand and respond to signs and symptoms of mental illness or substance use challenges.



Did you know that you are more likely to encounter a person in a mental health crisis than someone having a heart attack?

Learn the warning signs and how **YOU Can Help!**

## Youth

Saturday, April 1st, 9:00am-5:30pm

JFCS

1501 North Broad Street (Progress Plaza)

Suite 14

Philadelphia, PA 19122

Lunch is provided

**No Child Care!**

Register:  
[HealthyMindsPhilly.org](http://HealthyMindsPhilly.org)  
215-685-3755

City of Philadelphia  
**DBHIDS**  
DEPARTMENT OF BEHAVIORAL HEALTH  
AND INTELLECTUAL ABILITY SERVICES

Connect with PhillyMHFA

