



The Rise School OF DENVER

APPLICATION AND SOCIAL HISTORY FORM NEW STUDENTS

The Rise School of Denver admits students of any race, color, religion, or national or ethnic origin.

Date _____ School year _____

Child's Name _____
(First) (Middle) (Last)

Date of Birth _____ Age _____ Sex _____

Diagnosis _____ Birth Place _____

Race/Ethnic Origin _____ Language spoken at home _____

FAMILY INFORMATION

MOTHER/GUARDIAN

Name _____ Home Phone _____

Address _____
(Street Address) (Apartment Number)

City _____ State _____ Zip Code _____

Highest grade completed in school _____

Occupation _____

Business Name & Address _____

Business Phone _____ Cell Phone _____ Other _____

Work Schedule _____

Marital Status _____

Email _____

FATHER/GUARDIAN

Name _____ Home Phone _____

Address _____
(Street Address) (Apartment Number)

City _____ State _____ Zip Code _____

Highest grade completed in school _____

Occupation _____

Business Name & Address _____

Business Phone _____ Cell Phone _____ Other _____

Work Schedule _____

Marital Status _____

Email _____

NAMES AND AGES OF SIBLINGS

MEDICAL INFORMATION

During this pregnancy, did mother experience any unusual illnesses, conditions or accidents? Yes _____ No _____
If yes, please describe _____

Length of Pregnancy _____
Complications during delivery? Yes _____ No _____ If yes, please describe _____

Birth Weight _____
Did your baby have trouble breathing? Yes _____ No _____ If yes, please describe _____

Was your baby bottle or breast fed? _____
Did your baby have feeding or sucking problems? Yes _____ No _____ If yes, please describe _____

Was your baby on a respirator? Yes _____ No _____ If so, how long? _____
Did your baby have seizures or other problems? Explain _____

Check the illnesses your child has had. Please indicate whether your child has had the following illnesses and his/her age at the last occurrence and whether or not you child was hospitalized.

Illness	Yes	No	Age	Hospitalization
Upper Respiratory	_____	_____	_____	_____
Asthma	_____	_____	_____	_____
Tonsillitis	_____	_____	_____	_____
Ear Infection	_____	_____	_____	_____
Seizure	_____	_____	_____	_____
Meningitis	_____	_____	_____	_____
Other _____	_____	_____	_____	_____

Were any of these illnesses followed by noticeable changes in your child's general behavior? Yes _____ No _____
If yes, please describe _____

If your child receives routine medication, please list the medication(s) and condition(s) being treated:

Describe all allergies and allergic reactions _____

Describe any surgeries your child has had:

Date	Surgery	Hospital
_____	_____	_____
_____	_____	_____
_____	_____	_____

Please list the information about your child's physicians and medical specialists:

Name	Specialty	Address
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

DEVELOPMENTAL MILESTONES

At what age did you child first...

Roll over _____ Sit up _____ Crawl on hands and knees _____ Stand alone _____
Take first step _____ Smile _____ Say first word _____ Use two word phrases _____
Sleep through the night _____ Toilet trained _____ If not yet toilet trained, describe toileting behavior:

VISION

Does your child have vision problems? Yes _____ No _____ If yes, please describe _____
Date, place and results of most recent vision test: _____

HEARING

Does your child have hearing problems? Yes _____ No _____ If yes, please describe _____
Date, place and results of most recent hearing test: _____

DEVELOPMENTAL EVALUATION

Does your child have developmental delays? Yes _____ No _____ If yes, please describe _____
Date and place of most recent developmental evaluation: _____
Evaluation results: _____

ADAPTIVE EQUIPMENT

Please indicate all adaptive equipment currently used by your child:

- | | |
|---|---|
| <input type="checkbox"/> Hearing aid | <input type="checkbox"/> Wheelchair |
| <input type="checkbox"/> Communication device (describe: _____) | <input type="checkbox"/> Walker |
| <input type="checkbox"/> Glasses | <input type="checkbox"/> Special seating/Positioning (Corner chair, Rifton Chair) |
| <input type="checkbox"/> Orthotics | <input type="checkbox"/> Other _____ |

SOCIAL INFORMATION

Does your child currently attend a child care center or preschool program? Yes ____ No ____

If yes, where, how often? _____

What are your child's most enjoyable activities? _____

What frightens your child? _____

What do you do to comfort your child? _____

List any food dislikes: _____

What is your child's sleeping/nap schedule? _____

Describe any sleep problems: _____

What are your child's favorite toys? _____

List places your child frequently visits: _____

List the significant people in your child's life: _____

EDUCATION AND THERAPY SERVICES

List services your child is currently receiving and Circle Yes [Y] or No [N] whether you plan to continue these services.

Type of Service _____	Provider _____		
Phone _____	Address _____	Y	N
Type of Service _____	Provider _____		
Phone _____	Address _____	Y	N
Type of Service _____	Provider _____		
Phone _____	Address _____	Y	N
Type of Service _____	Provider _____		
Phone _____	Address _____	Y	N

List previous education and therapy services your child received:

Type of Service _____	Provider _____		
Address _____		Date of Service _____	
Type of Service _____	Provider _____		
Address _____		Date of Service _____	
Type of Service _____	Provider _____		
Address _____		Date of Service _____	

Name/Signature of person completing this form _____



The Rise School
OF DENVER

Consent Form for Mutual Exchange of Information
The Rise School of Denver

Child's Name _____ Date of Birth _____

I hereby authorize the mutual exchange of information (written or verbal) regarding the above named person between employees (i.e. director, teachers, and therapists) of The Rise School of Denver and the individuals or agencies listed below:

- Doctor(s) _____

- Therapist(s) _____

- Agencies _____

- Other _____

Specifically, is there any person or agency that you do not give consent to review your child's information or have information shared with? _____

Please initial each statement:

_____ I have been fully informed of the intended use of this information exchange.

_____ I understand that the agency/person receiving this information is obligated to maintain it in a confidential manner and that it is to be used only for the purpose I have authorized.

_____ I understand that this information will be kept confidential and used exclusively in the planning of my child's goals at The Rise School of Denver.

_____ I understand my consent is effective for one year from the date of signing.

_____ I understand that I may cancel all or any part of this consent by notifying the director of The Rise School of Denver at any time.

Signature of Parent Consenting

Date

***The terms of this consent shall end on July 16, 2018.

**THIS FORM MUST
BE NOTARIZED**



The Rise School
OF DENVER

EMERGENCY AUTHORIZATION FORM

EFFECTIVE August 21, 2017 to July 12, 2018

The undersigned, being the legal guardian of my child named below, desires to grant to The Rise School of Denver and each of its teachers, administrators and other authorized agents (herein collectively the "Agents") full power and authority during the daily period of temporary custody of my child (i) to administer the medications set forth below to my child in the manner as stated below; (ii) in the event of a medical emergency, to render immediate first aid and other medical attention as needed while awaiting the arrival of an Emergency Medical Service team and (iii) as attorney in fact for the undersigned to authorize such health care providers as the Agents may designate to provide such emergency medical treatment to my child as may be determined by such Agents and health care providers to be in the best interest of my child. In the event of a medical emergency requiring the attention of health care providers, the Agents shall use their best efforts to inform the undersigned of the emergency situation so as to restore as promptly as reasonably possible to the undersigned the management and direction of the health care for my child. I understand

that any medications required for my child must be sent to school daily. Furthermore, they must be in the original container with the pharmacy label stating my child's name, prescription date, and directions for administering the medication and the prescribing physician's name. If it is a non-prescription drug, I understand the medication must be in the original, labeled manufacturer's container.

Neither the Agents, nor any health care provider shall be liable for any action taken pursuant to this Power of Attorney for any failure to act hereunder, unless such action or failure to act was due to the gross negligence or willful misconduct of the persons sought to be held liable for such actions. The undersigned agrees to bear all responsibility for all such medical treatment and shall indemnify and hold harmless the Agents from and against all costs, expenses, liabilities, claims, demands, damages, fines, suits and actions of any kind which the Agents may incur or sustain in connection with this Power of Attorney or the actions taken by the Agents pursuant hereto. The provisions hereof shall be binding upon and inure to the benefit of the Agents, the undersigned and their heirs, executors, administrators and assigns.

PLEASE PRINT

Child's Name: _____ Date of Birth: _____

Parent(s)/Guardian Name: _____ Home Phone: _____

Mother's Work Phone: _____ Mother's Cell Phone: _____

Father's Work Phone: _____ Father's Cell Phone: _____

Child's diagnosis and description of medical condition: _____

List all child's allergies, especially to medications: _____

List all current medications and daily dosages: _____

Medical Insurance Carrier: _____ Insurance Phone Number: _____

Insurance Plan & Group Number: _____

Name and phone number of two persons to contact in an emergency if parent(s)/guardian are unavailable:

1. _____

2. _____

Name and address of hospital take my child to unless contraindicated by EMS or other professional: _____

Name and phone of physician to contact in emergency: _____

**THIS FORM MUST
BE NOTARIZED**

NOTE: If the child's parents are married and domiciled together, one parent may provide a signature for Notarization. In special circumstances an additional signature may be required.

Parent/Guardian Signature

Date

Subscribed and sworn to before me in the county of _____, State of Colorado,
 this _____ day of _____, 20____.

 (Notary's official signature)

 (Commission Expiration)

Notary
Seal

Revision(s): _____

Parent Signature & Date

The Rise School of Denver admits students of any race, color, religion, or national or ethnic origin.

**THIS FORM NEEDS TO BE SIGNED BY
YOUR PRIMARY CARE PEDIATRICIAN
OR PHYSICIAN
ON REVERSE SIDE**



HEALTH PROFESSIONAL ASSESSMENT

Child's Name: _____ Date of Birth: _____

Parent(s)/Guardian Name: _____

Date of last well-child check-up: _____

Height: _____ Weight: _____ Head Circumference: _____

Are immunizations current? _____ Yes _____ No _____ Not provided in this office
(Please attach immunization form if applicable.)

Vision and Hearing Screenings were completed on the following dates with the following results:
(Required for four and five year olds.)

Vision: Date _____ Results _____

Hearing: Date _____ Results _____

I have examined the above child on _____ and have CONCERNS in the following areas:

- | | |
|--|---|
| <input type="checkbox"/> Vision | <input type="checkbox"/> Feeding skills |
| <input type="checkbox"/> Hearing | <input type="checkbox"/> Speech/language |
| <input type="checkbox"/> Neuromuscular | <input type="checkbox"/> Gross motor coordination |
| <input type="checkbox"/> Orthopedic | <input type="checkbox"/> Fine motor coordination |
| <input type="checkbox"/> Cognitive | <input type="checkbox"/> Sensory processing |
| <input type="checkbox"/> Behavior | <input type="checkbox"/> Emotional development/Attachment |

Other health issues include:

- | | |
|---|--|
| <input type="checkbox"/> Growth/Nutrition | <input type="checkbox"/> Genitourinary |
| <input type="checkbox"/> Cardiovascular | <input type="checkbox"/> Eyes |
| <input type="checkbox"/> Lungs/Respiratory | <input type="checkbox"/> Ears |
| <input type="checkbox"/> Gastrointestinal | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Compromised Immunity | |

Details/Comments: _____

Primary Diagnosis: _____

Secondary Diagnosis: _____

In regard to atlantoaxial and occipitoatlantal instability with Down syndrome, have cervical x-rays been performed?
YES NO Results: _____

This child is physically able to participate in a program with other children. YES NO

This child may have an OT/PT/Speech evaluation and therapy if indicated. YES NO

Please list any contraindications/cautions: _____

Date of next well child visit: _____

I support a classroom placement that is developmentally appropriate, based on the evaluations of the teaching and therapy teams at The Rise School of Denver.

Physician's Signature

Date

Printed Name

Phone

Address

I would like to receive a copy of the report/treatment plan.

I prefer that contact regarding this patient occur by:

Phone # _____

Fax # _____

Letter

Email _____

Please also send copies to: _____

*****PLEASE ATTACH COPIES OF ANY PERTINENT EVALUATIONS/REPORTS**

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The Rise School
OF DENVER

CHILD HEALTH AND DENTAL INFORMATION

Child's Name _____ DOB _____ Class _____

Does your child have concerns with:	YES	NO	MEDICATION (Name and dose)	NEEDS HELP AT SCHOOL	COMMENTS
Asthma or breathing?					
Allergies?				___ Insects ___ Nuts ___ Food ___ Latex ___ Other _____	Type of reaction: Date of last reaction:
Diabetes?				Equipment needs:	
Seizures?					Type/date of last seizure:
Heart or blood?					
Skin?					
Urination?					
Bowel movements?					
Moving/coordination?					
Hearing?			___ Hearing aids ___ Preferential seating Date/results of hearing screening:		
Vision?			___ Glasses Date/results of vision screening:		
Eating, swallowing, diet or growth?					
Emotions or Behavior?					

Special equipment needs:

___ Walker ___ Orthotics ___ Wheelchair ___ Special seating
 ___ Special positioning ___ G-tube ___ Oxygen ___ Communication device

Other health needs or diagnosis?

Has your child been hospitalized or seriously ill or injured? Explain:

Activity restrictions in school? ____ Yes ____ No Explain _____

DENTAL INFORMATION

We must have your child's dentist's information on file to meet licensing requirements. Even if your child has not seen a dentist yet or you plan to have your child go to your family dentist, please fill in the blanks below.

Dentist Name: _____

Address: _____

Phone: _____

- We have not selected a dentist for our child at this time
- We would like information about selecting a pediatric dentist.

NOTE: Please contact the school nurse if you would like to discuss any of the above information or request health resource assistance. Shari Fessler, RN 720.951.3748.

PARENT/GUARDIAN SIGNATURE: _____ **DATE:** _____



The Rise School

O F D E N V E R

MULTIPLE PERMISSION FORM

Please read through each section and initial. We will need your signature at the end.

Child's Name _____ Date of Birth _____ Class _____

SUNSCREEN PERMISSION

We request that you apply sunscreen to your child at the beginning of the day. Your child's teachers will assist with applying sunscreen to bare surfaces including the face, tops of ears, shoulders, arms, legs and feet as necessary in the afternoon. Sunscreen will not be applied to any broken skin or if a skin reaction is present.

Any skin reaction observed by staff will be reported promptly to the parent/guardian. It is the parents' responsibility to provide sunscreen with a minimum SPF of 15.

Special Instructions

- In the event that my child's sunscreen is not available, my child may use the sunscreen provided by the school.
- I will provide my child with the sunscreen listed above. **Please do not use any other sunscreen on my child.**

_____ Parent Initials Name of Sunscreen and the SPF Number _____

MOISTURIZING LOTION/CREAM/BALM

I give permission for the staff at The Rise School to assist with applying or apply skin lotion/cream/balm to my child. I understand that I must provide the skin lotion/cream/balm in the original over the counter container labeled with my child's name. It is my responsibility to check the ingredients of this product to ensure my child is not allergic to it. Skin lotion/cream/balm will not be applied to any broken skin or if a skin reaction has been observed. Any skin reaction observed by staff will be reported promptly to the parent/guardian.

_____ Parent Initials

DIAPER OINTMENT/CREAM

I give my permission for the staff at The Rise School to apply over the counter diaper ointment/cream preventively to my child. I understand that I may only provide diaper ointment or cream with antibiotic, antifungal or anti-inflammatory components with a written prescription from my doctor. A doctor's note is also required to apply ointment/cream if a skin reaction has already been observed. Any skin reaction observed by staff will be reported promptly to the parent/guardian. I understand that I must provide diaper ointment/cream in the original over the counter container labeled with my child's name.

_____ Parent Initials

AUTHORIZATION TO TEST

I authorize personnel of The Rise School of Denver to administer developmental and standardized assessment instruments to my child for the purpose of developing appropriate programs and providing appropriate services.

_____ **Parent Initials**

PHOTOGRAPHY/VIDEO RELEASE

I freely grant The Rise School of Denver permission to photograph and videotape my child for public relations in any media, including the Rise website.

_____ **Parent Initials**

PARENT DIRECTORY RELEASE

I freely grant The Rise School of Denver permission to list the following information in the parent directory for distribution only to other Rise families:

Child(ren) Name(s): _____

Parent/Guardian Name(s): _____

Home Address: _____

Home Phone: _____ Email: _____

Mother Cell Phone: _____ Father Cell Phone: _____

_____ **Parent Initials**

WALKING FIELD TRIPS

I give my permission for my child to go on supervised walking field trips with his/her class, e.g., to the park, on a nature walk, etc. There will be a minimum of three (3) teachers/teacher's aides accompanying the children.

_____ **Parent Initials**

CONSENT TO EAT FOOD AT PARTIES

At The Rise School of Denver, we like to celebrate children's birthdays in the classrooms as well as teacher birthdays and/or other special events. These celebrations may include sweets provided by parents. We are aware of food allergies or other food restrictions and are seeking parent/guardian permission for the level of participation your child may have in eating these foods.

_____ **My child may eat any food items as part of classroom celebrations.**

_____ My child **should not** be given the following food items: _____

_____ I **will** provide an alternate food for my child.

_____ I will **not** provide alternative food for my child

_____ **Parent Initials**

USE OF SLEEPING MAT

I authorize personnel of The Rise School of Denver to utilize a mat for my child during nap time. I understand that a crib will not be provided. Furthermore, I understand that I am responsible for providing appropriate bedding for that mat (crib sheet, etc) and clean bedding on a weekly basis.

Special Instructions if applicable: _____

_____ **Parent Initials**

PARENT ACKNOWLEDGMENT AND SIGNATURE

I further release the Rise School of Denver, its employees and officers from any and all claims for damages for libel, slander, invasion of the right of privacy, or any other claims based on, arising out of, or connected with the information provided. I have been fully informed and understand The Rise School of Denver request for my consents as described above. I understand that my consent is voluntary and may be refused at any time except to the extent that action has been taken hereon.

Parent/Guardian Signature

Date

Printed Name



Tuition Agreement for 2017-2018

Tuition generates approximately 60% of our total budget. Therefore, it is important that every Rise family understand and adhere to the following tuition policies:

- Tuition is due the first day of every month. Tuition will be prorated for July and August.
- We are open for school 204 days this year. Teachers report 212 days this year.
- Tuition is not reduced during school breaks, holidays, family vacations, schedule adjustments or absences due to illness, unless special arrangements are necessary and approved by the Executive Director and the Board of Directors.
- If tuition is not received by the 15th of the month, it is considered late and a fee of \$15.00 will be assessed.
- If a family is unable to make a tuition payment, please contact the Executive Director as soon as possible. We are willing to work with families who are experiencing temporary financial difficulties.
- If you must withdraw your child from school, a minimum 30 day written notice is required. One additional month of tuition will be charged for notice less than 30 days.
- In order to maximize therapeutic and educational benefits, children with special needs are required to attend full-time.
- Siblings will receive a 20% discount on school tuition. The lesser of the tuition rates will be discounted.
- The school day ends at 2:30 pm. Please be respectful of our teachers' time and ability to prepare their classrooms for the following day.
- If your child is not picked up by 2:45 pm, they will be taken to extended care and the drop-in extended care rate of \$26.00 will be applied to your invoice.

Tuition 8:00am-2:30pm

Toddler Class (Bears - 12 months old by August 26th)

Child with special needs	5 days/week	\$1,469.00/mo
Child w/out needs	5 days/week	\$1,097.00/mo
Child w/out needs	3 days/week M/W/F	\$ 718.00/mo
Child w/out needs	2 days/week T/Th	\$ 493.00/mo

Preschool 1 (Kangaroos)

Child with special needs	5 days/week	\$1423.00/mo
Child w/out needs	5 days/week	\$1073.00/mo
Child w/out needs	3 days/week M/W/F	\$ 694.00/mo
Child w/out needs	2 days/week T/Th	\$ 475.00/mo

Preschool 2 & Pre-Kindergarten Classes (Ladybugs and Caterpillars)

Child with special needs	5 days/week	\$1395.00/mo
Child w/out needs	5 days/week	\$1053.00/mo
Child w/out needs	3 days/week M/W/F	\$ 681.00/mo
Child w/out needs	2 days/week T/Th	\$ 467.00/mo

Print Name

Signature

Date



The Rise School

O F D E N V E R

The Rise School Extended Care Program 2017-2018

The Rise School offers extended care from 7:00am-8:00am and 2:30pm-5:30pm on regular school days. The program is open to all current Rise students.

Families will receive an email at the beginning of each month requesting Before and After School Care schedules for the following month. While we want to be flexible and meet your child care needs, we must make sure that staffing ratios are being met for everyone's safety. Specific Child Care Teaching Assistants are the primary staff. Rise Teaching Assistants also work child care on a rotating basis. Our students to staff ratios average 5:1.

Extended Care Rates:

- The rate is \$15.50/day per child for Before School Care from 7:00am-8:00am and **must be scheduled 72 hours in advance.**
- If you find you need before school care unexpectedly, please contact the school office. If staffing allows, we will make every effort to add your child. The rate is \$20.00/day per child for Before School Care from 7:00am-8:00am **without 72 hours notice.**
- If pre-scheduled, After School Care is \$5.17/hour per child for care from 2:30pm-5:30pm. You will only be billed only for the actual time used when you sign out on a tablet that tracks your time. This will be billed with your tuition statement on the 25th of each month.
- We schedule staffing in advance but are often able to accommodate drop-ins. Drop-in rate is \$26.00/day per child for after-school care from 2:30pm-5:30pm. The drop-in rate will apply if you schedule **less than 72 hours in advance.**
- If your plans change and you will not be using a scheduled time slot, please let the Rise office know so that we may adjust staffing accordingly.
- Financial aid is not available for extended care.

Late Pick-Up Fees:

Please be respectful of our staff by picking up your child/ren by 5:30pm. Chronic tardiness may result in late fees (\$10/day) or dismissal from use of the extended care program.

Add-a-Day:

If there is space available in your child's class on a day that they are not scheduled to attend, with the teacher's approval, you may add a day to their schedule on a one-time or short-term basis at your child's daily rate.

I have read and understand the rules and policies regarding The Rise School of Denver monthly extended care tuition, late fees, drop-in extended care fees, and late payment charges.

Print Name

Signature

Date



The Rise School
OF DENVER

Family Commitment

Tuition is due on the 1st day of the month. I agree to pay the monthly tuition fee no later than the 15th of the month. Regardless of my child's attendance in the summer months or for vacations, I understand that full tuition is due every month from September to June, with prorated tuition for the months of July and August. I agree to adhere to all tuition and payment policies as outlined in *The Rise School of Denver Tuition Agreement*.

Extended care is pre-scheduled for the rate of \$5.17/hour per child, or \$26/day to drop in. I have read *The Rise School of Denver's Extended Care Program* overview and I agree to adhere to all extended care policies as outlined including the requirement for 72 hours notice.

I agree that I will provide the school with at least 30 days written notice of intent to withdraw my child from school. One additional month of tuition will be charged for notice less than 30 days.

I will return all registration and health forms to comply with state licensing and in order to hold my child's place in the school.

I understand that if I do not pick up by 2:45pm, my child will be sent to after-care, and I will be charged the after-care drop-in rate of \$26.

I will participate in 20 hours of volunteering for school activities. If I choose not to volunteer, I can opt out with a monetary payment of \$500 to The Rise School.

I understand that the school reserves the right, after a trial period, to determine that a child or family is not a good fit for The Rise School.

I understand that the school reserves the right to change the child's classroom placement if it is deemed to be more appropriate for the child by the therapists, teacher, and director.

I will notify the school of any change in the information entered on any records.

Parent Signature

Date

Child/ren's Name(s): _____

Our monthly family tuition/child care total is: _____



The Rise School

O F D E N V E R

Preschool Checklist

Important things to remember...

AM

- Please sign your child in the daily log. Please note any helpful information (ie. child is tired, has a runny nose, etc.).
- At morning drop-off, please assist your child with handwashing to prevent the spread of germs and his/her own daily sign-in.
- Please dress your child appropriately for the weather. Children will be outside everyday for gross motor time weather permitting. In the winter, please send boots, mittens, and hats, or keep them in your child's backpack. On snowy days, please bring in regular shoes for indoor play.
- Please give us a call if your child will not be in school (i.e. sick, vacation, etc.).
- Please apply sunscreen to your child in warmer months. We will reapply if necessary.
- Please communicate any special instructions, concerns, bumps or bruises to the classroom staff.

PM

- Please sign your child out at the daily log.
- Please check cubby, parent files, and bulletin board.
- Please take your child's sheets and blankets home each Friday to wash and return on Monday.

Ongoing

- Please cut your child's finger nails to help prevent the spread of germs.
- Please label all of your child's belongings with a permanent marker (blanket, sheet, cups, lunch, and clothing).

We know drop-off and pick-up are busy times! Thanks for your help!



What to Bring to Preschool

(Please label all items)

For Nap Time

- A blanket
- A crib sheet to cover the nap mat

Things to Keep at School

- Two changes of weather-appropriate clothes to keep at school, including socks. Please remember that preschool activities can be messy! Please bring clothing in which your child can be active and messy.
- Diapers - please send a minimum of 3 diapers a day (5 if your child is in extended care) or enough for the week. We have limited storage space- some rooms are able to keep a larger stack of diapers for each child. Please check with your child's teacher.
- Sunscreen

Snacks and Lunches

- Families will be assigned a week at-a-time to provide snacks for the whole class. Please ask the teachers for allergy or dietary restrictions in the class or if you need snack ideas. Your classroom teacher will advise you.
- Send lunch each day in a lunch box with an **icepack** for cold items. Unfortunately, we do not have access to a refrigerator. For younger classes, please pack a bottle or appropriate cup. We will provide open cups for the older classes.
- Please note that we are not equipped for food preparation, so we ask that you prepare your child's lunch so that it can be given directly to the child without having to open cans or cut up food. **Per licensing requirements, we are not allowed to heat up lunch items. If you would like to send a warm item, please use a Thermos.**
- We are happy to provide water for the children at snack time and lunch time. Please avoid sending sugary juices or drinks.
- It is great to try new things in your child's lunch, but please also send something you know they will eat. We will pass on ideas throughout the year as it can be challenging to come up with new lunch ideas!