Mini Miracles Learning Center

Virginia Beach Infant Enrollment Packet

4801 Shore Drive, Suites F and G, Virginia Beach, Virginia 23455

757-460-1237 | admin@minimiracleslc.com | www.minimiracleslc.com

Welcome

Thank you for choosing Mini Miracles Learning Centers. This packet collects the information and permissions needed to enroll your child and explains the payment, attendance, health, safety, and communication expectations that apply to both centers unless a page identifies one location.

Please complete every applicable field. Return the completed packet with the required enrollment documents before your child's first day. Center-created policies appear in the opening pages; official state and medical forms that follow are retained from the source packet.

Center Hours

Days	Hours
Monday through Friday	6:30 a.m. to 5:30 p.m.
Saturday and Sunday	Closed

Age Groups Served

Program	Age range
Infants	6 weeks through 16 months
Toddlers	16 through 24 months
Twos	24 through 36 months
Threes and Fours	36 through 60 months
School Age	5 through 12 years

Tuition Fees and Payment Policies

Weekly Tuition

Program	Weekly tuition
Infants	$310
Toddlers	$290
Twos	$265
Threes and Fours	$255
School Age	$200

Payment timing

Full weekly tuition is due by close of business Tuesday. Tuition remains due each week while a child is enrolled, including absences, except for the family's approved tuition-free vacation week.

Accepted payments

Cash, checks, money orders, credit cards, and online payments through the Procare parent portal on the center website are accepted. A 3 percent processing fee applies only to credit-card payments.

Late and returned payments

A $35 late fee is assessed for every week that tuition remains unpaid. A $50 fee applies to each returned check.

Sibling discount

A 10 percent sibling discount is applied to the oldest enrolled child.

School Age summer activity fee

School Age families pay a one-time $300 summer activity fee per child by June 15. This fee covers summer activities and is non-refundable.

Registration Vacation and Withdrawal

Annual registration fee

Registration is renewed each September and is due September 15. For private-pay families, the non-refundable fee is $100 for one child or $175 total for two or more children; there is no additional fee for a third child. When Social Services or the Military Child Care in Your Neighborhood program pays registration, the center receives $100 per child according to that program's schedule.

Tuition-free vacation week

Each family receives one tuition-free vacation week per calendar year. The benefit resets January 1, does not carry over, and may be used for a week selected by the family after at least two weeks' notice to the office. Children may not attend during that week.

Withdrawal notice

Families must provide two weeks' notice before withdrawing a child. Notice must be written or communicated directly to the owner or Center Director. Tuition remains due through the notice period.

Refunds

Registration and School Age summer activity fees are non-refundable. Tuition is not refunded after childcare services have been provided. If a family registers and then must leave the area before the child begins care, the center may return funds paid before the start date, including registration and first-week tuition. The owner or Center Director must review the circumstances.

Unpaid balances

The center communicates with the family throughout collection efforts. An account that remains unpaid for approximately three to four weeks may result in disenrollment and collection through small claims court.

Arrival Attendance and Pickup

Arrival and attendance

Parents and authorized adults sign children in and out through Procare each day. The usual latest arrival time is 9:30 a.m. With advance notice, a child may arrive later if the child is at the center before the 12:30 p.m. nap period. Families should notify the center through Procare when a child will be absent. After three consecutive absent days, the center calls or messages the family.

Authorized pickup

Only parents and adults listed in the enrollment record may pick up a child. Changes may be made in writing or in person and entered into Procare. An authorized visitor must ring the guest doorbell and may not use a parent's door code. Identification may be required.

Custody orders

The center requires a current court order before restricting a parent listed on the child's birth certificate from pickup. Families must promptly provide updated orders or enrollment information.

Late pickup fees

Pickup time	Charge per child
5:31 through 5:45 p.m.	$1 per minute
After 5:45 through 6:00 p.m.	$30
After 6:00 through 6:30 p.m.	$60
Each additional started 30-minute block	Additional $30

The center separates and supervises the child while contacting parents and emergency contacts. Continued late pickup may require a meeting with the Center Director or owner.

Health Safety and Communication

Illness and return

Parents are contacted to pick up a child with a temperature of 100 degrees or higher or symptoms that may be contagious, including vomiting, diarrhea, unexplained rash, eye infection, sore throat, lice or nits, hand foot and mouth disease, or similar conditions. The child is separated and supervised until pickup. Parents have one hour to arrive. A doctor's note is required for return after a contagious illness or when requested by the center.

Medication

Only staff with current Medication Administration Training certification may administer required medication. Parents provide medication in a new, unopened, properly labeled container together with the required medication plan and authorization.

Incidents

Parents are called or contacted through Procare within 30 minutes of an incident and receive a written incident report at pickup the same day. The parent signs the report; if the parent refuses, the Director documents the refusal. Reports are retained in the child's record.

Communication

Procare is the center's primary family communication system. Families should keep phone numbers, email addresses, emergency contacts, authorized pickup persons, medical information, and other enrollment information current.

Supplies

Families provide diapers or pull-ups, wipes, preferred infant formula, and other requested personal supplies. Outside food and treats must be store-purchased and unopened; pizza from an established restaurant is permitted. The center sends low-supply messages through Procare and may place a reminder on the child's cubby.

First Day Checklist and Acknowledgment

Required before the first day

[ ] Completed enrollment packet

[ ] First week's tuition and applicable registration fee

[ ] Birth certificate or proof of identity when required

[ ] Current immunization record and physical or medical documentation

[ ] Emergency contacts and authorized pickup information

[ ] Medication plan and required medication, if applicable

[ ] Diapers or pull-ups, wipes, formula, bottles, and personal supplies as applicable

[ ] Two complete changes of clothing labeled with the child's first name

[ ] Crib sheet and non-filled blanket for use outside the crib

[ ] Infant feeding agreement and 48-hour emergency feeding supply selection

Family acknowledgment

I received and reviewed these enrollment policies. I understand that the complete packet and required supporting documents must be accepted by the Center Director before care begins.

Parent or guardian name _____

Signature _____ Date _____

Child's name _____ Start date _____

Center Director review _____ Date _____

VIRGINIA DEPARTMENT OF EDUCATION
CHILD REGISTRATION MODEL FORM

All fields must be filled out

Child	Nickname	Date of Birth	Sex
Address			Home Phone
Chronic Physical Problems/Pertinent Developmental Information/Special Accommodations Needed			
Previous Child Day Care Programs and Schools Attended			
If Child Attends this Center and Another School/Program, Give Name of School/Program			Grade or Class Level

PARENT(S)/GUARDIAN(S)

Parent Name and Email	Place Employed	Work Phone
Home Address		Home Phone
Parent Name and Email	Place Employed	Work Phone
Home Address		Home Phone
Person(s) or Agency Having Legal Custody of Child		
Home Address		Home Phone
Work Address		Work Phone

EMERGENCY INFORMATION

Allergies or Intolerance to Food, Medication, etc., and Action to Take in an Emergency		
Child's Physician		Phone
Two People To Contact if Parent(s) Cannot Be Reached (Name & Relations) 1.	Address 1.	Phone 1.
2.	2.	2.
Person(s) Authorized To Pick Up Child		
Person(s) NOT Authorized To Pick Up Child*		

- Appropriate paperwork such as custody papers shall be attached if a parent is not allowed to pick up the child.
- NOTE: Section 22.1-4.3 of the *Code of Virginia* states that unless a court order has been issued to the contrary, the noncustodial parent of a student enrolled in a public school or day care center (i) shall not be denied the opportunity to participate in any of the student's school or day care activities in which such participation is supported or encouraged by the policies of the school or day care center solely on the basis of such noncustodial status and (ii) shall be included, upon the request of such noncustodial parent, as an emergency contact for the student's school or day care activities.

AGREEMENTS

1. The child day center agrees to notify the parent(s)/guardian(s) whenever the child becomes ill and the parent(s)/guardian(s) will arrange to have the child picked up as soon as possible if so requested by the center.

2. The parent(s)/guardian(s) authorize the child day center to obtain emergency medical care if any emergency occurs when the parent(s)/guardian(s) cannot be located immediately. **

3. The parent(s)/guardians agree to inform the center within 24 hours or the next business day after his child or any member of the immediate household has developed a reportable communicable disease, as defined by the State Board of Health, except for life threatening diseases which must be reported immediately.

SIGNATURES

_____ _____

Parent(s) or Guardian(s) ***Date***

_____ _____

Administrator of Center ***Date***

First Date of Attendance: _____ Last Date of Attendance: _____

** If there is an objection to seeking emergency medical care, a statement should be obtained from the parent(s) or guardian(s) that states the objection and the reason for the objection.

OFFICE USE ONLY
IDENTITY VERIFICATION

If proof of identity is required and a copy is not kept, please fill out the following.

Place of Birth	**Birth Date**	**Birth Certificate Number**	**Date Issued**
Other Form of Proof		**Date Documentation Viewed**	**Person Viewing Documentation**

Date of Notification of Local Law-Enforcement Agency (when required proof of identity is not provided):

_____

Date

Proof of the child's identity and age may include a certified copy of the child's birth certificate, birth registration card, notification of birth (hospital, physician or midwife record), passport, copy of the placement agreement or other proof of the child's identity from a child placing agency (foster care and adoption agencies), record from a public school in Virginia, certification by a principal or his designee of a public school in the U. S. that a certified copy of the child's birth record was previously presented or copy of the entrustment agreement conferring temporary legal custody of a child to an independent foster parent. Viewing the child's proof of identity is not necessary when the child attends a public school in Virginia *and* the center assumes responsibility for the child directly from the school (i.e., after school program) or the center transfers responsibility of the child directly to the school (i.e., before school program). While programs are not required to keep the proof of the child's identity, documentation of viewing this information must be maintained for each child.

Section § 22.1-289.049 of the Code of Virginia states that the proof of identity, if reproduced or retained by the child day program or both, shall be destroyed upon the conclusion of the requisite period of retention. The procedures for the disposal, physical destruction, or other disposition of the proof of identity containing social security numbers shall include all reasonable steps to destroy such documents by (i) shredding, (ii) erasing, or (iii) otherwise modifying the social security numbers in those records to make them unreadable or indecipherable by any means..

CHILD CARE EMERGENCY CONTACT INFORMATION *All fields must be filled out*

Child's Name:_____Birthdate: _____

Home Address: _____

Parent or Guardian: _____

Telephone Numbers: Cell:_____Work:_____

E-mail Address: _____

Home Address: _____

Contact person at work _____ Phone Number: _____
(who usually knows your whereabouts):

Parent or Guardian:_____

Telephone Numbers:Cell _____ Work _____

E-mail Address: _____

Home Address: _____

Contact person at work_____ Phone Number:_____
(who usually knows your whereabouts):

Emergency Contacts

(when attempts to reach parents are not successful and who may pick child up)

Name#1:_____

Telephone Numbers: Home_____Work_____

Name#2:_____

Telephone Numbers: Home_____Work_____

Person's Authorized to pick child up

Name:_____PhoneNumber: _____

Name:_____Phone Number:_____

Name:_____Phone Number:_____

Name:_____Phone Number:_____

We must have written permission for anyone other than parent/guardian to pick child up from the center.

Child's Usual Source of Medical Care

Physician's Name: _____ Phone #: _____

Address: _____

Hospital to take child in case of an emergency _____

Dentist's Name (either Child's or Parent's): _____

Address: _____ Phone #: _____

Child's Health Insurance _____

Plan: _____

Certificate Number (or ID) _____ Group #: _____

Policy Holder's Name: _____

Special Conditions, Disabilities, Allergies, or Medical Information for Emergency Situations:

_____

_____

Parent/Legal Guardian Consent and Agreement for Emergencies

As parent/legal guardian, I give consent to have my child receive first aid by facility staff, and, if necessary, be transported to receive emergency care. I understand that I will be responsible for all charges not covered by insurance. I agree to review and update this information whenever a change occurs and at least once a year.

Date: _____ Parent/Guardian #1 Signature _____

Date: _____ Parent/Guardian #2 Signature _____

Review Date _____ Parent/Guardian Signature _____

Review Date _____ Parent/Guardian Signature _____

Review Date _____ Parent/Guardian Signature _____

Mini Miracles Learning Center

Behavior Guidance Policy

Part of what children are learning in the early years is how to get along with others and what behaviors are appropriate in different situations. We take a preventive approach, "redirection"; that teaches behaviors rather than punishing them for negative behaviors. In extreme situations and as a last resort, separation from the group may be necessary for the benefit of the child and the rest of the children. Teachers use this time to help the child calm down before returning to group activities, and the child is allowed to re-enter the group when he or she feels ready to do so. Separation is not used with infants and toddlers.

In order to ensure that our children are learning positive behaviors and developing positive attitudes, Mini Miracles Learning Center will use the following steps to ensure your child's success in our programs:

Logical Consequences: Logical consequences can be used in place of positive/negative reinforcement, punishment, or praise. It is the teacher's responsibility to see if there is a connection between the consequences and the student's behavior and to allow the child the opportunity to change the unwanted behaviors to positive behaviors.

Modeling: Positive behaviors will be modeled verbally; to demonstrate what words and phrases are appropriate and acceptable to their peers/ staff members. Live modeling; which involves staff members to demonstrate the desired behavior or acting out the positive role.

Redirection: Distracting the child's unwanted behaviors by showing them positive behaviors and ensuring the child that this will bring positive results. Removing the child from a situation or conversation until the child is willingly ready to re-engage in their environment.

Positive Reinforcement: Guidance strategies used to help increase targeted behaviors in students who are experiencing academic or behavioral problems at home and school.

In order to ensure each child's success in our programs, parents/guardians will be informed about all measures taken by our staff members to help their child to change unwanted behaviors. If behaviors are consistent, or if staff members identify that our methods of positive guidance are not working, then the Program Director will request a meeting with the child's parents/guardians so that we can better assist the child and work in unison with the families.

Zero Tolerance Clause

Mini Miracles Learning Center maintains a "zero tolerance" policy for behaviors that result in violent outburst to include but not limited to the following: 1) Physical assault (kicking, hitting, punching, spitting, etc..) against staff members or other children. 2) Cursing or swearing against staff members or children in the center environment. 3) Violent outburst or attacks from parents or guardians against staff members or children in the center environment. 4) Bodily threats or actions that will threaten the health& safety of staff members/children in the center environment.

Mini Miracles Learning Center Program Director maintains the right to disenroll a student immediately without notice if the "zero tolerance" policies are violated. In addition, tuition expensed paid will not be reimbursed if a child is disenrolled due to violating the "zero tolerance" policies.

Upon enrollment, each parent/guardian is required to read, sign & date acknowledgement of reading Mini Miracles Learning Centers Behavior guidance policies.

Parent Signature: _____ Date: _____

Program Director Signature: _____ Date: _____

Mini Miracles Learning Center's Transportation form

Today's Date: _____

I _____ authorize Mini Miracles Learning Center_____
(Parent / Guardian Name) *(Provider's Name)*
to transport my child _____ by ___van/bus/p.o.v__.
(Child's Name) *(transportation type)*

This travel will occur on a (Daily, Weekly, Monthly, One Time, As Needed) basis.
(Please Circle One)

Special Remarks or Concerns: _____
_____
_____

- All transportation will be conducted in accordance with state transportation laws and requirements
- All vehicles will be appropriately licensed and insured
- Your child will be transported in an approved child safety seat or will wear a seat belt as required

_____

Parent / Guardian Signature Printed Name Relationship Date

Permission to Photograph

Today's Date: _____

Child's Name: _____

Parent's Name: _____

I grant permission to photograph / videotape my child for the following reasons:

Use photographs on bulletin board, scrapbook or other similar uses	☐ Yes	☐ No
Use photographs for promotional /social media	☐ Yes	☐ No
Give video to current parents of enrolled children	☐ Yes	☐ No
Use video for promotional/ social media	☐ Yes	☐ No

Photographs and video will never be sold, distributed, or placed on the Internet without written permission.

_____

Parent / Guardian Signature Printed Name Relationship Date

Mini Miracles Learning Center

4801 Shore Drive, Suites F and G, Virginia Beach, Virginia 23455

757-460-1237 | admin@minimiracleslc.com

Parent Handbook Acknowledgment

Child's name _____ Start date _____

Parent or guardian name _____

I acknowledge receipt of the Mini Miracles Learning Centers Parent Handbook and understand that it explains center policies and procedures. I agree to review the handbook and direct questions to the Center Director or owner.

I understand that policies may be updated when operational or regulatory needs change. The center will communicate material changes to families.

Parent or guardian signature _____ Date _____

Center representative _____ Date _____

Allergy Information

Please list every known allergy, sensitivity, or intolerance and provide the requested medical documentation before care begins.

1. Allergy information is maintained for staff reference in classrooms, the kitchen, and the main office so teachers understand each child's needs during classroom transitions.

2. The centers are peanut- and egg-aware environments. Families must not bring items containing these ingredients unless the Center Director has specifically approved them.

3. If a child has an allergy to penicillin, another medication, food, or another substance, provide a doctor's note describing the allergy and required response.

4. Tell the center about all long-term or emergency medication. Required authorization and medication forms must be completed by the appropriate medical provider.

Known Allergies

1. _____

2. _____

3. _____

4. _____

5. _____

6. _____

Required action or emergency response

_____

_____

Parent or guardian signature _____ Date _____

COMMONWEALTH OF VIRGINIA
SCHOOL ENTRANCE HEALTH FORM
Health Information Form/Comprehensive Physical Examination Report/Certification of Immunization

Part I – HEALTH INFORMATION FORM

State law (Ref. Code of Virginia § 22.1-270) requires that your child is immunized and receives a comprehensive physical examination before entering public kindergarten or elementary school. **The parent or guardian completes this page (Part I) of the form.** The Medical Provider completes Part II and Part III of the form. This form must be completed no longer than one year before your child's entry into school.

Name of School: _____ Current Grade: _____

Student's Name: _____
Last First Middle

Student's Date of Birth: _____/_____/_____ Sex: _____ State or Country of Birth: _____ Main Language Spoken: _____

Student's Address: _____ City: _____ State: _____ Zip: _____

Name of Mother or Legal Guardian: _____ Phone: _____-_____-_____ Work or Cell: _____-_____-_____

Name of Father or Legal Guardian: _____ Phone: _____-_____-_____ Work or Cell: _____-_____-_____

Emergency Contact: _____ Phone: _____-_____-_____ Work or Cell: _____-_____-_____

Condition	Yes	Comments	Condition	Yes	Comments
Allergies (food, insects, drugs, latex)			Diabetes		
Allergies (seasonal)			Head or spinal injury		
Asthma or breathing problems			Hearing problems or deafness		
Attention-Deficit/Hyperactivity Disorder			Heart problems		
Behavioral problems			Hospitalizations		
Developmental problems			Lead poisoning		
Bladder problem			Muscle problems		
Bleeding problem			Seizures		
Bowel problem			Sickle Cell Disease (not trait)		
Cerebral Palsy			Speech problems		
Cystic fibrosis			Surgery		
Dental problems			Vision problems		

Describe any other important health-related information about your child (for example, feeding tube, oxygen support, hearing aid, etc.):

_____

_____

List all prescription, over-the-counter, and herbal medications your child takes regularly:

_____

Check here if you want to discuss confidential information with the school nurse or other school authority. ☐ Yes ☐ No

Please provide the following information:

	Name	Phone	Date of Last Appointment
Pediatrician/primary care provider			
Specialist			
Dentist			
Case Worker (if applicable)			

Child's Health Insurance: ____ None ____ FAMIS Plus (Medicaid) _____ FAMIS _____ Private/Commercial/Employer sponsored

I, _____ (do___) (do not___) authorize my child's health care provider and designated provider of health care in the school setting to discuss my child's health concerns and/or exchange information pertaining to this form. *This authorization will be in place until or unless you withdraw it.* ***You may withdraw your authorization at any time by contacting your child's school****. When information is released from your child's record, documentation of the disclosure is maintained in your child's health or scholastic record.*

Signature of Parent or Legal Guardian: _____ Date: _____/_____/_____

Signature of person completing this form: _____ Date: _____/_____/_____

Signature of Interpreter: _____ Date: _____/_____/_____

Part III -- COMPREHENSIVE PHYSICAL EXAMINATION REPORT

A qualified licensed physician, nurse practitioner, or physician assistant must complete Part III. The exam must be done no longer than one year before entry into kindergarten or elementary school (Ref. Code of Virginia § 22.1-270). Instructions for completing this form can be found at www.vahealth.org/schoolhealth

Student's Name: _____ Date of Birth: _____/_____/_____ Sex: ☐ M ☐ F

Health Assessment

Date of Assessment: _____/_____/_____

Weight: _____lbs. Height: _____ ft. _____ in.

Body Mass Index (BMI): _____ BP_____

❑ Age / gender appropriate history completed

❑ Anticipatory guidance provided

TB Risk Assessment: ☐ No Risk ☐ Positive/Referred
Mantoux results: _____mm

Physical Examination

1 = Within normal 2 = Abnormal finding 3 = Referred for evaluation or treatment

	1	2	3		1	2	3		1	2	3
HEENT	☐	☐	☐	Neurological	☐	☐	☐	Skin	☐	☐	☐
Lungs	☐	☐	☐	Abdomen	☐	☐	☐	Genital	☐	☐	☐
Heart	☐	☐	☐	Extremities	☐	☐	☐	Urinary	☐	☐	☐

EPSDT Screens Required for Head Start – include specific results and date:
Blood Lead: _____ Hct/Hgb _____

Developmental Screen

Assessed for:	*Assessment Method:*	*Within normal*	*Concern identified:*	*Referred for Evaluation*
Emotional/Social				
Problem Solving				
Language/Communication				
Fine Motor Skills				
Gross Motor Skills				

Hearing Screen

❑ Screened at 20dB: Indicate Pass (P) or Refer (R) in each box.

	1000	2000	4000
R			
L			

❑ Screened by OAE (Otoacoustic Emissions): ☐ Pass ☐ Refer

☐ Referred to Audiologist/ENT ☐ **Unable to test – needs rescreen**

☐ Permanent Hearing Loss Previously identified: ___Left ___Right

☐ Hearing aid or other assistive device

Vision Screen

❑ With Corrective Lenses (check if yes)

Stereopsis	❑ Pass	❑ Fail		❑ Not tested
Distance	Both	R	L	Test used:
	20/	20/	20/	

❑ Pass ❑ Referred to eye doctor ❑ **Unable to test – needs rescreen**

Dental Screen

❑ Problem Identified: Referred for treatment

❑ No Problem: Referred for prevention

❑ No Referral: Already receiving dental care

Recommendations to (Pre) School , Child Care, or Early Intervention Personnel

Summary of Findings (check one):
☐ **Well child; no conditions identified of concern to school program activities**
☐ **Conditions identified that are important to schooling or physical activity** (complete sections below and/or explain here): _____

_____

_____

_____

_____

___ **Allergy** ☐ food: _____ ☐ insect: _____ ☐ medicine: _____ ☐ other: _____
Type of allergic reaction: ☐ anaphylaxis ☐ local reaction Response required: ☐ none ☐ epi pen ☐ other: _____

___**Individualized Health Care Plan needed** (e.g., asthma, diabetes, seizure disorder, severe allergy, etc)

___ **Restricted Activity** Specify: _____

___ **Developmental Evaluation** ☐ Has IEP ☐ Further evaluation needed for: _____

___ **Medication**. Child takes medicine for specific health condition(s). ☐ Medication must be given and/or available at school.

___ **Special Diet** Specify: _____

___ **Special Needs** Specify: _____

Other Comments: _____

Health Care Professional's Certification (Write legibly or stamp)**:**

Name : _____ **Signature:** _____ Date: ____/_____/_____

Practice/Clinic Name: _____ **Address**: _____

Phone: _____-_____-_____ **Fax**: _____-_____-_____ **Email:** _____

All About Me!

My name is: _____.

I am _____ years old. I live in _____.

My favorite color is: _____.

My favorite food is: _____.

My favorite book to read is: _____.

My favorite toy to play with is: _____.

My favorite TV Show/Movie is: _____.

My favorite art activity is: _____.

When I sleep I need my: _____.

I like naps: _____. (Yes/No)

I have _____ sisters and _____ brothers. I have a pet named: _____.

I have been in childcare before at: _____.

I like to: _____

_____.

Infant Feeding and Parent Agreement

Infant name _____ Date of birth _____

Parent or guardian name(s) _____

Feeding Information

Feeding method: [ ] Breast milk [ ] Formula [ ] Both

Formula brand and type (parents provide preferred formula):

_____

Bottle preparation or special feeding instructions:

_____

_____

Usual feeding time	Amount	Breast milk or formula	Instructions / notes

Parent Agreement

I will provide enough breast milk, formula, and bottles for my infant. Formula supplied by the family must be new and unopened when delivered to the center. I will label supplies as requested and promptly update the center when feeding instructions change.

Staff may warm bottles using the center's bottle warmer and may prepare bottles according to the instructions above. Staff will not mix cereal, medicine, or other substances into milk unless the required written authorization and instructions have been accepted by the center.

Parent or guardian signature _____ Date _____

Center representative _____ Date _____

Emergency for Evacuation Purposes

Each Parent must choose one of the following options for his/her infant:

- o I will supply breast milk (48hrs worth) for my child (Stored at the center in the freezer).
  I accept the provider's offer to supply other meal components.

- o I accept the provider's offer to supply infant formula and other meal components for my child.

- o I decline the provider's offer to supply infant formula and other meal components for my child. I will supply ALL food for my child.

Parent Signature: _____ Date: _____

Administrator: _____ Date: _____

Keep Me Home If...

I'M VOMITING	I HAVE A RASH, LICE OR NITS	I HAVE DIARRHEA	I HAVE AN EYE INFECTION	I HAVE A SORE THROAT	I'M JUST NOT FEELING VERY GOOD	I HAVE A FEVER
						
Your child has vomited in 24 hours	-There is a rash present on their body especially if there is a fever or itching also. - The have lice or nits present	Your child has had watery stools in 24 hours	There is thick mucus or pus coming out from the eye	Your child says they have a sore throat	They seem unwell, are tired, pale, have a lack of appetite, are confused or are unusually unhappy	They have a temperature of 100 or more

*Note: We will take all notes from doctors with regard to returning to school. However, if it goes against our policies we may ask you to keep your child home until they are symptom free (min 48hrs)

When your child is sick...

1. Have plans for back up childcare
2. Let admin know if your child is ill even if they are staying home sick. If your child has an infectious illness, we will need to notify other families attending.
3. Please follow our sick policy (48hr symptom free) if they show symptoms over the weekend, not just if we send them home from the center. This will help avoid anyone else getting sick.
4. We cannot give any diagnoses and understand many have allergies or eczema but we would need a doctor's note to ensure it's nothing contagious.
5. Depending on the illness (ex. Hand foot mouth, COVID, RSV, etc), see admin for policies.

STREAMin³™
integrated | intentional | interactions

University of Virginia CASTL
Curry School of Education

Dear Parent or Guardian,

Welcome to STREAMin³! Your child's program is now using an innovative curriculum model developed by researchers at the University of Virginia. In the STREAMin³ curriculum, kids think big, solve problems, and explore their world. This sets them up for success in kindergarten and beyond.

The STREAMin³ Model

Daily activities, routines, & games that support children's development of skills.

Coaching & professional development for teachers and leaders.

Observations tools & assessments to increase the quality of instruction.

The Hallmarks of STREAMin³

Focus on the Child	➢ Child-led activities that follow their ideas and interests. ➢ Routines and interactions that foster creative thinking and learning.
Comprehensive Approach	➢ Blended support for both academic and social-emotional skills. ➢ A scope and sequence that spans from birth to age 5.
Family Connection	➢ Ongoing communication and collaboration with families. ➢ Respect for each family and the critical role a home-school connection plays in children's learning.
Embracing Every Learner	➢ A commitment to providing equitable opportunities for every child. ➢ Support for every child's unique strengths and needs.

What to Expect to See Coming Home

- **A weekly Core Skill letter** highlighting one of the skills your child's teacher is focusing on at school. It includes updates on your child's development and asks for your input on the best ways to support them.
- **Ongoing assessment reports** explaining where your child is in their development and their teacher's plan for supporting them.
- **Family Activity Cards**: fun, easy-to-use activities for you to consider using at home with your child.
- **Original work**: children will share their unique work. Teachers will share stories and pictures of their experiences.

What NOT to Expect

Children learn best through active, direct experiences that are meaningful to them. Children build writing, language, and math skills through book readings, writing in journals, playing games, and sharing their ideas. So, you won't see worksheets, typical 'themes,' or tasks that ask a child to simply repeat back information. Each child will express themselves through their work and art. That means you won't see crafts that all look the same or need to be done one certain way.

STREAMin^3™
integrated | intentional | interactions

University of Virginia CASTL
Curry School of Education

The first five years of a child's life are an exciting and critical time. Your child's brain is growing more in these years than during any other point in life. The STREAMin^3 curriculum is designed to capitalize on this. Based on the latest research, it taps into how children learn best.

We focus on the **Core and STREAM skills** children need most.

The Core Skills

Children are learning to:

RELATE
Connect with adults, friends, and their growing sense of self and self-confidence.

REGULATE
Manage their emotions, attention, and behavior.

THINK
Think about, and make sense of, the world around them.

COMMUNICATE
Use language to share their ideas and needs and build early literacy skills.

MOVE
Move their bodies to achieve their goals and care for themselves.

The STREAM Skills

Children are:

SCIENCE
Using their senses to explore & understand the world.

TECHNOLOGY
Testing the best tools to create, explore, & innovate.

READING
Learning letters, sounds, rhymes, print, & early writing.

ENGINEERING
Discovering how and why things work.

ART
Creating, expressing, & imagining.

123

MATH
Exploring numbers, shapes, spatial sense, patterns, & measurement.

To learn more, contact your child's teacher or visit our website:
www.streamin3.org