



Nationally Accredited by NAEYC's
National Academy of Early Childhood Programs
Program #478417

REQUIRED FORMS FOR ENROLLMENT

**Family Contract
Health Form
Emergency Forms
Permission Form
Permission to Administer
Non-Prescription Medication
Medical Care Plan**



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FAMILY CONTRACT
School Year 2020/21

I, (Print your name) _____ understand the Payment Schedule and agree to accept responsibility for payment of all fees and that refunds after withdrawal are issued as a credit against future use of the program after non-refundable portions are deducted. I agree to read the Family Handbook (revised copy will be mailed in June) and promise to abide by all the policy requirements of the school. Additionally, I acknowledge that prior to enrollment; the school's Discipline Policy was discussed with me.

WITHDRAWAL/DISENROLLMENT POLICY

Every effort will be made to meet a child's needs. If both family and staff come to the mutual agreement that the school is unable to meet the needs of the child, only then will the child be disenrolled.

There is a period of "provisional enrollment," of 30 school days, during which time family, staff and children are able to assess whether the school will satisfy the needs of all concerned.

We will make every effort to use Scientifically Researched Based Intervention strategies to address challenging behaviors any child may display. We may also pull in any of our Consultants (See Family Handbook pages 42-43) for resources and advice. However, we reserve the right to dismiss a child at any time we deem necessary. Reasons for dismissal include, without limitation, the following:

- Excessive disruptive behavior by the child or family
- Excessive and continuing injuring of other children, adults or property
- Failure to pay tuition on time
- Excessive lateness in picking up the child
- Any other inappropriate conduct, to be determined in our sole discretion

We reserve the right to dismiss the child immediately and without notice under appropriate circumstances, to be determined in our sole discretion.

Signed,

(Your signature)

(Date)

Please select your method of payment for tuition:

_____ I prefer to pay my child's monthly tuition by Cash or Check.

(Any returned checks will be subject to a \$20 service fee.)

_____ I prefer to pay by credit card with a 3.5% convenience fee (following the Family Handbook Payment Schedule) for my child's tuition, after receipt of invoice or statement.

IN CASE OF CLOSURE DUE TO PANDEMIC A SEPARATE SET OF GUIDELINES FOR PAYMENT WILL BE SENT

Tuition checks should be made out to the Five Mile River Nursery School and mailed to 5 Pennoyer Street, Rowayton, CT 06853, Attn: Administrative Coordinator. You may also hand deliver your check to the Administrator's mail box located in the church's library, or directly to the nursery school office.

Please provide the email address (es) where invoices should be sent:

All families are requested to provide the school with credit card information regardless of your chosen method of payment. If you have chosen to pay in full, this information may be used with your permission for any extended-day or other charges. This information may also be used in case any payment is 60 or more days in arrears. Payments will be automatically charged to your credit card in order to keep your account current:

MasterCard *** Visa *** American Express *** Discover *** (please circle one)

Number: _____ Exp.Date: _____ Security Code _____

Your name as it appears on your credit card:

Signature:

Returned checks will be subject to a \$25 service fee. Families unable to keep current with tuition payments within 60 days must make arrangements for payment with the Nursery School Council, and after 90 days, be suspended or asked to withdraw from the program. THIS FORM MUST BE COMPLETED IN FULL, SIGNED BY FAMILIES AND MAINTAINED ON SCHOOL PREMISES.



EMERGENCY CARD* School Year: 2020/2021

CHILD'S NAME _____ BIRTH DATE _____

CHILD'S ADDRESS _____ MAIN PHONE: _____

Date child entered program (mm/dd/yy) _____ CELL/WORK PHONE: _____

Child's home language: _____ Translation needed? Y/N _____

Email: _____ CC Email: _____

1. Family's Name & Home Address (if different) _____ Main PHONE _____

2. Family's Name & Home Address (if different) _____ Main PHONE _____

1. Family's Employer (include street address & zip code) _____

_____ BUS. PHONE _____

2. Family's Employer (include street address & zip code) _____

_____ BUS. PHONE _____

ALTERNATE: Persons, other than family members, who live nearby to be called to transport in case of emergency and authorized to pick your child.

1 _____ PHONE: _____

CELL PHONE: _____

2 _____ PHONE: _____

CELL PHONE: _____

PHYSICIAN Name & Address _____ PHONE _____

ALLERGIES: _____

MEDICATIONS: _____ LAST DPT _____

HOSPITAL PREFERRED _____ Insurance Policy Number _____

OTHER SIGNIFICANT MEDICAL INFORMATION _____

Child's DENTIST Name & Address _____ Phone _____

I give permission to Five Mile River Nursery School to make whatever emergency, (e.g., first aid, disaster evacuation) measures as judged necessary for the care and protection of my child (name) _____ while under the supervision of the School/Center.

In case of a medical emergency, I understand that my child will be transported to an appropriate medical facility by the local emergency unit for treatment if the local emergency resource, (police, rescue squad) deems it necessary. The child will be transported at the expense of _____ (Family)

It is understood that in some medical situations, the staff will need to contact the local emergency resource before the family, child's physician, and/or other adult acting on the family's behalf.

DATE _____ SIGNATURE _____
(Family or Guardian)

*To be kept by school telephone and taken on all field trips. Programs providing transportation should carry a duplicate set in vehicle.



PERMISSION AGREEMENT
CAMP 2020 AND
SCHOOL YEAR: 2020/2021

- A. I/we grant permission for my child, to use all of the play equipment and participate in all of the activities of the school, unless exceptions are noted here. _____
- B. I/we grant permission for my child to leave the school premises under supervision of a staff member for neighborhood walks or for field trips in an authorized vehicle.
- C. I/we grant permission for my child to be included in evaluations, pictures, and publicity connected with the center's programs. Publicity photos may include unidentified photos used on the school website, Facebook Fan Page, or community website. Please provide your preferred email address:

- D. I/we grant permission for the program to post information about my child's allergy(ies) in food preparation areas and all other areas in the program facility the child uses to be used as a visual reminder to all those who interact with my child during the program day.
- E. I hereby grant permission for the staff to take whatever steps may be necessary to obtain emergency medical care if warranted. These steps may include, but are not limited to, the following:
1. Administer first aid.
 2. Attempt to contact the family or guardian.
 3. Attempt to contact the child's physician.
 4. Attempt to contact the family through any of the persons listed on the emergency information card completed for the Center. (Note: It is the family's responsibility to keep this card up to date.)
 5. If we cannot contact the family or the child's physician, we will do any or all of the following:
 - a. Call another physician.
 - b. Call an ambulance.
 - c. Have the child taken to an emergency hospital in the company of a staff member; staff vehicle; program vehicle.
 6. Any expenses incurred under 5. above will be borne by the child's family.
- E. The school will not be responsible for anything that may happen as a result of false or incorrect information given at the time of enrollment.
- F. The school will not assume responsibility for a child who has not been signed in when he/she arrives for the day.
- G. I/we acknowledge that the behavior management/discipline plan has been discussed at the Family Meeting, supplied to me in the Family Handbook, and reviewed prior to enrollment.
- H. After review of my child's developmental assessment (CT DOTS and ASQ), I/we grant permission for my child's teachers to communicate confidentially with any receiving school about the information contained in the report, for the purposes of educational planning for the needs of my child.
- I. For children age 32 - 36 months: I agree to allow my child to participate in the FMRNS Camp and/or Preschool Program where my child will interact with children ages 3 to 5 years with child to teacher ratios not to exceed 10 to 1. I understand that the policies and procedures that are applied to children that are three years old will be applied to this child, including but not limited to the ratio of staff to children and group size.

Signed: (Family or Legal Guardian)

Signed: (Director)

Date: _____ Date: _____

Summer & Pandemic Program Information for Families ~ Signature Required ~ 2020

Please sign acknowledging that you have read, understand, and agree to follow these protocols.

There will be a maximum group size of 10 children using one classroom per day. Depending on a 1 to 10 adult to child staffing ratio, a maximum number of children on site per day may be 30 children.

All children and staff must have their temperature taken upon arrival: the maximum temperature for attendance will be 99° (Families and staff must bring their own thermometer to take each child's temperature). The daily temperature will be recorded in each child's profile in the BrightWheel App under Health.

Children may be excused who appear to be sick, at the discretion of the staff. Each group must arrive in their own time frame and be kept separate from other groups.

A checklist of questions will be asked on arrival to be sure children are healthy enough to participate:

- a. Are you or any member of your family awaiting results for a COVID-19 test?
- b. Do you live with anyone who has tested positive for COVID-19 in the past 14 days?
- c. Is your child currently medicated, or has he or she taken any medication, prescription or OTC within the past 24 hours?
- d. Are you experiencing any of the following symptoms consistent with COVID-19:
 - i. Fever
 - ii. Cough
 - iii. Shortness of breath or difficulty breathing
 - iv. Chills
 - v. Repeated shaking with chills
 - vi. Muscle pain
 - vii. Headache
 - viii. Sore throat
 - ix. New loss of taste or smell

Only staff members will be admitted inside the building. Families will check in at the door or playground gate, in staggered fashion, maintaining 6-foot social distancing while waiting. Indicators will be placed on the sidewalk and in the entry so that families will know where to stand.

Families will check in to "Summer" using the BrightWheel app and must either scan the QR code with their own device or submit their personal code to the staff member checking in. Families may NOT touch any device other than their own. All families must enable push notifications on the BrightWheel app so we can be in touch with you immediately in case of emergency.

All children and staff must wash hands upon arrival with soap and water for at least 20 seconds. Hand washing will occur frequently: before and after play in the sensory table; playdough; toileting; eating; handling pets; soiled tissues or garbage; and as often as necessary. When handwashing is unavailable, hand sanitizer will be used. While waiting for entry, children and caregivers will be asked to sanitize their hands.

All staff will use a cloth face covering at all times while in the workplace.

All children are encouraged to wear a cloth face covering; toddlers (age 24-32 months) are not required to wear a cloth face covering.

All staff will, and all children should, cover coughs and sneezes with a tissue or the corner of the elbow. Soiled tissues must be disposed of immediately after use, and hands washed for 20 seconds.

Cleaning, sanitizing and disinfecting procedures will be intensified and shared spaces shall be disinfected between groups' use, such as the playground or Fellowship Hall.

The classrooms will be cleaned daily with hypochlorite solution, frequently touched surfaces will be disinfected with virucide between groups and allowed to dry for at least 3 minutes.

Children must bring their own nut-free snack and lunch. Lunch boxes must be wipeable. No paper or cloth bags.

Children will be given their own set of art materials to use OR art implements will be sanitized between use; toys will also be rotated and sanitized between uses by individual children.

If anyone in the program becomes sick with Coronavirus:

- We will contact the local health department of the CT Department of Public Health.
- Determine the date of symptom onset for the child/staff member.
- Determine if the child/staff member attended/worked at the program while symptomatic or during the **two days before symptoms began**.
- Identify what days the child/staff member attended/worked during that time.
- Determine who had close contact with the child/staff member at the program during those days (staff and other children)
- Exclude the children and staff members who are determined to have had close contact with the affected child/staff member for 14 days after the last day they had contact with the affected child/staff member.
 - Conduct appropriate cleaning and disinfection:
 - Close off areas used by the person who is sick.
 - Open outside doors and windows to increase air circulation in the areas.
 - Wait up to 24 hours (or as long as possible) before cleaning or disinfecting to allow respiratory droplets to settle before cleaning and disinfecting.
 - Clean and disinfect all areas used by the person who is sick, such as offices, bathrooms, and common areas.
 - If more than 7 days have passed since the person who is sick visited or used the facility, additional cleaning and disinfection is not necessary.
 - Continue routine cleaning and disinfection.

Depending on the size of the program and the number of people affected, closure of a particular room in the program (for larger centers) or the entire program might need to be considered. Specific situations and exposures can be discussed with the local health department or the Department of Public Health (860.509.7994).

I have read and understand the above protocols for participation in Five Mile River Nursery School's summer program. We are honored that you are entrusting us with the safety and wellbeing of your children. Nothing is a guarantee, but the best prevention is a combination of multiple strategies. Thank you for helping us meet these guidelines.

- a. No visitors in the building
- b. Take temperatures and look for symptoms
- c. Wear masks
- d. Wash hands frequently
- e. Social distance

I have read and agree to follow the above guidelines. If I fail to follow any of these guidelines, I may be asked to withdraw my child.

Signed:

Date:

X



Printed Name: _____



School Year 2020/2021

OPTIONAL ALTERNATE PICK-UP PERMISSION FOR _____

I/WE GIVE PERMISSION FOR THE FOLLOWING PEOPLE TO PICK UP MY CHILD AT ANY TIME:

<u>Name</u>	<u>Telephone #</u>	<u>Relationship</u>
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1. _____
2. _____
3. _____
4. _____
5. _____

FAMILIES PLEASE NOTE:

1. A picture ID is required for anyone picking up your child.
2. In the event that any of the approved persons come in to pick up your child, we will release your child to them, provided they have proper identification, as they have already been approved by your signature below. However, we would prefer prior notification as an extra precaution.
3. If there is any change in this pick-up agreement, it is the family's responsibility to notify the school of the change.
4. Families should add all approved pickups to the BrightWheel App and make sure each person has downloaded the app.

I have read and agree to the requirements to allow the above person(s) to pick up my child at any time.

Family signature _____ Date _____

No one will be allowed to pick up your child without prior written permission by BrightWheel, note or by email.



**FAMILY/GUARDIAN AUTHORIZATION FOR THE ADMINISTRATION OF
NON-PRESCRIPTION TOPICAL MEDICATIONS BY CHILDCARE PERSONNEL**

To Childcare nurse, director or teacher:

I hereby request that the following non-prescription topical medication be administered by my child under the supervision of a staff member of the childcare facility. I understand that I must supply the childcare center or group home with the non-prescription topical medication in the original container labeled with my child's name, the name of the medication and the directions for the medication administration.

This authorization is limited to the following topical medications:

1. Non-prescription skin lotion.
2. Non-prescription insect repellants.
3. Non-prescription sunscreen protectants that are free of amino benzoic acid (PABA) or its derivatives.

Name of child _____ DOB _____

Address _____

Medication: Name, method of administration, area of application _____

Schedule of administration _____

Medication shall be administered: From: _____ To _____
Date Date

Reason for which medication is being administered _____

I have administered at least one application of the above medication to my child without adverse side effects.

Family/Guardian Signature _____ Relationship _____

Printed Name of Family/Guardian _____ Date _____

Address _____

Telephone _____ Work _____ Cell _____



Please contact the school for appropriate permission forms if you require any prescribed medications to be administered by school staff. No prescription medication will be administered without fully completed, signed and staff-reviewed forms on file at the school.

Note that your child may not attend school without his/her necessary medications and permissions to administer.

FOR STAFF TO COMPLETE:

Family authorization form and medications received by _____
Signature of staff

Medication started _____
Date and time

Medication completed _____
Date and time



Medical Care Plan

(To be filled out by the parent and reviewed by the classroom teacher and program administrator for any medical assessment need indicated on health form)

Child's Name		
Date of Birth		
Medical Condition		
Signs and Symptoms		Plan of Action:
1.		
2.		
3.		
4.		
5.		
6.		
7.		
Monitoring		
Signature of Parent		Date:
Please print name		
Parent Contact Information	Phone:	Alternate Phone:
Other Emergency Contact	Name/Relationship:	Main Phone:
Other Emergency Contact	Name/Relationship:	Main Phone:
Signature of Teacher		Date:
Print name and classroom		
Signature Administrator		Date:
Please print name and title		