

# Rainbow Garden Preschool



Non-Refundable 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 & Procedures

I, the participant and parent, request voluntary participation for minor to participate in RGP 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 including the RGP Discipline Policy.

. \_\_\_\_\_ 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.

\_\_\_\_\_ Following the occurrence of an Event of Default of this tuition, the Company shall, jointly and severally, pay the Holder the Holder's reasonable costs of collection, including attorneys' fees.

\_\_\_\_\_ I comprehend my child's enrollment could cause possible exposure to and illness from infectious diseases, including but not limited to MRSA, influenza, and COVID-19. While particular rules and personal discipline may reduce this risk, the risk of serious illness, injury, and death does exist.

\_\_\_\_\_ KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS, both known and unknown, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES or others. and asst me full responsibility for my participation; and,

\_\_\_\_\_ I certify that I have not recently tested positive for, and am not exhibiting symptoms of COVID-19, which include a cough, shortness of breath or difficulty breathing, loss of taste or smell, headache, chills, muscle or body aches and/or sore throat. I understand upon possible exposure to anyone in my family I am asked to report to the childcare facility to keep facility, staff and other families safe.

\_\_\_\_\_ I understand that I can be terminated at any time for not releasing infectious disease information regarding exposure to my family, friends, and work environment to the center.

Print name of minor: \_\_\_\_\_

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

Print Name of Parent/Guardian: \_\_\_\_\_

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

# RAINBOW GARDEN PRESCHOOL



## Policies and Procedures

Non-Refundable Annual Registration: \$150/child

**Hours:** Monday-Friday 7am-6pm    **Open House:** August 26, 2023    **First Day:** August 28    **Last Day:** May 24

**School Closures 2023-2024 :** 1/2 Day & 3/4 Day Cycles Fall on a Pender County Schools Calendar with Additional Closures

- |                                  |                                 |                                                       |
|----------------------------------|---------------------------------|-------------------------------------------------------|
| • Labor Day September 2          | • Martin Luther King January 15 | <i>Additional Closures-1/2 day &amp; 3/4 Programs</i> |
| • October 23                     | • Spring Holiday March 29       | *October 23                                           |
| • Veteran's Day November 10      | • Memorial Day May 27           | *December 21,22, 25-29                                |
| * Thanksgiving November 22,23,24 | • Juneteenth June 19            | *March 4-8                                            |
| • December 22, 25,26             | • July 4-5                      | *March 21                                             |
| • January 1                      |                                 |                                                       |

### General Information

- Tuition due 1st day of billing cycle.
- Sibling discount \$5/cycle
- Late fee pick-up \$2/min for designated dismissal/pick up time.
- Late fee of \$25 applied midnight of 2nd day due. Continue late payment subject to termination.
- Tuition due when sick or on vacation.

### PROGRAM OPTIONS

1. **Half -Day Preschool-4-weekcycle (all ages) 3 days/4-weeks: \$400 4: \$425, 5:\$445**  
Tuition is every 4 weeks through the end of May. Tuition is divided equally over school-year. We do not pro-rate for holidays.
2. **3/4- Day Preschool-4-week cycle (all ages): 3 days/4 weeks: \$575 4: \$600, 5:\$625**  
Tuition is every 4 weeks through the end of May. Tuition is divided over school-year. We do not pro-rate for holidays.
3. **Full Day Weekly Rates-Billed Weekly ages 2-3+ ( requirement of age 3 and fully out of diapers to move up max age 3.9months)**
  - a. Fairy & Gnome Room-3 days-\$185, 4 days-\$205, 5 days-\$225
  - b. Mixed Age 3-5 years Based on Enrollment-3 days-\$195, 4 days-\$210, 5 days-\$220

### School Supplies For All Children:

\$100/per school-year due at Open House ( materials fee, issues, wipes, crayons, etc)

Personal Supplies: 1 pair of slippers/indoor shoes labeled for your child, 10 oz reusable water bottle (filled with water each day, backpack to transport personal items, bento box with 2 cloth napkins for lunches, rain-boots & rain jacket optional. All items are free of commercial labels and we ask that shoes and slippers do not blink

### Additional Supplies For 3/4 & Full Day Program:

Child Care Nap Kit. Found on Amazon, Walmart etc. Please check our website for links. These will be laundered by the parent weekly. \$50per school-year due at Open House ( tissues, wipes, crayons, etc) All items are free of commercial labels. We ask that shoes and slippers do not blink.

### DAILY LUNCH AND SNACKS

1. Water Bottle Follows children through out day, inside and outside
2. Healthy morning snack (fruit or sugar-free non-refrigerated item only)
3. Lunch packed in Bento Box (Amazon, Walmart, Dollar Store) with two cloth napkins. Box places in one gallon zip loc bag or alternative ( mesh, silicone etc). This is to keep bento box sanitary and will be returned daily. Lunches are placed in refrigerators in the morning. No insulated bags allowed.
4. Please pack food that is nutritious and free of sugar and dyes if possible. Avoid empty calories. This allows your child the best success at school.
5. PEANUT FREE ALWAYS!
6. Afternoon Snack Provided for Full Day Children

**BIRTHDAY CELEBRATIONS**-We celebrate child's birthday on the exact day or next day if it falls on a weekend. Our celebration does not include food or sweets!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. Birthday invitations are for the whole class ONLY.

# RAINBOW GARDEN PRESCHOOL



**CELEBRATIONS/HOLIDAYS**-We do not celebrate religious or commercial holidays. We have our own celebrations. Please do not bring candy, treats, gift bags on the school property. We celebrate without food or candy at Rainbow Garden.

- |                                 |                                    |                    |
|---------------------------------|------------------------------------|--------------------|
| 1. Fall/October Costume Parade  | 3. Winter                          | 5. Spring          |
| 2. November Friendsgiving Feast | 4. February Formal Tea Party (Feb) | 6. Summer Solstice |

Moving Up Ceremony For Children Going to Kindergarten: May 1, 2024 ( school ends May 24)

*Doctor Appointments: Please plan accordingly (afternoons or early mornings). Children cannot come and go during the day.*

## **Illness & Communicable Disease Policy**

1. Have a sick child plan.
2. General sickness/cold/flu: A fever or 100.10 or higher, vomiting, diarrhea, pink eyes or excessive coughing and/or mucous. Children need to be fever free for 24 hours to return.
3. Medical emergencies will be handled by teachers and parents. 911 will be notified when necessary.
4. Chronic symptoms may need a doctor's note. We work on hygiene and self-care at preschool but chronic conditions may result in a need for a doctor's note.(Chronic mucous on clothing or classroom materials, excessive coughing).
5. Children with lice need to be nit free.
6. Any kind of contagious conditions that are omitted to the teachers can result in termination. Please do not put the other children and staff at risk. Be Honest & Kind.
7. We will alert parents if there is ever Lice, Flu, COVID, Hand Foot Mouth, or any other similar condition in the classroom.

## **Daily Arrival**

1. Doors Open 7am for Full Day Students. School starts 8:30am. Doors open for 1/2 & 3/4 day at 8:10am.
2. Children arrive & depart by car. Arrive by 8:25am to allow for bathroom breaks & socializing before class.
3. Tardy children ring doorbell & wait for a teacher to enter. Not all teachers can leave their classroom to answer the door. You may have to wait up to 15 min.
4. 3 tardies in a month result in 1 day suspension.
5. Prompt pick up is required if child is sick or temperature spikes during day.
6. Please have a sick child plan Hiding a fever or contagious illness will result in termination. Be Honest & Kind.

## **Dismissal**

1. 12:30pm & 2:30pm dismissal is on porch. Have ID ready at any time for safety.
2. Continued late pick up requires a \$2/minute charge to tuition.
3. Pick up is not permitted between 12:30pm & 2:30pm during our meditation cycle.

**Discipline/Suspension Policy** – Compassionate communication ensures respect for all individuals using age appropriate conflict resolution skills. RGP does not shame, humiliate, isolate, or use corporal punishment. RGP will not use food or drink as a loss of privilege. Acts of violence require immediate pick up and suspension. Threats of violence are a " discipline pick up". This is an immediate pick up. 3 Suspensions in a school year results in expulsion.

**Discipline Also Applies to Adults.** Unfortunately, in the past few years there has been an increase in parent aggression in our society. It will never be appropriate to yell/scream/threaten teachers or staff. This will result in immediate termination.

- **Vacations:** 1-week vacation for year-round children ( tuition-free)
- **Outdoor Play & Daily Activities** – The games & activities children play outside are age appropriate. Please allow your child proper shoes & clothes for outside play.
- **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
- **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.
- **Termination of Care:** 2-weeks' notice is required
- **Grievance Procedure** – All questions, complaints, & concerns, please contact Director, Steph Nestor 910-233-8594

## Prevention of Shaken Baby Syndrome and Abusive Head Trauma

### Belief Statement

Rainbow Garden Preschool believes that preventing, recognizing, responding to, and reporting shaken baby syndrome and abusive head trauma (SBS/AHT) is an important function of keeping children safe, protecting their healthy development, providing quality child care, and educating families.

### Background

SBS/AHT is the name given to a form of physical child abuse that occurs when an infant or small child is violently shaken and/or there is trauma to the head. Shaking may last only a few seconds but can result in severe injury or even death<sup>1</sup>. According to North Carolina Child Care Rule (child care centers, 10A NCAC 09 .0608, family child care homes, 10A NCAC 09 .1726), each child care facility licensed to care for children up to five years of age shall develop and adopt a policy to prevent SBS/AHT<sup>2</sup>.

### Procedure/Practice

Recognizing:

- Children are observed for signs of abusive head trauma including irritability and/or high pitched crying, difficulty staying awake/lethargy or loss of consciousness, difficulty breathing, inability to lift the head, seizures, lack of appetite, vomiting, bruises, poor feeding/sucking, no smiling or vocalization, inability of the eyes to track and/or decreased muscle tone. Bruises may be found on the upper arms, rib cage, or head resulting from gripping or from hitting the head.

Responding to:

- If SBS/ABT is suspected, staff will<sup>3</sup>:
  - Call 911 immediately upon suspecting SBS/AHT and inform the director.
  - Call the parents/guardians.
  - If the child has stopped breathing, trained staff will begin pediatric CPR<sup>4</sup>.

Reporting:

- Instances of suspected child maltreatment in child care are reported to Division of Child Development and Early Education (DCDEE) by calling 1-800-859-0829 or by emailing [webmasterdcd@dhhs.nc.gov](mailto:webmasterdcd@dhhs.nc.gov).
- Instances of suspected child maltreatment in the home are reported to the county Department of Social Services. Phone number: 910-259-1240

### Strategies to ensure staff members understand the brain development of children up to five years of age

All staff take training on SBS/AHT within first two weeks of employment. Training includes recognizing, responding to, and reporting child abuse, neglect, or maltreatment as well as the brain development of children up to five years of age. Staff review and discuss:

1. Brain Development from Birth video, the National Center for Infants, Toddlers and Families, [www.zerotothree.org/resources/156-brain-wonders-nurturing-healthy-brain-development-from-birth](http://www.zerotothree.org/resources/156-brain-wonders-nurturing-healthy-brain-development-from-birth)
2. The Science of Early Childhood Development, Center on the Developing Child, [developingchild.harvard.edu/resources/inbrief-science-of-eed/](http://developingchild.harvard.edu/resources/inbrief-science-of-eed/)

### Parents/Guardians

1. Parents/guardians will sign an acknowledgment form that includes the child's name, date the child first attended the facility, date the operator's policy was given and explained to the parent, parent's name, parent's signature, and the date the parent signed the acknowledgment
2. The child care facility shall keep the SBS/AHT parent acknowledgment form in the child's file.

*For purposes of this policy, "staff" includes the operator and other administration staff who may be counted in ratio, additional caregivers, substitute providers, and uncompensated providers.*

## Prevention of Shaken Baby Syndrome and Abusive Head Trauma

### Parent or guardian acknowledgement form

I, the parent or guardian of \_\_\_\_\_  
Child's name

acknowledges that I have read and received a copy of the facility's Shaken Baby Syndrome/Abusive Head Trauma Policy.

\_\_\_\_\_  
Date policy given/explained to parent/guardian

\_\_\_\_\_  
Date of child's enrollment

\_\_\_\_\_  
Print name of parent/guardian

\_\_\_\_\_  
Signature of parent/guardian

\_\_\_\_\_  
Date



NC DEPARTMENT OF  
**HEALTH AND  
HUMAN SERVICES**  
Division of Child Development  
and Early Education

## Nutrition Opt Out Form

Child Care Rules .0901(d) and .1706(c) state:

When children bring their own food for meals and snacks to the program, if the food does not meet the nutritional requirements specified in Paragraph (a) of this Rule, the operator must provide the additional food necessary to meet those requirements unless the child's parent or guardian opts out of the supplemental food provided by the operator as set forth in G.S. 110-91(2) h.1. A statement acknowledging the parental decision to opt out of the supplemental food provided by the operator signed by the child's parent or guardian shall be on file at the facility. Opting out means that the operator will not provide any food or drink so long as the child's parent or guardian provides all meals, snacks, and drinks scheduled to be served at the program's designated times. If the child's parent or guardian has opted out but does not provide all food and drink for the child, the program shall provide supplemental food and drink as if the child's parent or guardian had not opted out of the supplemental food program.

I \_\_\_\_\_ plan to provide all meals, snacks and  
(Parent/Guardian Print Name)

drinks for my child and do not want his/her meals, snacks or drinks supplemented to meet the Meal Patterns for Children in Child Care Programs from the United States Department of Agriculture (USDA), which are based on the recommended nutrient intake judged by the National Research Council to be adequate for maintaining good nutrition.

Since I opted out, if I do not provide all the meals, snacks or drinks for my child, I understand that the program will provide supplemental food and drink.

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

\_\_\_\_\_  
Date