

## WELCOME

Welcome to the Janesville Child Development Center! We offer a TTH preschool program for 3 yr. olds, a MWF preschool program for 4 yr. olds, and five day preschool program for 3 and 4 yr. olds. We also offer a preschool class from 12:30-3:00 on TTH afternoons. We have an extended child care program in the afternoons daily. If you need child care after that time, the Latch Key Program is available from 3:15-5:30 p.m. and also in the morning from 7:00-8:30 a.m. in Mrs. Mack's preschool room. Breakfast is available for a minimal fee. Your preschool child is welcome to ride the bus in the morning or when school is dismissed at 3:15 if you live in the Janesville School District.

When you register your child, there is a \$45.00 non-refundable registration fee. This fee guarantees the spot you sign your child up for. If you change your mind after registering, it may result in going on a waiting list. The monthly tuition fees are as follows:

Preschool with extended care prices are:

- 2 days full time preschool/extended care = \$160.00 a month
- 3 days full time preschool/extended care = \$120.00 a month
- 5 days full time preschool/extended for 3 year olds = \$370.00 a month
- 5 days full time preschool/extended care for 4 year olds = \$250.00

Preschool only prices are:

- 2 days a week = \$80.00 a month
- 3 days a week = Free (4 year old grant)

The monthly tuition is due promptly on the first of the month. There are nine equal payments due Sept.-May. There is a late fee of \$5.00 if payments are not made by the 10<sup>th</sup> of the month unless other arrangements have been made. A breakfast/lunch account is established for each child in the office. Money can be put into the account at any time. Depending on your income, you can qualify for free or reduced lunches. If you want additional information, you can contact the office or me. Your child also has the option to bring a sack lunch from home. The cost for the latch key program is \$2.75 per child per block hour.

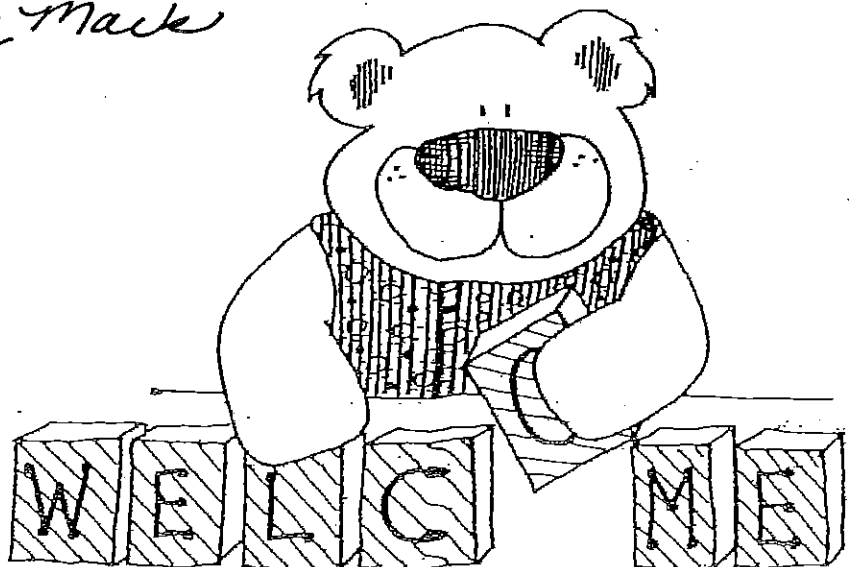


All the necessary forms to enroll your child are included with this information. The Intake Information needs to be filled out by you and returned. The physical and immunization sheet must be filled out by your doctor and signed. We will be having Preschool Visits (3 yr. olds)/ Home Visits (4 yr. olds) for you and your child the first week of school. This helps to alleviate a lot of the "jitters" for both of you! All the forms can be returned at that time.

There are a few supplies that your child will need for school. The list includes a box of 8 crayons (please put them in a little zip lock bag), 4 oz. bottle of Elmer's glue (DO NOT get the gel or no-run glue, it is too hard for the children to squeeze out.), a pair of metal Fiskers scissors, a box of tissues and a box of 5 oz. paper cups to share, an extra set of clothes, and a big, old shirt for painting and messy projects. Also, please choose one of the three items to share with the class: package of napkins, paper plates, or Ziploc bags. Please put your child's name on the crayons, glue, and scissors. The children do not need a pencil box to put their things in. They will each have a drawer for their things. If you need help with school supplies, let me know because we have extra supplies that have been donated including backpacks.

If you ever have any questions or concerns, please don't hesitate to call us at school (987-2631 or 987-2581) Mrs. Mack's email address is: [Stacey.mack@janesvilleschools.net](mailto:Stacey.mack@janesvilleschools.net). Mrs. Adolphs' email address is: [Sarah.adolphs@janesvilleschools.net](mailto:Sarah.adolphs@janesvilleschools.net). We look forward to working with you and your child! We want to make this the best experience possible for everyone!

*Stacy Mack*



# PRESCHOOL INTAKE INFORMATION

## I. Identification Information:

A. Child's name \_\_\_\_\_ Birth date \_\_\_\_\_ Sex \_\_\_\_\_  
Address \_\_\_\_\_  
Phone Number \_\_\_\_\_  
Email Address \_\_\_\_\_  
If child does not use his/her legal first name, please list the name he/she will be using \_\_\_\_\_  
County child resides in: \_\_\_\_\_

B. Mother's name: \_\_\_\_\_ Phone number: \_\_\_\_\_  
Address \_\_\_\_\_ Cell number: \_\_\_\_\_  
Place of employment \_\_\_\_\_  
Work place phone number \_\_\_\_\_

C. Father's name: \_\_\_\_\_ Phone number: \_\_\_\_\_  
Address \_\_\_\_\_ Cell number: \_\_\_\_\_  
Place of employment \_\_\_\_\_  
Work place phone number \_\_\_\_\_

D. Guardian or Custodian other than parent (if applicable)  
Name: \_\_\_\_\_ Phone number: \_\_\_\_\_  
Address \_\_\_\_\_ Cell number: \_\_\_\_\_  
Place of employment \_\_\_\_\_  
Work place phone number \_\_\_\_\_

E. Baby sitter/daycare (if applicable)  
Name: \_\_\_\_\_ Phone number: \_\_\_\_\_  
Address \_\_\_\_\_ Cell number: \_\_\_\_\_  
Place of employment \_\_\_\_\_  
Work place phone number \_\_\_\_\_

## II. Family History

Marital Status of Parents: Married \_\_\_\_\_ Single \_\_\_\_\_

Divorced \_\_\_\_\_ Separated \_\_\_\_\_ Deceased \_\_\_\_\_

Other Children in the home (Name and Birth date)

1. \_\_\_\_\_ 4. \_\_\_\_\_  
2. \_\_\_\_\_ 5. \_\_\_\_\_

III. Physical Regime

Does your child have any allergies? Please explain.

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Does your child have any unusual eating problems or food dislikes?

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What time does your child usually go to bed? \_\_\_\_\_ wake up? \_\_\_\_\_

What is your child's attitude toward going to bed and taking a nap?

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Urination

Bowel Movement

How does he/she state need? \_\_\_\_\_

How dependable is he/she? \_\_\_\_\_

IV. Play and Social Skills

How does he/she get along with children? \_\_\_\_\_

Are his/her playmates girls? \_\_\_\_ boys \_\_\_\_ younger \_\_\_\_ older \_\_\_\_ none \_\_\_\_

What is the usual size of the neighborhood play group? \_\_\_\_\_

Previous group experience: Preschool \_\_\_\_\_ Play group \_\_\_\_\_

Sunday School \_\_\_\_\_ Library story time \_\_\_\_\_

V. Personality and Emotional Development

Do you regard your child as affectionate? \_\_\_\_\_ to whom? \_\_\_\_\_

Does he/she accept new people easily? \_\_\_\_\_

What are your child's fears? \_\_\_\_\_

Is he/she usually happy? \_\_\_\_\_

What nervous habits does he/she have? \_\_\_\_\_

When does he/she show them? \_\_\_\_\_

VI. When you find it necessary to discipline your child, which parent usually does this and how? \_\_\_\_\_

VII. Please provide further information that you believe will be helpful to us with understanding your child better.

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VIII. Do you consider your child to be:

Right handed \_\_\_\_\_ Left handed \_\_\_\_\_ Not sure \_\_\_\_\_

### Pick up Permission Form

Child's full name: \_\_\_\_\_

I give permission for my child to leave the center with the following persons named below. It is the responsibility of the parents to notify the center, in writing, of any changes.

Name:

Relationship:

\_\_\_\_\_ Mother

\_\_\_\_\_ Father

\_\_\_\_\_ Emergency care person

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Date

Signature of Parent or Guardian

### Picture Release

I hereby **DO/DO NOT (CIRCLE ONE)** give my consent to let my child be photographed for use by the Center in newspapers, year book and other media for the purpose of publicity or advertisements.

\_\_\_\_\_  
Signature of parent

\_\_\_\_\_  
Date

### Travel and Activity Authorization

I DO/DO NOT (CIRCLE ONE) give permission for my child, \_\_\_\_\_ to leave the Janesville Preschool for trips in a car, school bus or on public transportation to special places, walks to the park, field trips etc. I understand that I will be notified before each such activity.

Restrictions of such trips:

1. Each child under six years of age will be secured in a seat belt for any field trip, unless a school bus is taken, in which there are no seatbelts.

Additional restrictions, if any, set by parents:

2.

3.

\_\_\_\_\_  
Signature of Parent

\_\_\_\_\_  
Date

### Medication Release

Child's full name: \_\_\_\_\_

Type of medication (and number of prescribed): \_\_\_\_\_

How to give the above medication:

Amount: \_\_\_\_\_

Time: \_\_\_\_\_

Number of days: \_\_\_\_\_

Number of doses: \_\_\_\_\_

Parent or Guardian Signature: \_\_\_\_\_

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

**Sunscreen and Bug Repellent**

I DO/ DO NOT (CIRCLE ONE) want my child to use sunscreen. I understand that I need to provide minimum SPF 15, with uva and uvb protection (QPPS 5.6) sunscreen with instructions on when to apply and how often.

I DO/ DO NOT (CIRCLE ONE) want bug repellent used on my child once per day. This repellent needs to be parent provided also.

\_\_\_\_\_

\_\_\_\_\_

Parent signature

Date

**HIPPA Release**

Please indicate below who is allowed access to your child's health information based upon what information we have on file.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Parent Signature

Date

**PARENTAL EMERGENCY MEDICAL CONSENT**

Permission for medical care in parental absence. (This form must be presented up on admission for treatment,)

Child's full name: \_\_\_\_\_

In the event that my child may require emergency medical, dental, and/or surgical care while I am out of the city or unable to be reached, I hereby give my consent to medical, dental, and/or surgical treatment to the hospital or doctor, or his/her designee to provide this care. I agree to pay all costs and fees contingent on any emergency medical care and/or treatment for my child as secured or authorized under this consent.

PLEASE put the names and numbers for both parents!

Name of Parents/ legal guardians: \_\_\_\_\_

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

Mom

Dad

Home phone: \_\_\_\_\_

Work phone: \_\_\_\_\_

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

Medical doctor: \_\_\_\_\_

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

Dentist: \_\_\_\_\_

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

Hospital of preference: \_\_\_\_\_

Continued on back side



Person(s) to be contacted in event of emergency if parents are unavailable:

Name, Work phone, Home phone, Cell phone, Relationship:

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This consent will be in effect beginning, \_\_\_\_\_ and continuing while the child is enrolled in this preschool/child care facility.

<u>Child's Name</u>	<u>Birth date</u>	<u>Present Medication</u>	<u>Known Allergies</u>
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Short medical history or problems:

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Date of last tetanus: \_\_\_\_\_

Insurance: \_\_\_\_\_

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Father's signature	Date	Mother's signature	Date
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\*\* Every effort will be made to notify parents/guardians immediately in case of an emergency.



# Iowa Department of Public Health Certificate of Immunization

Name Last: \_\_\_\_\_ First: \_\_\_\_\_ Middle: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_  
 Parent/Guardian: \_\_\_\_\_ Address: \_\_\_\_\_  
 Signature: \_\_\_\_\_ Date: \_\_\_\_\_

I certify that the above named applicant has a record of age-appropriate immunizations that meet the requirement for licensed child care or school enrollment.

Physician, Physician Assistant, Nurse, or Certified Medical Assistant  
 A representative of the local Board of Health or Iowa Department of Public Health may review this certificate for survey purposes.

Vaccine	Date Given	Doctor / Clinic / Source
Diphtheria, Tetanus, Pertussis DTaP/DTp/DT/ Td/Tdap		
Polio IPV/OPV		
Measles, Mumps, Rubella MMR		
Haemophilus Influenzae type b Hib		
Hepatitis B		
Varicella Chicken Pox If patient has a history of natural disease write "Immune to Varicella"		
Pneumococcal PCV/PPV		

Vaccine	Date Given	Doctor / Clinic / Source
Meningococcal MCV4/MPSV4		
Hepatitis A		
Rotavirus		
Human Papilloma Virus HPV		
Other		

### Licensed Child Care Requirements

<p><b>4 through 5 months</b>                  1 dose D/T/P                  1 dose Polio                  1 dose Hib                  1 dose Pneumococcal</p>	<p><b>12 through 18 months</b>                  3 doses D/T/P                  2 doses Polio                  2 doses Hib or 1 dose received at <math>\geq 15</math> months of age                  3 doses Pneumococcal</p>	<p><b>19 through 23 months</b>                  4 doses D/T/P                  3 doses Polio                  3 doses Hib with the first dose in the series <math>\geq 12</math> months of age                  1 dose Measles/Rubella <math>\geq 12</math> months of age                  1 dose Varicella <math>\geq 12</math> months of age if born on or after September 15, 1997, or a reliable history of natural disease                  1 or 2 doses <math>&lt; 12</math> months of age if received prior to 24 months of age, or has received no previous doses or has received 1 dose <math>\geq 12</math> months of age.</p>
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### Elementary/Secondary School Requirements

<p><b>4 years of age and older</b>                  Diphtheria/Tetanus/Pertussis with 1 dose received <math>\geq 4</math> years of age if born on or after September 15, 2003; or 4 doses, with 1 dose received <math>\geq 4</math> years of age if born after September 15, 2000, but before September 15, 2003; or 3 doses, with 1 dose received <math>\geq 4</math> years of age if born on or before September 15, 2000.                  Polio with 1 dose received <math>\geq 4</math> years of age if born after September 15, 2003; or 3 doses, with 1 dose received <math>\geq 26</math> days after the first dose if born on or before September 15, 2003.                  Measles/Rubella; the first dose shall have been received <math>\geq 12</math> months of age; the second dose shall have been received <math>\geq 26</math> days after the first dose if born on or after July 1, 1994.                  Varicella <math>\geq 12</math> months of age if born on or after September 15, 2003; or 1 dose received <math>\geq 12</math> months of age if born on or after September 15, 1997, but born before September 15, 2003, unless the applicant has a reliable history of natural disease.</p>	<p><b>24 months and older</b>                  Same requirements as the 19-23 months except Pneumococcal.                  4 doses Pneumococcal if received 3 doses <math>&lt; 12</math> months of age or 3 doses if received 2 doses <math>&lt; 12</math> months of age or 1 dose if received 1 dose between 12 and 23 months of age, or 1 dose if no doses had been received prior to 24 months of age.</p>
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# Janesville Consolidated School

## Student/Contact Data

Legal \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Grade: \_\_\_\_\_ Gender: \_\_\_\_\_ Count \_\_\_\_\_  
(7=B.H. 9=Bremer 12=Butler)

English as a second language?  
No \_\_\_ Yes \_\_\_ (Check One)

Type Primary Relation \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

City, State Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ HmPh Descr \_\_\_\_\_

Work Phone1 \_\_\_\_\_ WkPh1 Descr \_\_\_\_\_

Work Phone2 \_\_\_\_\_ WkPh2 Descr \_\_\_\_\_

Cell Phone1 \_\_\_\_\_ CPh1 Descr \_\_\_\_\_

Cell Phone2 \_\_\_\_\_ CPh2 Descr \_\_\_\_\_

Email \_\_\_\_\_

Password \_\_\_\_\_

Siblings:	Birth Date:
_____	_____
_____	_____
_____	_____

Type Primary Relation \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

City, State Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ HmPh Descr \_\_\_\_\_

Work Phone1 \_\_\_\_\_ WkPh1 Descr \_\_\_\_\_

Work Phone2 \_\_\_\_\_ WkPh2 Descr \_\_\_\_\_

Cell Phone1 \_\_\_\_\_ CPh1 Descr \_\_\_\_\_

Cell Phone2 \_\_\_\_\_ CPh2 Descr \_\_\_\_\_

Type Emergency Relation \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

City, State Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ HmPh Descr \_\_\_\_\_

Work Phone1 \_\_\_\_\_ WkPh1 Descr \_\_\_\_\_

Work Phone2 \_\_\_\_\_ WkPh2 Descr \_\_\_\_\_

Cell Phone1 \_\_\_\_\_ CPh1 Descr \_\_\_\_\_

Cell Phone2 \_\_\_\_\_

Janesville CSD  
Race & Ethnicity Data Collection

Recently, the federal government changed the procedure for identifying race and ethnicity. Beginning with the 2009-2010 school year, all school in Iowa will report data to the Iowa Department of Education using the new categories. Because of these new reporting categories, you will need to update your data. If we do not receive a response from you, an employee of the district will be required to provide the information based on observation.

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

Part A. Ethnicity - Are you Hispanic/Latino (Choose only one)

- No, not Hispanic/Latino
- Yes, Hispanic/Latino (a person of Cuban, Mexican, Puerto Rican, Cuban, South or Central American, or other Spanish culture or origin, regardless of race.)

Part B. Race - What is your race? (Choose one or more)

- American Indian or Alaska Native (A person having origin in any of the original peoples of North and South America (including Central America), and who maintains tribal affiliation or community attachment.)
- Asian (A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinental including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.)
- Black or African American (A person having origins in any of the black racial groups of Africa.)
- Native Hawaiian or Other Pacific Islander (A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.)
- White (A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.)

# Janesville Cons School Dist

## HOME LANGUAGE SURVEY

Student Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_ Sex:  Male  Female  
 Parent/Guardian Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Home Telephone: \_\_\_\_\_ Work Telephone: \_\_\_\_\_  
 School: \_\_\_\_\_ Grade: \_\_\_\_\_ Date: \_\_\_\_\_

Federal and state laws require the following information be collected about the primary and home language of every student upon enrollment in the school district. Please complete a survey for each child you are enrolling in the school district.

1. What language did your child learn when he/she first began to talk? \_\_\_\_\_
2. What language does your child most frequently speak at home? \_\_\_\_\_
3. What language is spoken by you and your family most of the time at home? \_\_\_\_\_

If a language other than English is indicated for any of the above questions, the school district will test your child's English language proficiency to determine eligibility for initial and continuing placement in an English language development program. You will be notified about the results of this testing.

4. If available, in what language would you prefer to receive information from the school? \_\_\_\_\_

\_\_\_\_\_  
 Parent or Guardian's Signature

\_\_\_\_\_  
 Date

OFFICE USE ONLY			
Student ID #	Date Distributed	Date Received	

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*Janesville Child Development Center*

*505 Barrick Road*

*P.O. Box 478*

*Janesville, Iowa 50647*

*(319) 987-2631 Center*

*(319) 987-2581 Elementary School*

The handbook represents the policies and procedures adopted by the Janesville Child Development Center.

Parents are strongly encouraged to read and discuss any questions or concerns with the Elementary Principle or the Preschool Teachers.

*I have received a copy of the parent handbook, which describes the policies and procedures for the Janesville Child Development Center. If there are any changes to these policies or procedures during the school year, parents will be notified in writing and asked to sign the updated information.*

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

# ONLINE ACCESS

Via the Janesville Consolidated School Web Site:

## janesville.k12.ia.us

The following information may be accessed online by parents/guardians:

- Lunch – for grades PK-12
- Attendance – grades K-12
- Grades – grades 4-12
- Quarterly Progress Reports – grades 6-12

If you've previously given us a password for access, you **DO NOT** need to provide us with another password. If you've forgotten this password, contact the office @ 987-2581.

If you **DID NOT** provide us with a password, and would like to access information online, please provide the following:

Student(s) name(s): \_\_\_\_\_

Your email address: \_\_\_\_\_

Your (parent) name: \_\_\_\_\_

Password (must be at least four characters long): \_\_\_\_\_  
(This password will be kept confidential)

RETURN TO THE OFFICE



CUT HERE

KEEP THIS FOR FUTURE REFERENCE

When you get to the school web site at [www.janesville.k12.ia.us](http://www.janesville.k12.ia.us), click on **JMC** on the left side of the page, then click on parent login and proceed with your username & password.

Your parent username is your last name in all lowercase letters. The password is the one you provided the school during registration. Passwords were entered case sensitive. If you capitalized any letters, that was the way the password was entered. If you can't seem to get in, call or stop by the office to get that taken care of.

Once you are in, you can look at attendance information, which is broken down by individual child. Attendance information is available for Grades K-12.

Report card information is available for Grades 4-12. This will only list final quarter, semester exam, and semester grades for each child. These grades will be posted approximately 1-2 weeks after a term ends. Progress Reports/Lesson Plans are available for Grades 4-12. This is where you can check on the current status of your child in individual classes. These grades are based on how current status of your child in individual classes. These grades are based on how current the information is, which depends on the individual teacher. The Parent Information section just lists address and phone number information that you provided at registration. The last button is for lunch. Lunch information is available for K-12. The top of the screen will show your current family account balance. The Account Transactions will only show which child and how much was taken out of your family account for each transaction. The bottom half of the screen allows you to access what was specifically purchased by each child each day.