

**Connections Preschool**  
**Tuition and Tardy Policy Agreements**

**Tuition Policy**

Please refer to the current registration information for tuition rates.

Tuition is due by the 1st of each month beginning in September and ending in May. Late fees apply after the 10<sup>th</sup> of each month.

Tuition can be paid online or by check.

To pay online, visit [foresthills.org/give](http://foresthills.org/give) ; choose the "Connections Preschool" option and in the memo field type "Tuition".

To pay by check, make the check out to Forest Hills Baptist Church and write "Connections Preschool" on the memo line. Checks can be dropped off at the preschool office or mailed to Connections Preschool, Forest Hills Baptist Church, 201 Dixie Trail, Raleigh, NC 27607.

Each payment MUST be paid even if the child is absent any part of the month. A month's notice is also required if a child is withdrawing. Tuition is due for the entire nine month period unless the position can be filled from the waiting list.

Tuition is a set amount divided equally throughout the nine month period.

My child is enrolling in \_\_\_\_\_(class), at \$ \_\_\_\_\_per month.

**Tardy Policy**

Pick-up of children at stated departure time is important not only for your child but also for the daily schedule of the school. Teachers have scheduled work time after the departure of the children. They must clean up, set up for the next day and spend some time in planning before their work ends for the day. Failure of parents to pick up their children on time causes an unnecessary hardship on the teachers. Parents who have not picked up their child by 12:10pm will be considered tardy. A tardy fee of \$10 will be imposed for the first ten minutes and \$1 per minute thereafter. Pick up for Lunch Bunch is 1:00pm and the \$10 tardy fee will be accessed after 1:00pm. You will receive an email reminding you that the tardy fee is due the next scheduled day of preschool for your child. Failure to pay the tardy fee by the next month's tuition draft will result in a consultation with the director. Extenuating circumstances need to be communicated to the preschool director immediately. Remember that pick up after 12:00pm should be the exception and not routine.

I understand and agree to the terms of both the tuition and tardy policies:

Child's Name \_\_\_\_\_

Class \_\_\_\_\_

Signed \_\_\_\_\_ Date \_\_\_\_\_

## **Connections Preschool Guidance Policy**

"Conscious Discipline links head and heart." We believe that controlling and changing ourselves is possible and has a positive impact on others. Connectedness governs behavior and conflict is an opportunity to learn. Our goal as staff is to change ourselves first and model our expectations for others through self-regulation. This creates a preschool environment and culture that teaches children that they have the choice to change and become the person they want to be, that they are responsible for their actions and feelings, that they can teach others how to treat them and that conflict and mistakes are an opportunity to learn. Love is the best motivator for learning and growth.

### **We Do**

- Strive to keep each child safe.
- Maintain a calm presence with the children
- Create a behavior plan for the children.
- Help the children problem solve on their level.
- Provide the children with natural and logical consequences for their behavior.
- Model an assertive voice for the children
- Provide the child with choices to be helpful.
- Strive to help each child be successful.
- Attentively listen to the children.
- Model that mistakes are an opportunity to learn.

### **We Do Not**

- Place children in unsafe situations (alone, unattended or without supervision).
- Punish the children physically.
- Make children feel bad in order to learn how to behave better.
- View conflict as a disruption and something that needs be eliminated.
- Use fear to control behavior.
- Use an aggressive voice with the children.
- Try to control the children through environmental manipulation.
- Show favoritism toward an individual child, family or ethnic group.
- Shame or punish the children for mistakes.

I (We) understand and accept the guidance policy of the Connection Preschool.

Signed \_\_\_\_\_ Date \_\_\_\_\_

**Connections Preschool  
Physician's Statement**

**THIS FORM IS TO BE FILLED OUT COMPLETELY BY THE HEALTH CARE PROFESSIONAL. Attach a copy of the child's immunization record and any explanation, if needed, concerning these immunizations. Each child must be up to date with the DTP, polio, HbPV, or HiB, MMR to be admitted.**

(Child's Name) \_\_\_\_\_

whose date of birth is \_\_\_\_\_

has been enrolled in our school. Classes meet from two to five times weekly from 9:00 am to 12:00 pm or 1:00pm. The groups range in teacher: child ratio from 2:6 to 2:12 (depending on the age of the child), under the supervision of a professional teacher and assistant(s). The daily program involves both quiet indoor play and vigorous outdoor play, including the use of climbing equipment. A snack is served, usually water, fruit, cheese, and/or crackers.

Does this child have any physical condition that we should be aware of?

\_\_\_\_\_

Does this child require special attention, medication, or routines that may have to be taken into consideration in planning for his/her time at school?

\_\_\_\_\_

In your opinion, is this child physically and emotionally able to participate in a preschool program like the one described above?

\_\_\_\_\_

Date of most recent examination \_\_\_\_\_

Physician's Signature \_\_\_\_\_

Physician's Name \_\_\_\_\_

Name of practice \_\_\_\_\_

Telephone Number \_\_\_\_\_

Assisting Nurse \_\_\_\_\_

**Connections Preschool**  
**Permission to Participate in School Activities and**  
**Receive Emergency Care Form**

I hereby grant permission for my child, \_\_\_\_\_ to use all of the play equipment and participate in all of the activities of Connections Preschool at Forest Hills Baptist Church, Raleigh, NC.

I grant permission for my child to leave the school premises under the supervision of staff members for announced field trips via walking or in parent cars.

I hereby grant permission for the Director to take whatever steps may be necessary to obtain emergency medical care if warranted. These steps will include:

1. Call an ambulance.
2. Attempt to contact a parent or guardian.
3. Attempt to contact emergency names you provided.
4. Have the child taken to a hospital emergency room in the company of the Director or another staff member.
5. Attempt to contact child's physician.

Any expenses incurred for the items listed above will be borne by the child's family.

Signed \_\_\_\_\_ Date \_\_\_\_\_  
(Parent or Guardian)

**Connections Preschool  
Emergency Information**

Child's Full Name \_\_\_\_\_ Preferred Name \_\_\_\_\_

Birth Date \_\_\_\_\_

Male Parent/Guardian \_\_\_\_\_

Employment \_\_\_\_\_

Home phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell \_\_\_\_\_

Female Parent/Guardian \_\_\_\_\_

Employment \_\_\_\_\_

Home phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell \_\_\_\_\_

Physician \_\_\_\_\_ Phone Number \_\_\_\_\_

Hospital Preferred \_\_\_\_\_

**Medical Insurance Company/Policy Number** \_\_\_\_\_

Allergies (Allergy Action Plan Required) \_\_\_\_\_

Medication(s) taken on a regular basis \_\_\_\_\_

Other information you would like to include \_\_\_\_\_

Emergency contact 1(**other than parent**) \_\_\_\_\_

Relationship to child \_\_\_\_\_ Phone \_\_\_\_\_

Emergency contact 2(**other than parent**) \_\_\_\_\_

Relationship to child \_\_\_\_\_ Phone \_\_\_\_\_

Emergency contact 3(**other than parent**) \_\_\_\_\_

Relationship to child \_\_\_\_\_ Phone \_\_\_\_\_

Signed \_\_\_\_\_ Date \_\_\_\_\_

**Connections Preschool  
Permissions Form**

Please fill in your child's name and circle 'yes' or 'no' to indicate your permission on the following items:

**Photo Release**

I give permission for \_\_\_\_\_ to be included in group photos taken at school or on field trips to be used on our website/literature/social media, for the purpose of promoting the Connections Preschool Program, or to decorate our school bulletin boards. No names or other identification will be shown.

Yes                      No

**Sunscreen**

I understand that I am responsible for applying sunscreen to my child, \_\_\_\_\_, prior to arrival at preschool for the health and safety of my child. For reapplication, parents will provide the sunscreen and fill out a Permission to Administer Medication form.

Yes                      No

**First Aid**

I give permission for \_\_\_\_\_ to receive basic first aid for minor skin injuries.

Yes                      No

**Connections Preschool Directory**

I give permission for Connections Preschool to add my name, address, phone number and email address to the preschool directory. This is for the purpose of communication among the parents and teachers and will not be distributed outside Connections Preschool.

Yes                      No

**Parent Handbook**

I WILL read and become familiar with the Connections Preschool Parent Handbook prior to the first day of preschool (A current copy will be sent out electronically one week prior to Parent Orientation). I agree to abide by the policies outlined in the handbook.

Yes                      No

Signed \_\_\_\_\_ Date \_\_\_\_\_  
(Parent or Guardian)