

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

**School Closures 2022-2023 : *1/2 day & 3/4 day also closed: Dec 21-23 & 26-30, Jan 2, March 6-10 March 13***

- Veteran's Day November 11
- \* Thanksgiving November 23-26
- \* December 23 & 26
- January 2
- Martin Luther King January 16, 2023
- Spring April 7 & 10
- 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

Tuition is every 4 weeks through the end of May. There are no pro-rates for breaks and holidays.

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

Tuition is every 4 weeks through the end of May. There are no pro-rates for breaks and holidays.

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

Age2-3+ =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),

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)
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.
6. ***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).



# RAINBOW GARDEN PRESCHOOL



**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.

**CELEBRATIONS/HOLIDAYS**-We do not celebrate religious or commercial holidays. We have our own celebrations.

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

**Sick Children** – Sick children are not permitted. *When a child is sent home for symptoms, a negative COVID test is required to return.* Children with lice need to be nit free before returning to the program. If a child is sick/cough/lethargic for multiple days, we reserve the right to have the parent keep the child home/not return until there is a doctor's note. Please notify program if child will not attend due to illness. Medical emergencies will be handled by 911 and parents. *Immediate pickup is required for sick children.*

**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. 3 suspensions in a school year result in expulsion.

## Daily Arrival

1. Children arrive & leave school by car. School starts at 8:25am Doors are locked at 8:35am.
2. Doors open for 1/2 & 3/4 day at 8:10am. Please arrive by 8:30am to not miss valuable instruction.
3. *Tardy children will need to ring the doorbell & 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 8:30am requires class disruption and missed instruction. Multiple tardies will result in termination.*
4. Each child receives daily health screenings & temperature check at entry and multiple times/day.
5. Prompt pick up is required if child is sick or temperature spikes during day.

## Dismissal

1. At the 12:30pm & 2:30pm dismissal, children are waiting on porch. Prompt pick up is imperative.
2. Parents pick up children on front porch. Always have ID available for subs or new employees.
3. Pick up is not permitted between 12:30pm & 2:30pm 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, 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