

# 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



## Policies and Procedures

Non-Refundable Annual Registration: \$150/child

**Hours of Operation. Monday-Friday 7am-6pm**

**School Closures 2022-2023 : 1/2 day & 3/4 day also closed: December 26-30, January 2, March 6-10.**

- Veteran's Day November 11
- \* Thanksgiving November 23-26
- \* December 23 & 26
- January 2
- Martin Luther King January 16, 2023
- Good Friday April 7
- Memorial Day May 29
- Labor Day Sept 4
- July 3 & 4

### Fees & Tuition. Online

- 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 \$20 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/week: \$365, 4: \$395, 5:\$425

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

3. Full Day-7am-6pm ( same program)

Age 2-3+ =5 days/week: \$205, 4: \$185, 3: \$165      Age 3+-6= 5 days/week: \$195 4: \$180, 3: \$155

\* Full day children have one week vacation per calendar year.

**School Supplies:** \$60 per school-year charged in September or on first day. We purchase supplies in bulk.

**Personal Items Brought from Home:** 1 pair of slippers/indoor shoes labeled for your child (no characters/blinking), 8-10 oz labeled reusable water bottle (free of characters), plain or nature themed backpack/tote.

\*Full day students please bring one small blanket OR cuddle item for school use only (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)
  - Healthy morning snack (no chips, cookies or other sugary foods)-small portions please.
  - 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-
  - Portion control & minimal options allows children to eat without distractions. Lunches refrigerated.
  - PEANUT-FREE ALWAYS!**

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 is PEANUT FREE! Empty calories are not permitted (cookies, potato chips, fruit roll ups).





## 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