

# Rainbow Garden Preschool



Annual Registration Fee: \$150/child

## CHILD INFORMATION:

Date of Birth: \_\_\_\_\_

\_\_\_\_\_

Last

First

Nickname

## FAMILY INFORMATION:

Child lives with: \_\_\_\_\_

Parent/Guardian's Name \_\_\_\_\_ Home Phone \_\_\_\_\_ EMAIL: \_\_\_\_\_

Address (if different from child's) \_\_\_\_\_ Zip Code \_\_\_\_\_

Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Parent/Guardian's Name: \_\_\_\_\_ Home Phone \_\_\_\_\_ EMAIL: \_\_\_\_\_

Address (if different from child's) \_\_\_\_\_ Zip Code \_\_\_\_\_

Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

## CONTACTS:

Child will be released only to the parents/guardians listed above. The child can also be released to the following individuals, as authorized by the person who signs this application. In the event of an emergency, if the parents/guardians cannot be reached, the facility has permission to contact the following individuals.

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

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

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

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

For any child with health care needs such as allergies, asthma, or other chronic conditions that require specialized health services, a medical action plan shall be attached to the application. The medical action plan must be completed by the child's parent or health care professional. Is there a medical action plan attached? Yes \_\_\_ No \_\_\_

List any allergies and the symptoms and type of response required for allergic reactions.

\_\_\_\_\_  
List any health care needs or concerns, symptoms of and type of response for these health care needs or concerns.

\_\_\_\_\_  
List any particular fears or unique behavior characteristics the child has: \_\_\_\_\_

\_\_\_\_\_  
List any types of medication taken for health care needs \_\_\_\_\_

\_\_\_\_\_  
Share any other info that has a direct bearing on assuring safe medical treatment for your child.

## EMERGENCY MEDICAL CARE INFORMATION:

Name of health care professional \_\_\_\_\_ Office Phone: \_\_\_\_\_ Hospital preference \_\_\_\_\_ Phone \_\_\_\_\_

I, as the parent/guardian, authorize the center to obtain medical attention for my child in an emergency. Signature of Parent/Guardian \_\_\_\_\_ 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. Signature of Administrator \_\_\_\_\_ Date \_\_\_\_\_

# RAINBOW GARDEN PRESCHOOL



## **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. Children’s names will not be posted.

Print name of minor

Date of Birth

Date

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Print name of Parent/Guardian

Signature of Parent/Guardian

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# RAINBOW GARDEN PRESCHOOL



## Policies and Procedures

**Half Day Preschool** – Mon-Fri 9am-1pm. Drop off starting 8:45. Aug 29-May 26. Summer camp optional.

**¾ Day Preschool**-Mon-Fri 9am-3pm. Drop off starting 8:45. Summer camp optional.

**Extended Day Hours:** 7am-6pm. Extended hours continue in the Montessori classroom with routines.

### School Closures:

- **Martin Luther King Jan 21**
- **Memorial Day May 27**
- **Labor Day Sept 2**
- **July 4-5**
- **Veteran's Day Nov 11**
- **Thanksgiving Nov 27-29**
- **Winter Break Dec 24-26**
- **Dec 31 & Jan 1**

**Annual Registration:** \$150. Forms can be found on our website: [www.capefearchild.org](http://www.capefearchild.org)

### Fees & Tuition. Online

- Tuition due 1st day of billing cycle. Late fee of \$20 applied midnight of 2nd day late.
- Sibling discount \$5/week
- Late fee pick-up \$2/min for designated dismissal/pick up time.

**Half -Day Preschool-4-weekcycle (all ages)**  
3 days/week: \$365, 4: \$395, 5:\$425

**¾- Day Preschool-4-week cycle (all ages):**  
3 days/week: \$550, 4: \$575, 5:\$595

**Extended Care Preschool Hours. 7am-6pm**  
1:15-3:15 Meditation Cycle (Pick up not allowed)

**Fairy & Gnome Room (age 2-3,31/2)**  
3 days/week: \$160, 4: \$180, 5: \$200

**Age 3-5=Rainbow, Earth & Sky, Sunshine Room**  
3 days/week: \$155 4: \$175, 5: \$190

**SCHOOL SUPPLY LIST:** 1 mug for “tea day” (new kids only), 3 boxes tissues, 1 box of natural or unscented cleaning wipes, 1 box of unscented baby wipes, 1 pair of slippers/indoor shoes labeled for your child (no characters/blinking). 1, 8-10 oz labeled reusable water bottle (free of characters), plain or nature themed backpack/tote. Rain boots and Rain Jacket are required for inclement weather or after rain to keep clothes and shoes mud-free, please pack one change of clothes and socks and place in backpack/tote.

\*Full day students please bring one small blanket to keep at school (other items for meditation not allowed).\*

### DAILY SNACK & LUNCH POLICY AND PROCEDURE

1. Water Bottle labeled with name free of characters ( same water bottle listed above)
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)-small portions please.
4. Lunch packed in labeled one gallon reusable bag (purchase cloth bag from Amazon or at the school). Please place food in reusable bags/containers for easy access to encourage independence-
5. Portion control & minimal options allows children to eat without distractions. Lunches refrigerated.

Each child sets up their snack & lunch. Manners are practiced. Children dispose of their trash & crumbs & repack their lunch bag. Reusable containers & bags are preferred to reduce waste & protect the environment. RGP PEANUT FREE! Junk food is not permitted (potato chips, fruit roll ups). Healthy food creates healthy behavior and children.



# RAINBOW GARDEN PRESCHOOL



**Sick Children** – Sick children are not permitted. 24-hour fever-free is required. Medication is not administered. Children with lice need to be nit free before returning to the program.

**BIRTHDAY CELEBRATIONS**- RGP celebrates all children's birthdays on the exact day or the next school day if the birthday falls on the weekend. Our celebration does not include food or sweets! We mark the special day with a specific circle time & discussion about birthdays & trips around the sun. The child gets to put on a special hat while the teacher recites a birthday poem. The child walks around the sun for each year since birth. All children participate. Birthday invitations are for the **WHOLE CLASS**. Please see teacher.

**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**

1. Children arrive and leave the school by car. School starts promptly at 9am for all students. Doors are locked at 9:05.
2. Doors for half-day and 3/4 day preschool will open at 8:45 and are locked at 9:05.
3. Tardy children will need to ring the doorbell and wait for a teacher to enter. Not all teachers can leave their classroom to answer the door. In order for a teacher to answer the door after 9am requires the teacher to stop what they are doing and gather students to leave with the teacher to answer the door and to stay in ratio. Multiple tardies will result in termination.
4. **Children** place lunch box, water bottles, jackets and shoes in designated areas. All morning prep work is done by the child to teach and encourage autonomy and independence.
5. Each morning shoes are put in cubby area and slippers are placed on the feet in the hallway (teacher available to assist) and children enter the room to start morning work.

## **DISMISSAL**

1. At the 1pm dismissal the children remove slippers and place in bin. Shoes are put back on and all personal items are gathered.
2. Parents pick up children on front porch. Always have ID available at pick up for subs or new employees.
3. **Pick up is not permitted after the 1pm dismissal or before 3:15pm during our meditation cycle.**

**Termination of Care:** 2-weeks' notice is required for termination of care.

**Vacations:** 2-weeks' notice is required to place a hold on your account for vacations up to 1 week. Any other vacations will require regular tuition payment to hold spot.

**Reporting Child Abuse / Neglect** – Any teacher 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 custody cases. \*Please see attached NC Child Care Laws. Pender County Depart, of Social Services (DSS)-910-259-1240

**Outdoor Play & Daily Activities** – The games & activities children play outside are age appropriate. Please allow your child proper shoes & clothes for outside play.

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

**Emergency Procedures:** Staff is trained in First Aid/CPR. 911 is called if needed then parents are notified.

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