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**ENROLLMENT PACKET**

**2020-2021**

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# 2020-2021 CALENDAR

***May 2020***

5/4-5/8- Teacher Appreciation Week

5/10- Mother’s Day

5/13- Family Breakfast 8:30am-9:30am

5/22- Graduations

*10am- Prekindergarten*

*12pm- Kindergarten*

5/22- End of 2019-20 school year

5/25- Memorial Day: School Closed

5/26- First Day of Summer Camp

***June 2020***

6/21- Father’s Day

***July 2020***

7/4 – Independence Day *(Weekend-School is Closed)*

***August 2020***

**8/4– Open House/Orientation Night: Fall Semester 6:30p-7:30p**

8/7 – Last Day of Summer Camp

**8/10 – First Day of School Year 2020-2021**

8/21 – PTA First Meeting: 8.30am

***September 2020***

9/7 – Labor Day: School Closed, Childcare Available

9/18– Rosh Hashana Eve, Regular School Day

9/28 – Yom Kippur Eve, Regular School Day

***October 2020***

10/5- Fire Safety Week

10/6 – Fire Truck Visit (**Subject to change**)

10/19 – Picture Day Fall Part I

10/20 – Picture Day Fall Part II

10/21 – Picture Day Fall Part III

10/22- Picture Day Fall Part IV

10/23- Picture Day Fall Part V

10/29- Fall Festival 4:30-6:30PM

10/30 – Nevada Day: School Closed, Childcare Available

10/31- Halloween (weekend)

***November 2020***

11/11 – Veterans Day: School Closed, Childcare Available

**11/9 – Parent/Teacher Conferences 3p-6p**

**11/10 – Parent/Teacher Conferences 3p-6p**

11/23-11/25 – Classroom Thanksgiving Feasts

***11/26 – Thanksgiving, School is Closed***

***11/27 – Black Friday, School is Closed***

***December 2020***

12/1 – Kindergarten Open House

12/18 – Last Day before Winter Break

12/21-12/24- Winter Break, Childcare Available

***12/25 – Christmas Day, School is Closed***

12/28-1/3- Winter Break, Childcare Available

***January 2021***

1/1 – New Year’s Day (Weekend-School is Closed)

1/4- Classes resume

1/18 – Martin Luther King Day, School Closed, Childcare Available

***February 2021***

2/1 – Tooth Fairy Visit and Dental Health Month

2/15 – Presidents Day, School Closed, Childcare Available

2/23– Art Fair 5:30p – 7:00p

2/22-2/26- Nevada Reading Week

***March 2021***

3/1-3/5– Community Helper’s Week (18m-4s)

3/10-3/11 – United Testing Services: Hearing/Vision/Speech (\*subject to change)

3/22-3/26 – Scholastic Book Fair

***April 2021***

4/19 – Picture Day Spring Part I

4/20- Picture Day Spring Part II

4/21- Picture Day Spring Part III

4/22- Picture Day Spring Part IV

4/23- Picture Day Spring Part V

4/26-4/27 – Parent Conferences: 3p-6p

***May 2021***

5/3-5/7 – Teacher Appreciation Week

5/9– Mother’s Day

5/11– Family Breakfast 8:30a-9:30a: Rooms A, B & C

5/28- Graduations

*10am- Prekindergarten*

*12pm- Kindergarten*

5/28- End of 2020-21 school year

5/31- Memorial Day: School Closed

6/1- First Day of Summer Camp

# 2020-2021 REGISTRATION I

**Teacher Request: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Program: 6w – 12m old  12m old  18m old  2yr. old

Family Email**:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Childs Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Sex:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

DOB: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Current Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/ Guardian: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Occupation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell Phone#: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Work Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Work #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/ Guardian: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Occupation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Work Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Work Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian with legal custody \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Please provide legal documents.)

**Check days and times of attendance:**

**M  T  W  TH  F**

Full Day 9:00 am – 4:00 pm  Half Day 9:00 am – 12:30pm  Before Care 7:00 am -9:00 am  After Care 4:00 pm – 6:00 pm

A **10%** discount applies to families with multiple children, active military service, fire and police, CCSD employees and Temple Sinai Members. **Please check:**

Multiple Children  CCSD Employ  Active Military

Fire Dpt.  Police Dpt.  Temple Members

**Registration fees are due upon registration and are non-refundable**.

Registration fee: $ 125.00

Tuition: $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Before Care: $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

After Care: $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**CC CHECK # CASH**

Semi – Monthly $\_\_\_\_\_\_\_\_\_\_ due on the 5th and 20th of every month

Monthly $**\_\_\_\_\_\_\_\_\_\_** due on the 5th of every month

**Billing Information:**

Your first monthly/semi-monthly tuition payment is due on August 20th, 2020. This tuition amount will be prorated from 8/10/20 for the first payment, and applicable during the school year beginning August 10th, 2020 – May 26th, 2021. The tuition amount is subject to change if you add/delete days or hours.

We will not be responsible for contacting you to remind you that tuition is due nor will you receive a bill. All payments will be on the 5th and 20th of every month (military families on a special schedule). The individual signing this form is responsible for tuition payments on this account currently through our Smartcare online system.

Parent Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# 2020-2021 REGISTRATION II

**Teacher Request: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Program: 3 yr. old  4 yr. old

Family Email**:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Childs Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Sex:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

DOB: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Current Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/ Guardian: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Occupation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell Phone#: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Work Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Work #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/ Guardian: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Occupation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Work Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Work Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian with legal custody \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Please provide legal documents.)

**Check days and times of attendance:**

**M  T  W  TH  F**

Full Day 9:00 am – 4:00 pm  Half Day 9:00 am – 12:30pm

Before Care 7:00 am -9:00 am  After Care 4:00 pm – 6:00 pm

A **10%** discount applies to families with multiple children, active military service, fire and police, CCSD employees and Temple Sinai Members. **Please check:**

Multiple Children  CCSD Employ  Active Military

Fire Dpt.  Police Dpt.  Temple Members

**Registration fees are due upon registration and are non-refundable**.

Registration fee: $ 125.00

Tuition: $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Before Care: $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

After Care: $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**CC CHECK # CASH**

Semi – Monthly $\_\_\_\_\_\_\_\_\_\_ due on the 5th and 20th of every month

Monthly $**\_\_\_\_\_\_\_\_\_\_** due on the 5th of every month

**Billing Information:**

Your first monthly/semi-monthly tuition payment is due on August 20th, 2020. This tuition amount will be prorated from 8/10/20 for the first payment, and applicable during the school year beginning August 10th, 2020 – May 26th, 2021. The tuition amount is subject to change if you add/delete days or hours.

We will not be responsible for contacting you to remind you that tuition is due nor will you receive a bill. All payments will be on the 5th and 20th of every month (military families on a special schedule). The individual signing this form is responsible for tuition payments on this account currently through our Smartcare online system.

Parent Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# 2020-2021 KINDERGARTEN REGISTRATION

Family Email**:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Childs Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Sex:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

DOB: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Current Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/ Guardian: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Occupation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell Phone#: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Work Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Work #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/ Guardian: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Occupation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Work Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Work Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian with legal custody \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Please provide legal documents.)

**Check days and times of attendance:**

**M  T  W  TH  F**

Full Day 8:30 am – 3:15 pm

Before Care 7:00 am -9:00 am  After Care 3:15 pm – 6:00 pm

A **10%** discount applies to families with multiple children, active military service, fire and police, CCSD employees and Temple Sinai Members. **Please check:**

Multiple Children  Temple Sinai Member  Active Military

Fire Dpt.  Police Dpt.  CCSD employee

**Registration fees are due upon registration and are non-refundable**.

Registration fee: $ 125.00

Tuition: $ 890.00

Before Care: $ 37.50

After Care: $ 37.50

**CC CHECK # CASH**

Semi – Monthly $\_\_\_\_\_\_\_\_\_\_ due on the 5th and 20th of every month

Monthly $**\_\_\_\_\_\_\_\_\_\_** due on the 5th of every month

**Billing Information:**

Your first monthly/semi-monthly tuition payment is due on August 20th, 2020. This tuition amount will be prorated from 8/10/20 for the first payment, and applicable during the school year beginning August 10th, 2020 – May 26th, 2021. The tuition amount is subject to change if you add/delete days or hours.

We will not be responsible for contacting you to remind you that tuition is due nor will you receive a bill. All payments will be on the 5th and 20th of every month (military families on a special schedule). The individual signing this form is responsible for tuition payments on this account currently through our Smartcare online system.

Parent Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# 2020 SUMMER CAMP REGISTRATION

**(5/25/2020- 8/7/2020)**

Program: 6w – 12m old  12m old  18m old

2yr. old  3yr. old  4yr. old  5 yr. old and up

Family Email**:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Childs Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Sex: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

DOB: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Current Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/ Guardian: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Occupation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell Phone#: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Work Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Work #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Please choose the sessions your child will be attending and check the days of attendance for each session**

**THEME WEEK DAYS**

Welcome to Shenker Week 1: May 25th – May 29th M T  W TH F

Blast Off! Week 2: June 1st – June 5th M T  W TH F

Under the Stars Week 3: June 8th- June 12th  M T  W TH F Lions, Tigers, and Bears Week 4: June 15th - June 19th  M T  W TH F

Mad Scientist Week 5: June 22nd – June 26th M T  W TH F  Party in the USA Week 6: June 29th – July 3rd M T  W TH F

Disney Week Week 7: July 6th – July 10th M T  W TH F

Sports Extravaganza Week 8: July 13th - July 17th M T  W TH F

Wild West! Week 9: July 20th - July 24th  M T  W TH F  A Pirates Life Week 10: July 27th – July 31st  M T  W TH F  Goodbye, Summer! Week 11: August 3rd – August 7th  M T  W TH F

**Please check the times needed for camp**

Full day 9am-4pm Half Day 9am-12:30pm

Before Care 7am-9am After Care 4pm-6pm

**Price Per Week**

Full Day Half Day Before Care After Care

5 days a week $275.00 $180.00

4 days a week $240.00 $160.00

3 days a week $210.00 $135.00

2 days a week $170.00 $110.00

Daily rate $90.00 $60.00 $10.00 $10.00

* **Registration fees: For Summer only- $50.00, for the entire year- $125.00**
* **A Monthly flat fee of $75.00 will substitute hourly charge for before/after care for full time students**
* **Registration fees are due upon registration and are non-refundable**.
* All Children are required to have an updated shot record and physical examination
* Birth Certificate required for Kindergarten

**Tuition Guidelines**

* Our summer tuition is based on weekly enrollment, and installments to be paid on the fifth of each month or semi- monthly (On the fifth & the twentieth of the month) and is the same regardless of days missed due to illness or school holidays. There are no makeup days.
* Temple Sinai members are eligible for **10%** discount
* Families with multiple children enrolled are eligible for **10%** discount
* CCSD employees, police, fire fighters, and military families are eligible for **10%** discount

Parent Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# CHILD RECORD

Child’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Preferred Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Sex: \_\_\_\_\_\_\_\_\_\_\_ Home Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Current Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City, State, Zip: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Occupation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Work Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Work Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Occupation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Work Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Work Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

List additional persons who may be called in the event of an emergency, and who are authorized to remove the child from the facility. (**Your child will not be allowed to leave with any other person without written authorization from parent or guardian**.)

|  |  |  |  |
| --- | --- | --- | --- |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

Name Address Phone Number Relationship

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Signature of Parent/Guardian Date**

# CHILD INTAKE FORM

**Basic Information**

|  |  |
| --- | --- |
| Intake Date: | Gender: |
| Child’s Full Name: | Date of Birth: |
| Country of Birth: | Immigrant: Yes No |
| Native Language: | Other Languages (in the home): |
| Race:  American Indian or Alaskan Native  Asian  Black or African American  Native Hawaiian or Other Pacific Islander  Caucasian/White | Religious Affiliation:  No Religious Affiliation  Christian  Jewish  Other |

**Family Information**

|  |
| --- |
| Marital status of Parents, if divorced or separated what is your child’s living arrangements? |
| Name of custodial parent if applicable: |
| Sibling(s’) Names and Birthdates**:** |

**Education Information**

|  |  |
| --- | --- |
| Formal education experiences child had BEFORE enrolling in The Shenker Academy.  (Please check all that apply) | Infant/toddler program  Early intervention/early childhood  special education (0 – 2.9)  Preschool (ages 3 – 4)  Headstart  Kindergarten |
| Special services WHILE ENROLLED in The Shenker Academy.  (Please check all that apply) | Early intervention/early childhood  special education (0 – 2.9)  Special Education  None  Other- list: |

**Health Factors**

|  |
| --- |
| My child has a special physical or mental condition (describe or list) |
| My child has frequent colds, ear infections, etc.: |
| Are there any medications given regularly? If so, please list: |

**Eating**

|  |
| --- |
| My child cannot eat? Please list: |
| My child’s favorite foods are: |
| Any other information related to eating, drinking, or food: |

**Napping/Resting**

|  |  |
| --- | --- |
| My child conveys feeling fatigue by… | |
| My child has a regularly scheduled nap/rest time: | Length of time my child usually sleeps at nap time: |
| My child has a favorite toy/blanket for nap time: | Any other information? |

**Emotions/Behavior Management**

|  |
| --- |
| My child comforts him/herself by… |
| Special things I say or do to comfort my child? |
| He/she expresses anger by… |
| Does your child have any fears? How are they shown? |
| My areas of concern or difficulty |

**Toileting**

|  |
| --- |
| Is your child toilet trained? |
| What words does your child use to communicate toilet needs? |

**Development**

|  |
| --- |
| My concerns about my child’s development are: |
| What are some favorite toys and activities that you and your child share at home (Indoor and Outdoor): |
| What are your child’s special talents or interest? |
| What are your expectations of our program? |
| What are your expectations for your child’s school experience? |

**Signature:** **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** **Date:** **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

# MEDICAL HISTORY FORM

This form must be completed by the parent/guardian and received by The Shenker Academy prior to the child’s first day of attendance in order for the child to participate in any activities. The intent of this information is to provide school staff the background to provide appropriate care. **Any changes** to this form should be provided to The Shenker Academy. Provide complete information so that The Shenker Academy can be aware of your child’s needs.

|  |  |
| --- | --- |
| **Child’s Full Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | **Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
| Parent/Guardian completing form: | |

**ALLERGIES:** List all known medical or food allergies (please include symptoms or reactions).

|  |
| --- |
|  |
|  |

SPECIAL DIET If your child requires a doctor prescribed diet, please indicate diet and reasons

below. (Please attach a sample menu or special food list.)

|  |
| --- |
|  |
|  |
|  |

**MEDICATIONS BEING TAKEN**

Please list ALL medications (including over the counter or non-prescription drugs) taken routinely. We will administer prescription medications upon the parent/guardian’s completion of the **Authorization for Administration of Medication** form. Bring prescription medications in the original packaging/bottle that identifies the prescribing physician, the name of the medication, the dosage, and the frequency of administration.

|  |
| --- |
| * My child takes NO medication on a routine basis. |
| * My child takes medication as follows: |
| Med #1 Dosage  Times to be given |
| Reason for taking |
| Med #2 Dosage  Times to be given |
| Reason for taking |
| Med #3 Dosage  Times to be given |
| Reason for taking |

**GENERAL QUESTIONS** Circle Y for yes or N for no for the participant (Explain “yes” answers below.)

|  |  |
| --- | --- |
| 1. 1. Have a chronic or recurring 2. llness/condition Y  N | 11. Ever passed out during or after  Exercise Y  N |
| 1. 2. Ever had high blood pressure 2. Y  N | 12. Ever been dizzy during or after  exercise Y  N |
| 1. 3. Ever been hospitalized 2. Y  N | 13. Have any skin problems (itching,rash, acne, etc)  Y  N |
| 1. 4. Ever been diagnosed with a heart murmur 2. Y  N | 14. Ever had chest pain during or after exercise  Y  N |
| 1. 5. Has frequent headaches 2. Y  N | 15. Have diabetes Y  N |
| 6. Ever had back problems  Y  N | 16. Ever had seizures Y  N |
| 7. Ever had a head injury  Y  N | 17. Ever had an eating disorder Y  N |
| 8. Wear glasses, contacts, or protective eye wear Y  N | 18. Have asthma Y  N |
| 1. Ever had frequent ear infections   Y  N | 19. Have emotional difficulties for which professional help was sought?  Y  N |
| 10. Have an orthodontic appliance being brought to school Y  N | 20. Have a history of bedwetting  Y  N |

Please explain any “yes” answers noting the number of the questions.

|  |
| --- |
|  |
|  |
|  |

Use the space below to provide any additional information about the participant’s behavior and physical, emotional, or mental health about which the school should be made aware.

|  |
| --- |
|  |
|  |
|  |

Explain any restrictions of participation in school activities:

|  |
| --- |
|  |
|  |
|  |

**Parent/Guardian Authorization:** This health history is correct and complete as far as I know. I agree to notify The Shenker Academy if any changes occur in my child’s medical condition before arriving to school. The child herein described has permission to engage in all school activities except as noted above.

Parent Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# HEALTH STATEMENT

CHILD’S NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DOB: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PARENT’S NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PARENT’S ADDRESS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

STATUS OF THE ABOVE CHILD’S HEALTH: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

CHILD IS CAPABLE OF ADJUSTING TO PROGRAMS OF THE CHILD CARE FACILITY

YES NO – REASON:

SIGNED \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(M.D or R.N)

# CONSENT FOR MEDICAL TREATMENT

Parent/Guardian agrees the provider may consult with the child’s nurse or attending physician in regards to child’s health as needed. In the event that we should have questions regarding the health of the enrolling child we may contact one, or more, of the following sources for information.

**√** Hospital of choice and phone number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**√** Clark County Health District (702) 759-1301

Dr. Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

In an emergency, I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, (Parent/Guardian), give my authorization to, **Shenker Academy,** (Provider’s Name) and any local physician, dentist or hospital to provide medical care and/or transport my child at my expense.

Medical Plan: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Policy #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Phone #: \_\_\_\_\_\_\_\_\_\_\_\_\_

Does your child require additional accommodations? Explain\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Are the problems serious enough to restrict your child’s activities? Explain\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Describe, if any, special care required: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Does your child have frequent colds?  Yes  No

**List any allergies that staff should be aware of?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Is your child currently taking prescribed medication?  Yes  No

Name of medication(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Reason:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

# AUTHORIZED RELEASE FORM

Today’s Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Childs Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Authorized Person: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Relationship: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Authorized Person’s Phone #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date(s) Authorized: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

# CREDIT CARD AUTHORIZATION

|  |
| --- |
| Statement  (Please Print) |
| I authorize Shenker Academy, to initiate recurring credit card charges to the below referenced credit card account for the purpose of collecting childcare related payments. I authorize Shenker Academy to withdraw sufficient funds to pay my regular childcare fees that are due and payable. I authorize Shenker Academy to use the third party sender (*SmartCare )* to process all payments. |

Cardholder Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Children Names (if applicable): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***Please enter children names if the cardholder's last name is different: \_\_\_\_\_\_\_\_\_\_\_\_\_\_***

Cardholder Billing Address:

City: State: ZIP Code:

Card Type: VISA MASTERCARD DISCOVER

Account Number:

Expiration Date: CVC No.:

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# MEDIA RELEASE FORM

During the school year the Shenker Academy may hold several functions with the opportunity to take photographs of the children engaged in activities.

Please check below if you authorize from this point forward for the publication of any pictures taken at the Shenker Academy for use on our school:

**Post pictures on our school website**

**School Facebook Posts**

**School Twitter Tweets**

**School Instagram Posts**

**School brochures or school literature**

**Classroom Newsletter**

**Classroom PhotoCircle App**

**I do not want my child to be photographed.**

I give permission to have my child photographed and his/her image used only at the checked lines above. I understand this photo release is effective while my child attends the Shenker Academy. I further understand I will not benefit monetarily from the potential use of my child’s image.

Parent/Guardian: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# PERMISSION TO RELEASE INFORMATION

I understand that the time my child, \_\_\_\_\_\_\_\_\_\_\_\_\_\_is in the facility, the director may be asked for information regarding my child.

I hereby give permission to release information to official persons only, who identify themselves, such as schools, health care personnel, welfare or other governmental officials.

I do not give permission to release information about my child as set forth in the aforementioned statement. I understand that the Bureau of Services for Child Care has access to my child’s record as the licensing agent and may view the record upon BSCC facility inspection.

Signature of Parent/Guardian\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*TRANSPORTATION/FIELD TRIP FORM

I understand that my child may take part in field trips and educational excursions,

either by bus, private car, or on foot. I further understand that my child will be chaperoned by a responsible adult at all times away from the facility.

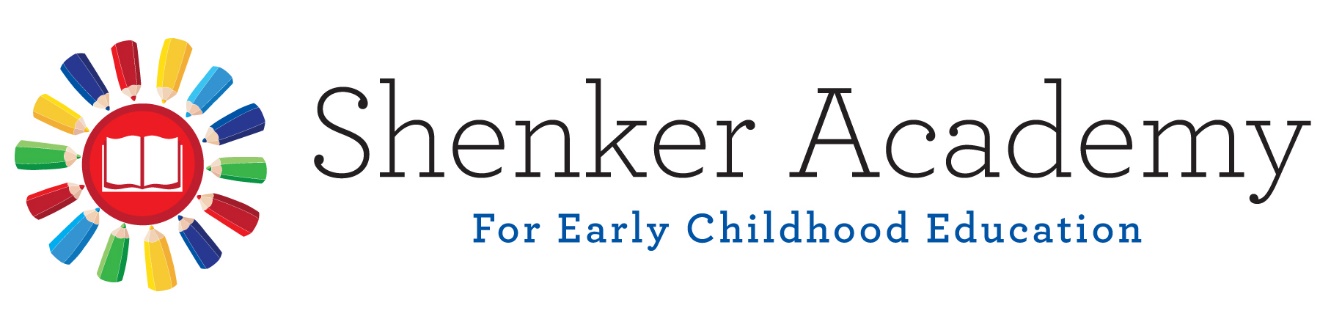
***Should any accident occur while my child is away from the facility on the trip, I shall not hold the child’s caretaker, members of the facility and its employees, nor any participating adult liable.***

I do not wish my child to take part in the field trips or educational excursions.

**Shenker Academy** (provider) may transport my child, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

In the event of an emergency evacuation or disaster preparedness drill of the facility.

Signature of Parent/Guardian\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_



# PARENT HANDBOOK

**Welcome to the Shenker Academy where parents are always welcome and encouraged to visit and volunteer anytime. This is your school and we would love you to become an integral part of it.**

**If you have any questions or concerns, please don’t hesitate to contact us; we believe that open communication between parents and staff is of the utmost concern to all concerned.**

**Our Mission:**

The Shenker Academy is committed to providing a safe, nurturing, and stimulating environment for your child/ren. Children learn through language, nature, science, math, art, music, movement and play as well as celebrating holidays as they are celebrated by different cultures.

We care about your children and their need to grow in confidence, to be independent, to make friends; satisfy their curiosity and to develop their cognitive skills.

**Curriculum:**

Our natural “environment” and the “world around us” is the foundation through which our curriculum is developed. All learning processes are designed to be child-centered and age-appropriate. Our program includes linguistic; social, emotional and cognitive development through an integrated approach.

Age appropriate skills such as the development of fine and gross motor skills; language development (English, Hebrew, Spanish and Sign Language), science; math; human development; cultural diversity etc. are carefully woven into our program. The children understand that all they see and do is an integral part of their everyday lives.

The curriculum includes (age appropriately);

**Math**: Counting, recognizing numbers and shapes, concepts of more and less, graphing, sorting patterning and more….

**Language:** Circle time, show and tell, stories, finger puppets, drama etc. Letter recognition and linguistics taught through song and dance are Hebrew, Spanish and Sign Language.

**Science and Nature:** Experiments such as hot/cold, heavy/light. Evaporation/condensation; environmental reactions; weather; how plants grow, the bird and animal world as well as the environment. Charting growth is an integral part of these studies.

**Social Studies:** Learning about “me” and other cultures and countries.

Art, music and movement are an integral part of each curriculum unit and are connected to the curriculum as a whole.

The curriculum is based on Howard Gardner’s theory of” Multiple Intelligences” and Wiggin and McTighe’s “Understanding by Design.”

**Goals:**

* To provide a nurturing environment, in which active exploration of the child’s world and his/her social interaction with others is promoted.
* To foster self-esteem through relationships which express acceptance and respect for all children and adults.
* To recognize that all children are different and to allow those differences to surface in daily activities.
* To allow for the expression of each child’s individual, creative potential.
* To foster active participation, communication and cooperative learning among children, staff and parents.
* To create a setting which allows children to utilize problem solving techniques with peers and adults (with guidance and supervision as needed)
* To provide an environment where children are safe both physically and emotionally.

**ADMISSION:**

* September 30th is the cutoff date for each age group
* Children aged 3+ must be toilet trained before they start school
* The registration form must be completed
* Updated immunization record and completed physical form
* Signed Tuition Contract and Conditions
* Credit card or check form
* Birth Certificate for Kindergarten
* Paid Registration Fee
* All of the above are required upon enrolling your child into our school.

Classes are filled on a first come basis.

* As stated in the financial agreement, a two-week written notice is required to withdraw a child from the program. Payment is required for the two weeks following the withdrawal notice, whether or not the child continues to attend the school during that period.
* Absence from the school should be communicated promptly with the school’s administration. Absence for more than 3 consecutive days without any notification will cause an immediate dismissal.
* If families wish to return after withdrawing or after 3 days of uncommunicated absence, space is not guaranteed and a new registration fee will be due at the time of re-enrollment.

\*\*\*Our school “is operated as an exempt school under the provisions of NRS 34.211 and as such is exempt from the provisions of the Private Elementary and Secondary Education Authorization Act.”

**CLASSROOM RATIOS According to Nevada State Licensing and NAEYC**

12 month old classroom 1:4 Maximum group Size is 20

18 month old classroom 1:4 Maximum group Size is 20

Preschool

2 year old classroom 1:6 Maximum group Size is 20\*

3 year old classroom 1:8 Maximum group Size is 24\*

4 year old classroom 1:10 Maximum group Size is 24\*

Kindergarten 1:10 Maximum group size is 18

(\*contingent with classroom size)

**DAYS AND HOURS OF OPERATION**

The school is open Monday through Friday from 7:00am to 6:00pm.

Full-day school hours are from 9:00am to 4:00pm, half-day school hours are from 9:00am to 12:30pm and Kindergarten hours are from 8:30am to 3:15pm.

We have a before and after care service;

Before care – 7:00am – 9:00am

After care - 4:00pm – 6:00pm

Due to our school policy concerning class size and teacher ratio, absences or missed days may not be made up on nonscheduled days at the preschool.

A school calendar is issued every year stating days the school will be closed.

**DROP-OFF AND DISMISSAL**

All children must be clocked in and out every day. This is extremely important as it allows us to check attendance during the day and during emergency drills.

Children must **never** be left in a classroom or in the play yard without a teacher being present. We will release your child to a designated adult with an ID**. NO EXCEPTIONS.**

**PREPARING YOUR CHILD FOR TRANSITIONS**

Transitions into a new school or classroom can be difficult for some children. To assist your child in transitioning and acclimating to our program we structure our program to allow our students to stay with their teacher and peers for the duration of the school year (excluding 12month olds). This helps provide continuity of care and consistency for children.

Parent Orientation Night will be conducted prior to the beginning of the school year.

**HEALTH**

For the protection of all children, your child should be kept home if he/she shows any of the following symptoms:

* a temperature
* a rash
* discharge of the eyes or ears
* diarrhea or vomiting
* coughing
* yellow or green mucus

NO child who comes to school ill will be admitted that day. Please notify the school if your child has a contagious disease or has been exposed to one.

Your child will not be admitted back into school until 24 hours after a fever has subsided. In the event that your child becomes ill while at school you will be notified immediately and expected to make arrangements for your child to be picked up within 1 hour of being notified. To prevent the spread of illness, while waiting for a parent/guardian, your child will be removed from the classroom and supervised by familiar staff in the front office area.

**MEDICATION**

Licensing prohibits us from giving children over the counter medications such as aspirin, cough medicine, etc. Only prescription medicine with a signed permission slip will be administered. The bottle must show:

* name of child
* name of the doctor
* dosage information
* days administered

Each time a child needs medication you need to fill out a new form at the front office.

**DRESS CODE**

An official uniform with the new Shenker logo is required for all children 3 years old and up and must be worn daily, NO EXCEPTIONS. You can contact **Classic Kids** at 702-489-8845, to order your uniforms. Skorts/pants need to be khaki or navy and must be uniform style.

*No sandals or open toed shoes!*

A complete change of clothing, clearly labeled, is required in case of spills or accidents.

Make sure all belongings are clearly LABELED. The school cannot be responsible for any lost or stolen items.

**LUNCH AND SNACK**

Nutritious morning and afternoon snacks will be served daily in the preschool. All children need to bring a lunch daily.

Make sure the lunches are ready to eat, for example eggs or fruits are already peeled. Fruit, vegetables, or meat should be cut no larger than 1/22 inch square for children to be able to chew and swallow safely. Whole grapes must be cut in half, hot dogs and carrots must be cut into bite-sized pieces. Hot foods may be brought in thermoses, and can use cold packs to keep cold food cold. Please follow the USDA food guidelines when preparing your child’s lunch. USDA food guidelines are available to families in the front office. Candy or soda is not permitted at the school. If your child has any type of food/drug allergies then notification in writing should be given to the school office.

**Please do not pack anything that contains any type of nut or nut product as we would like be respectful of the children with severe allergies by avoiding cross contamination.**

Please label your child’s lunchbox with first and last name.

**BIRTHDAYS AND SPECIAL OCCASIONS**

Celebrations are encouraged at the school. Parents are welcome to send healthy treats to share with their child’s friends on birthdays or other occasions. Please be considerate of children with allergies. Please let your child’s teacher know in advance what you are bringing. We do not allow any balloons or piñatas. The academy will not allow Birthday parties to be facilitated in the classrooms during school hours. Healthy treats are welcomed at any time of the year with prior knowledge and permission from the teacher.

**REST TIME/QUIET TIME**

All children will be provided with a cot if they attend a full day preschool program. A rest/quiet time of 30 minutes is required by licensing. Children may bring in a SMALL BLANKET. *Please remember* to take their blankets home on a weekly basis so they can be laundered.

**DISCIPLINE**

**Behavioral procedures:**

Children involved in a disagreement or conflict are supported through the incidents, asked to find words to express their feelings and needs, and given choices with clearly stated implications.

For children with serious, challenging behavior, we will ask parents to meet with the administration so that we can work as a team to correct the behavior.

We do not use TIME OUT and only use redirection.

*The school has the option to dismiss a student, deny re-enrollment, or terminate a child’s enrollment due to the actions or inappropriate behavior of the child and/or family member. This will be used only in extreme situations.*

**SPECIAL INTERVENTION SERVICES**

Shenker Academy works in partnership with several special intervention services organizations throughout the community. In the event that parents have concerns about their child’s development, Shenker Academy can provide a list of relevant resources. Child assessments are conducted throughout the year, based on these findings teachers may provide families with a list of resources if any developmental concerns arise.

**SPECIAL NEEDS AND CLASSROOM INCLUSION**

If the Shenker Academy can reasonably accommodate a child with special needs, upon admittance into the child’s appropriate age program, the school’s administration, teachers, parents, and any outside resources and/or therapists will be required to meet periodically to create and/or review any IEPs, IFSPs or other developmental plans.

The Shenker Academy allows therapy program therapists, who the parents have hired, to observe and serve children in the school setting. If there is any need for shadows in the classroom, all shadows are the employee of the parent but the shadow must follow all licensing requirements of the Shenker Academy employees. All information regarding the therapist and child are kept confidential. If at any time the teachers and administration feel that they can no longer meet the child’s developmental needs it will be discussed with the professionals involved and the family.

**STUDENT EVALUATIONS AND PARENT CONFERENCES**

All Kindergarten students will be evaluated with report cards and parent-teacher conferences scheduled as needed and/or upon request.

All other students enrolled in our program will be evaluated twice a year with evaluations presented during parent-teacher conferences. The Shenker Academy uses ASQ- Ages and Stages Questionnaire to evaluate and assess your child’s development.

**PARENT PARTICIPATION AND INVOLVEMENT**

The Shenker Academy has an open-door policy which allows parents to visit their child’s classroom any time during hours of operation. Parents are welcomed to participate during class time, at the discretion of the teacher, or help with various projects to benefit the child’s classroom or school.

Immediate concerns can be brought to the attention of the School Administrator. Parents may request a meeting or a conference at any time during the year with teachers and/or with the School Administrator.

**Parent Committee (PTA) Mission Statement:**

Inspired by the idea that Shenker Academy is Your School for Your Children, it is the Mission Statement of the “Shenker Academy Parent Community or (committee) to: Create a compassionate community of faculty and parents mutually invested in establishing an environment that optimizes the learning and socialization of its students. Through supporting the teachers and students and their needs, our PTA organizes events, provides ideas and initiatives, and infuse positive spirit to the School.

**PROGRAM EVALUATIONS**

Parents/guardians will be asked at the end of the school year to complete a program questionnaire to help evaluate the school’s program.

**SCHOOL EMERGENCIES AND EVACUATIONS**

Either or both parents will be notified in the case of any emergency whether it is medical attention for their child and/or an incident that may involve evacuation of all staff and students, from school grounds, as directed by emergency services.

Fire drills and shelter in place drills are practiced monthly. If you enter the building and the fire alarm is engaged please leave the building promptly. The children are evacuating the building at this time and need to stay with their class to be accounted for. Never take your child during an emergency drill without informing the teacher of their classroom. You will be allowed back into the building after the fire drill and may proceed to your child’s classroom for arrival/dismissal.

Shelter in Place drills will not allow you entrance into the building or the classroom at the time they are taking place. The drill will last approximately 5 to 10 minutes. When the drill is completed, the school and classroom doors will be open for entry. Doors **will not** be opened for you during a Shelter in Place.

If there is a true emergency where Shelter in Place is necessary, then children will be released to you as the situation allows.

Bomb threats will be reported immediately, and the school will follow the directions of the emergency services involved.

**ADDITIONAL INFORMATION**

NRS 202.265 “Possessions of dangerous weapons on property or in vehicle of school or child care facility is prohibited.” There shall be no weapons allowed in Temple Sinai, Shenker Academy or on its campus.

NRS 202.2491 “Smoking Tobacco: Unlawful in certain public places.” Smoking is prohibited on Temple Sinai or Shenker Academy campuses.

Parental advisory from SNHD: The facility uses chemical air fresheners during operational hours. The facility uses professional pesticide services on a monthly basis.

All staff has been trained in CPR and First Aid.

As a parent, I accept the fact that there are areas such as school policies and school procedures that will be and have been established by the school itself.

Parents or guardians whose child/ren have abused school property are responsible for the following:

* Replacement of materials or property purposely destroyed by a student or a family member.

**Emergency Numbers to keep on hand:**

**Shenker Academy (702) 255-5437**

**Temple Office (702) 254-5110**

I have read, understand, and agree to abide by all terms and conditions of the parent handbook.

Parental advisory from SNHD: The facility uses chemical air fresheners during operational hours. The facility uses professional pesticide services on a monthly basis.

Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_. Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# Parent Handbook Acknowledgement Form/Chemical Service Advisory

I have read, understand, and agree to abide by all terms and conditions of the parent handbook.

Parental advisory from SNHD: The facility uses chemical air fresheners during operational hours. The facility uses professional pesticide services on a monthly basis.

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Parent/Guardian Notification of NRS.178:**

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, (Parent/Guardian) am aware that I have the right to request and review any complaints the facility has received within the last 12 months of my child’s(ren’s) enrollment.

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_