**RAINBOW GARDEN PRESCHOOL**

**Registration Fee: $75/child or $120 max per family**

Name of Child: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Birth Date: \_\_\_\_\_\_\_ Age:\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Zip Code: \_\_\_\_\_\_\_\_\_\_

Please give any information concerning your child which will be helpful in his experience in group setting (such as play, eating and sleeping habits, special fears, special likes or dislikes). \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**INFORMATION ABOUT THE FAMILY:**

Mother/Guardian’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Cell\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Zip\_\_\_\_\_\_\_\_ Employed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Work Phone: ­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Father/Guardian’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Cell:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Zip: \_\_\_\_\_\_\_\_\_\_

Employed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Business Phone\_\_\_\_\_\_\_\_\_

**Primary Email for Contact: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**EMERGENCY CARE INFORMATION:**

Name of child’s doctor\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_Office Phone\_\_\_\_\_\_\_\_

Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Hospital preference: \_\_\_\_\_\_\_\_\_\_Phone \_\_\_\_\_\_\_\_

If neither father nor mother (or guardian) can be contacted, call (please list relationship):

Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_Office Phone\_\_\_\_\_\_\_\_\_

Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Cell Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_Office Phone \_\_\_\_\_\_\_\_\_

WHO WILL DROP OFF YOUR CHILD DAILY? ­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

WHO WILL PICK UP YOUR CHILD DAILY?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I agree that the operator may authorize the physician of his/her choice to provide emergency care in the event that neither I nor the family physician can be contacted immediately.

(Signature of Parent)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Date) \_\_\_\_\_\_\_\_\_\_\_\_

I, as the operator, do agree to provide transportation to an appropriate medical resource in the event of emergency. In an emergency situation, other children in the facility will be supervised by a responsible adult. I will not administer any drug or any medication without specific instructions from the physician or the child’s parent, guardian, or full-time custodian. Provisions will be made for adequate and appropriate rest and outdoor play.

(Signature of Operator)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Date) \_\_\_\_\_\_\_\_\_\_\_\_\_

**RAINBOW Garden Preschool**

**Insurance/ Liability /Discipline Policy/Operational Policies and Procedures Signatures**

I, the undersigned participant and parent, request voluntary participation for minor to participate in RAINBOW Garden Preschool all of which are hereinafter referred to as the “activity”.

\_\_\_\_\_\_\_\_I consent to minor’s participation in the activity and acknowledge that the minor and I fully understand minor’s participation may involve risk of serious injury or death, including losses which may result not only from minor’s own actions, inactions or negligence, but also from the actions, inactions, or negligence of others, the condition of the facilities, equipment, or areas where the event or activity is being conducted, and/or the rules of play of this type of event or activity. I understand that if I have any risk concerns, I should discuss the risks associated with my participation with the activity coordinators and staff, before I sign this document and before the activity begins.

**Release-Minor’s Rights:**

\_\_\_\_\_\_\_In consideration of allowing minor participant to participate in associated activities, I hereby release and hold harmless ***Cape Fear Child Development Center and program staff***  of and from, and do discharge and waive, any and all claims, demands, losses, damages, and liabilities that minor participant may have of sustain with respect to any and all damage and/or injury, of any portion of this agreement is held to be invalid the balance, notwithstanding, shall continue in full force and effect.

\_\_\_\_\_\_\_\_I have read & comprehend the RGP Operational Policies and Procedures.

\_\_\_\_\_\_\_\_I comprehend the RGP Discipline Policy and agree to the methods describe in the operational policies and procedure.

\_\_\_\_\_\_\_\_My child has permission to play outside the fenced area during after-school care. This may include the fields, nature trail or behind as long as RGP provides supervision.

\_\_\_\_\_I have received a copy of the NC Summary of Child Care Laws.

\_\_\_\_\_I grant

RGP permission to take pictures of my child to possibly be used for DAEP website, newspaper, advertising literature for RGP and/or school yearbook.

Print name of minor Date of Birth Date

Print name of Parent/Guardian Signature of Parent/Guardian

**Policies and Procedures**

**Days and Hours** – **Preschool will operate from 9am-1pm pm Monday-Friday from August 29-May 26.**

**Day Care Hours: year-round 7:00am-6pm/ Children enrolled in year-round care will continue to learn and create using Montessori methods.**

**Registration: Any child ages 3-5 who is fully potty-trained. Forms can be found on our website:** [**www.capefearchild.org**](http://www.capefearchild.org)

**Supply list: 1 mug for “tea day”, 1 box of tissues, 1 box of cleaning wipes, 1 box baby wipes, 1 box of herbal/ fruit tea (no caffeine), 1 pair of slippers labeled for your child to wear (no characters or blinking).**

**Fees and Payment Plan**

* **Payments can be made online or checks dropped off at parent pickup. All payments due 1st day of month. Payments are considered late after the 3rd day of the month. A late fee of $10 /day after 4 days.**
* **Registration fee $75 per child or $120 max per family.**
* **Sibling discount is $5 per month for additional child.**
* **Stand-alone Preschool: 2-3 days/week: $325/month, 4 days/week: $350/month, 5 days/week: $375**
* **Preschool plus Meditation Cycle: Additional 1pm-3pm $150/month 4-5 days/week, $100- 3 days/week, $90- 2 days/week**
* **Day Care Rates Open 7am-6pm**

1. **Preschool (ages 2-4): 5 days/week: $170/week, 3 days/week: $125/week, 2 days/week: $115**
2. **Pre-K and Kinder class: $160/week, 3 days/week: $120/week, 2 days/week: $110**

**DAILY SNACK AND LUNCH POLICY AND PROCEDURE**

1. **Water Bottle labeled with name**
2. **2 Cloth Napkins in lunch box (one for placemat and one for wiping face and hands)**
3. **Healthy morning snack (no chips, cookies or other sugary foods)**
4. **Lunch (place in containers children can use independently-independence is empowering)**

**Each child will set up their personal area for snack and lunch daily. One napkin is used for a placement and one for wiping face and hands. Proper manners are taught during snack and lunch. Children are taught to dispose of their trash and crumbs after eating and repacking their lunch box. Children also wipe their areas clean after eating with an unscented wipe. Reusable containers are preferred to reduce trash and protect the environment.**

**BIRTHDAY POLICIES- Sweet treats are not permitted on birthdays. If parents want to bring a healthy snack for the class on a birthday, please email school for allergy info. Healthy snacks include: berries, fruit, cheese and crackers. Birthday invitations can be handed out in school and placed in bins if the whole class is invited. Smaller parties are asked to be handled privately and are not to be discussed in class.**

**Nutrition Policies** **– LIST ALLERGIES ON MEDICAL FORM!**

**Children bring daily snack and lunch. DO NOT PACK JUNK FOOD (potato chips, cookies etc).**

**Discipline Policy – Compassionate communication ensures respect for all individuals using age appropriate conflict resolution skills. RGP does not shame, humiliate, isolate, use or condone corporal punishment at any time. RGP will not use food or drink as a loss of privilege. Acts of violence require immediate suspension for 1-day minimum. After 3 suspensions the child is expelled from the program.**

**DAILY ARRIVAL AND DISMISSAL PROCEDURE**

1. **Children arrive at the school by car. Doors open at 8:45 and are locked at 9:05. Late children will need to be walked into the building with their parent and ring the doorbell to enter.**
2. **Children are expected to greet their teacher in the driveway and walk to their class each day. There will be a teacher at the door to the building and at the door to the class to greet them and assist if necessary. (During the first week of school parents can shadow the child during this time to see the procedures and allow for review at home).**
3. **Children place lunch box, jackets and shoes in personal bin outside of their main classroom each morning.**
4. **Personal slippers are placed on the feet in the hallway (teacher available to assist) and children enter the room to start morning work.**
5. **At dismissal the children remove slippers and place in bin. Shoes are put back on the feet and all other personal items are gathered.**
6. **Parents meet children on front porch or in car pick-up line. The first time a new adult picks up (even if you are a parent, porch pick up is required). Late pick-up has fee of $2/minute.**

**Reporting Child Abuse / Neglect** – **Any leader or supervisor that suspects child abuse or neglect is legally bound to report the suspected abuse to the Department of Social Services. No member of the RGP will be subpoenaed to court for abuse / neglect cases or any custody cases.**

**\*Please see attached NC Child Care Laws.**

**Division of Child Development -1-800-859-0829/ Pender County Depart, of Social Services (DSS)-910-259-1240**

**Sick Children – Sick children are not permitted. Children who become ill parents will be notified to pick up child. 24 hour fever-free is required. Medication is not administered. Please notify program if child will not attend due to illness. Medical emergencies will be handled by 911 and parents. Children with lice need to be nit free before returning to the program.**

**Outdoor Play – The games and activities children play outside are age appropriate.**

**Parent Participation- Parent participation is always welcomed.**

**Emergency Procedures**

1. **Staff is trained in First Aid/CPR.**
2. **911 is called if needed then parents are notified.**

**Activities- Daily activities include art projects, manipulatives, building, puzzles, games and developmentally appropriate education (Numbers, Letters, Pre-Reading and Reading etc). Free play time daily.**

**Grievance Procedure – All questions, complaints, and concerns need to be directed to Lindsay Thacker, Assistant Director 910-515-1100, or Director Steph Nestor 910-233-8594.**