

# Enrollment Form

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

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

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

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

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

Starting Date \_\_\_\_\_ Schedule M T W TH F

Hours \_\_\_\_\_ to \_\_\_\_\_ Classroom \_\_\_\_\_

Parent's Name: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_

Driver's License Number: \_\_\_\_\_

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

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

E-Mail: \_\_\_\_\_

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

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

Work Phone Number: \_\_\_\_\_

Marital Status (Check):  Married  Single  Divorced  Separated

Parent's Name: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_

Driver's License Number: \_\_\_\_\_

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

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

E-Mail: \_\_\_\_\_

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

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

Work Phone Number: \_\_\_\_\_

Marital Status (Check):  Married  Single  Divorced  Separated

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

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



# Parent Agreement

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

1. Parents are welcome to visit at any time. We encourage you to join us at parent events and to chaperone field trips. \_\_\_\_\_

2. Alphabet Academy is open from 7:00 AM to 6:00 PM on all days (please be sure to arrive by 5:50 pm), except those listed in our calendar. Alphabet Academy will close at 1 pm, one day in September, October, January, March and May for professional development (check your calendar for dates). Our calendar is updated yearly and is included in your enrollment packet. A full month's tuition will be charged during these times. Monthly tuition is due on the 15th of the month prior to services rendered. Scheduled payments are to be made on time. All tuition is due with no exceptions to illness, absence, community wide health concerns, inclement weather, or child/school vacations. There are no substitution of days for part-time students. Please notify Alphabet Academy in advance if your child will be on vacation. \_\_\_\_\_

3. Parents are expected to bring their children into the building, sign in, and see that the child is under the teacher's supervision before leaving. At pick-up, you must re-enter the building, make contact with our staff and sign out. If there is an emergency, please notify the authorized alternate pick-up and alert the Director and teacher by telephone and email. Do not give this person your assigned door code or fob card. \_\_\_\_\_

4. At Alphabet Academy, we use a card reader entry system. Each parent will be required to purchase a personal fob for \$20. If you suspect your fob has been lost, stolen or misplaced, contact the office immediately so we can remove your fob's code. Under no circumstances should you give your fob to an alternate pick-up. \_\_\_\_\_

5. Parents will be called to pick up children who become ill. Children must be picked up within 45 minutes. Children sent home cannot return until 24 hours from pick-up and the sick policy is met. Children absent due to contagious illness will need a signed Doctor's note before returning. Please notify Alphabet Academy if your child will be absent for the day. \_\_\_\_\_

6. Children need to have a current early childhood health assessment and immunization record prior to enrollment and will need to regularly update them in compliance with state law. Children may be denied admittance until the form is received. There is no tuition credit since this is the responsibility of the parent. Children over the age of 6 months are required to have a flu vaccination yearly prior to December 21st. \_\_\_\_\_

7. In case of an emergency, Alphabet Academy has permission to administer first aid or obtain emergency medical treatment in the child's best interest. We will make every effort to contact you after first contacting emergency personnel. \_\_\_\_\_

8. Each child will need to bring in two labeled changes of weather appropriate clothing to be kept in their cubby. Alphabet Academy is not responsible for lost or soiled clothing. We suggest strongly having children wear play clothes, so that they can explore all activities without hesitation. It is the responsibility of parents/guardians to provide any diapers and wipes. \_\_\_\_\_

9. The children play outside twice daily, except during extreme inclement weather such as storms accompanied with high winds and or thunder/lightening. We would also stay inside during excessive heat or cold (when wind chill and frostbite could cause a problem). Children should be dressed appropriately according to the weather, layers work best. We will not be able to allow any child to remain indoors during outdoor play. In the rare event that we would choose to remain inside due to unsafe weather (this does not include rain), we would provide gross motor activities. \_\_\_\_\_



# Parent Agreement cont.

10. Alphabet Academy will provide all meals throughout our daytime hours. Meals will include a well balanced morning snack, lunch, and afternoon snack. All meals will be approved by a certified Nutritionist. Parents are not to provide any snacks or meals, except in the infant classroom. In the case that a child is allergy sensitive, Alphabet Academy will offer an appropriate substitution. \_\_\_\_\_

11. Nap/rest time, depending on the classroom, will be between 12:00 PM and 3:00 PM each day. Please refer to your child's classroom schedule for a more specific time. Infants sleep as needed. Children who do not sleep will still have a rest time. Each child will need a labeled blanket and cot sheet, which is to be taken home each week for washing. \_\_\_\_\_

12. Alphabet Academy will only be closed in very severe weather and at the discretion of the owner. Should it be necessary to close, it will be broadcasted on WTNH-Channel 8 news and on the WTNH website, [www.wtnh.com](http://www.wtnh.com). Closings and delayed openings and closings are site specific. Tuition will not be deducted for days when Alphabet Academy is closed due to weather. \_\_\_\_\_

13. Alphabet Academy will not be responsible for anything that may happen as a result of false or incomplete information given at the time of enrollment and thereafter. \_\_\_\_\_

14. Parents and alternate pick-ups are required to drive carefully and exercise extreme caution while operating their vehicles in the parking lot of Alphabet Academy. Please accompany your children, regardless of age, by the hand when entering and exiting your vehicles and moving through the parking lot. Do not leave your child unattended in your vehicle. Pursuant to Connecticut Law, it is now unlawful to leave your car idling while dropping off your child(ren). \_\_\_\_\_

\*Please initial in the spaces provided above, sign below and **return both pages** of this agreement. Copies will be made and returned to you.\*

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

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

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Director

\_\_\_\_\_  
Date



# Expectations / Discipline Policy

At Alphabet Academy, we work diligently with our students to clearly state what is expected of all children in our school. We help children learn classroom rules through role modeling, direct and indirect teaching and by utilizing various types of classroom media such as books, music and dramatic play. Our teachers very consciously focus on praising children when they are displaying positive behavior in order to increase the frequency in which it happens and to also indirectly encourage other children. Additionally, when a child hears a positive comment given to another child, they tend to model that same behavior. This approach works extremely well with young children and is one we use often.

On an everyday basis, we teach children what is acceptable, appropriate and expected while at school. We consciously focus on describing what to do instead of what not to do. For example, you may hear a teacher say, "I need you to use your walking feet" instead of "Please stop running."

When a child is engaging in an activity that is unacceptable in the classroom or on the playground, we very calmly describe the action that needs to be displayed and when that action is appropriate. You may hear a teacher say, "I need you to keep your feet on the ground. We will climb on the playscape when we go outside," instead of "Stop climbing on the chair."

When you entrust Alphabet Academy with the care of your child, you can expect that we will:

- Praise and encourage positive behavior
- Be consistent and proceed with confidence, fairness and patience
- Make children feel confident and loved
- Use a calm, firm voice with words that assures confidence and trust
- Speak with a child by kneeling down or by sitting beside them
- Ignore, redirect, and/or distract negative behaviors
- Save our loud voice for safety issues or concerns

For unacceptable behavior such as hitting, or behavior that persists and becomes problematic, understand that:

- We may remove a child from play area, limit choices and/or have a child "Take a Break." Taking a Break is when a child must sit out of play (limited to one minute per year of age). This provides a child with time to reflect on their behavior and regain composure.
- A child's parent may be involved in the disciplinary process when uncontrollable behavior and/or harmful behavior toward others persists. **\*See behavior guidance plan**
- Certain behavior that may cause a significant risk of harm to the health and safety of other children, staff or themselves is grounds for immediate dis-enrollment.

*We welcome families to use a positive discipline approach at home! Please feel free to talk with us anytime about this methodology.*

*I acknowledge that I have received and discussed Alphabet Academy's Expectation/Discipline Policy with the director or executive director and understand its terms and conditions.*

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

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

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

Director's Signature: \_\_\_\_\_ Date: \_\_\_\_\_



# Release of Information

Alphabet Academy has my permission to photograph my child. I understand the photos may be used for the classroom, scrap-booking, marketing, our website, Facebook page or on our Pinterest page. When photos are used, names will not be included, only the name of our school and the classroom.

Circle Yes or No

Yes No Classroom documentation / display

Yes No Private Flickr Account

Yes No Alphabet Academy Website (includes our blog)

Yes No Pinterest Account

Yes No Alphabet Academy Facebook Page

Yes No Alphabet Academy Marketing (Brochures, Advertising) with real-time permission

As the year progresses and the children start to form relationships, you will begin to hear “Can so and so come over to my house?” Or “I want to invite so and so to my birthday party.”

Please provide an email address and a phone number that you would like to share with the classroom for these exciting times.

Email \_\_\_\_\_

Phone number \_\_\_\_\_

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

Parent's Name: \_\_\_\_\_

Parent's Signature: \_\_\_\_\_ Date: \_\_\_\_\_



# Behavior Guidance Plan for Parents

Alphabet Academy believes that all children should experience success. We strive for a classroom setting that provides children with opportunities to explore their environment within consistent, age appropriate limits. In this atmosphere, most behavioral issues are prevented.

However, if behavioral issues occur, our philosophy is to help children learn human values, problem-solving skills and to take responsibility for their own choices. We work with children and to find safe, socially-appropriate ways to communicate their feelings and needs. By using the following progressive guidance techniques and sharing them with anyone who will be influencing or caring for your child, we strive to minimize inappropriate behavior while creating a positive environment for all of our children:

## SECTION ONE: GENERAL STRATEGIES

### 1. Classroom Management

Our teachers may manage individual classrooms by:

- Modeling and reinforcing appropriate behavior.
- Maintaining consistent supervision.
- Setting reasonable expectations for children's behavior based on their developmental levels and individual differences.
- Becoming familiar with an individual child's special needs.
- Providing interesting, challenging, age-appropriate activities
- Observing, documenting, narrating and reflecting about the children's behaviors and feelings • Providing children with clear, healthy choices whenever possible.

### 2. Ignoring

Sometimes a child will produce some negative behavior to get attention. This can be stopped when the child does not get the attention desired. We may utilize this technique unless a safety issue is involved.

### 3. Redirection

We will offer alternatives to children engaged in undesirable behavior by offering a different toy, suggesting a new activity, engaging the child in an activity with a teacher or another child, or by suggesting independent play. We will also suggest socially acceptable alternatives.

### 4. Verbal Intervention

We will provide emotionally responsive communication and coaching/modelling to support children's ability to more naturally express their feelings verbally. Additionally, when reflecting about a child's possible feelings that may be influencing a behavior, a child is more likely to understand the link between their behavior and internal experience.

For example two children are playing close to one another. One child is using a truck, which another child takes from her. The first child hits and grabs it back. A teacher might say, "You're angry. She took the truck out of your hands. I'm not going to let you hit. You can tell her you would like it back."



# Behavior Guidance Plan for Parents cont.

## 5. Logical Consequences

Here, the teacher helps the child understand the logical consequences of his/her actions by removing an object, activity, or having the child help fix something etc. For example, if a child knocks someone's block building down, they help fix it. If they knock it down again they help fix it and then are asked to leave the block area.

## 6. Take a Break

The child is separated from the group, to allow him/her to relax and calm down, and to enable him/her to not be influenced by peers. The process used for Take a Break is:

- The child is assisted to an area in the room where he/she can be supervised at all times. The child may have access to activities and materials while in Take a Break.
- If Take a Break occurs two or more times in one day, parents may be notified when the child is picked up at the end of the day.
- The child may return to the group as soon as the negative behavior stops or is significantly reduced.
- If Take a Break is not working effectively, the Progressive Behavioral Support Procedure may be instituted.

## SECTION TWO: PROGRESSIVE BEHAVIORAL SUPPORT

A progressive supportive behavior plan aims to best understand a child's unique needs and reduce problematic behavior. Problematic behavior is defined as any behavior that threatens the health and safety of other children, staff or themselves or a persistent difficulty to manage the developmental expectations of our program.

This plan will support problem solving at the classroom, individual, and family level and aims to think collaboratively around a child's needs.

Alphabet Academy may use the following progressive procedures:

1. We may observe and record the child's inappropriate behavior for the purposes of tracking frequency, identifying triggers, responses to intervention, etc.
2. We may document what we have done to try to change the behavior.
3. We may use gathered data to consider the function of that behavior for the child. We may consider what the child's behavior is attempting to communicate about his/her needs, and will attempt to provide support to the child to express that need in a more appropriate way.
4. Parents may be asked to participate in a parent-teacher conference to create an action plan. When possible, this conference is set ahead of time but if necessary, it may be requested immediately by staff. Children will be included to the extent that they may participate and be informed of any changes and steps in the plan in a developmentally appropriate way. An action plan may be developed at this conference to address this behavior. This plan may outline all the steps the staff will take to try and change the behavior, all steps the parents will take, and any steps toward dis-enrollment if behavior persists. If possible, teacher and staff will support parents to consider best classroom fit and developmental needs for child.



# Behavior Guidance Plan for Parents cont.

5. We may work with the Early Childhood Consultation Partnership (ECCP), behavioral health consultants who may deepen our understanding and planning on behalf of a child. The Director may suggest outside resources to parents and we may work with any outside resource for further guidance in responding to the child's behavior.

6. If the inappropriate behavior continues, parents may be asked to keep the child home for a day or two.. If the inappropriate behavior persists after the child is kept home for several days, Alphabet Academy may request that the parents dis-enroll their child. In this instance, Alphabet Academy will attempt to conference with the family and consider program goodness of fit, developmental needs, and other recommendations that may be useful to the child and family.

Additionally, if a child demonstrates that he/she has yet to meet the developmental expectations required to safely participate in the preschool program (ability to follow basic adult direction, ability to keep own body and body of classmates safe), Alphabet Academy may dis-enroll a child.

## OTHER FORMS OF DISCIPLINE

Our policy does not permit the use of the following forms of discipline:

- Corporal punishment.
- Emotional punishment, including ridicule, embarrassment, or humiliation.
- Punishing a child for lapses in toilet training habits.
- Withholding food, light, warmth, clothing, outdoor time, gross motor activity or medical care.
- Physical restraint, other than the restraint necessary to protect a child or others from harm.

This information used to make this behavior guidance plan was gathered from various resources including, but not limited to the following:

Head Start and Child Care Bureaus, Administration on Children, Youth and Families, U.S. Department of Health and Human Services, Center on the Social and Emotional Foundations for Early Learning and National Association for the Education of Young Children (NAEYC).

*I acknowledge that I have received and discussed the Alphabet Academy Behavior Guidance Plan with the director or executive director and understand its terms and conditions.*

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

\_\_\_\_\_  
Parent or Legal Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Executive Director or Director Signature

\_\_\_\_\_  
Date



South Campus | 605 Benham Street, Hamden, CT 06514 | 203.230.9991  
North Campus | 2389 Dixwell Avenue, Hamden, CT 06514 | 203.361.3340  
[www.AlphabetAcademyCT.com](http://www.AlphabetAcademyCT.com)



# New Family Intake Form

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

Address \_\_\_\_\_

Date of birth \_\_\_\_\_ Place of birth \_\_\_\_\_ Gender \_\_\_\_\_

Parent 1 Name \_\_\_\_\_ Cell # \_\_\_\_\_

Work phone # \_\_\_\_\_

Parent 2 Name \_\_\_\_\_ Cell # \_\_\_\_\_

Work phone # \_\_\_\_\_

Status of Parents (check) Living together \_\_\_\_\_ Living apart \_\_\_\_\_

Child lives with \_\_\_\_\_

If parents work or are students, who keeps the child in their absence? (Circle One)

Grandparent   Other relative   Friend   Paid sitter   Other

Other children in the family (list in order of birth)

Name	Sex	Birth Date	If in school, which one

Additional members of household (give number)

Friends \_\_\_\_\_ Others \_\_\_\_\_

Boarders \_\_\_\_\_ Relatives \_\_\_\_\_  
(Indicate relationships)

What part do these other persons have in the care of your child? \_\_\_\_\_



# New Family Intake Form cont.

Has your child been separated from his/her parents for long periods of time, and if so, why? \_\_\_\_\_

Have you moved frequently? \_\_\_\_\_

What language is usually spoken at home? \_\_\_\_\_

(If more than one, what other language(s) are spoken?) \_\_\_\_\_

## 2. Development in Early Childhood

Comment on the health of the mother during pregnancy \_\_\_\_\_

Comment on the health of your child during delivery and infancy \_\_\_\_\_

When did your child walk? \_\_\_\_\_ Talk? \_\_\_\_\_

Is your child adopted? \_\_\_\_\_ Is he/she aware? \_\_\_\_\_

Is your child in foster care? \_\_\_\_\_

Does your child have bladder control? \_\_\_\_\_ Child's terminology \_\_\_\_\_

Does your child have bowel control? \_\_\_\_\_ Child's terminology \_\_\_\_\_

Does your child need help when going to the bathroom? \_\_\_\_\_

Does your child need reminding about going to the bathroom? \_\_\_\_\_

Does your child usually take a nap? \_\_\_\_\_ At what time? \_\_\_\_\_

Describe any special needs, handicaps, or health problems. \_\_\_\_\_

Is your child receiving or has received any Birth-3 services? \_\_\_\_\_

Does your child have any difficulty saying what she/he wants or do you have any trouble understanding his/her speech? \_\_\_\_\_

## 3. Eating Habits

What is your child's general attitude toward eating? \_\_\_\_\_

What food(s) does your child especially like? \_\_\_\_\_

For which meal is your child most hungry? \_\_\_\_\_



# New Family Intake Form cont.

Does the child feed himself/herself entirely? \_\_\_\_\_

Does your child dislike any food in particular? \_\_\_\_\_

Is your child on a special diet? \_\_\_\_\_

Does your child take a bottle? \_\_\_\_\_

Does your child eat or chew things that are not food? Explain \_\_\_\_\_

Do you have concerns about your child's eating habits? Explain \_\_\_\_\_

Is there any food your child should not eat for medical, religious, or personal reasons? \_\_\_\_\_

## 4. Play and Social Experiences

Has your child participated in any group experiences? \_\_\_\_\_

Where? \_\_\_\_\_ Did they enjoy it? \_\_\_\_\_

Does your child visit other playmates in their homes? \_\_\_\_\_

How does your child relate to other children? \_\_\_\_\_

Does your child prefer to play alone? \_\_\_\_\_ With others? \_\_\_\_\_

Does your child worry a lot or is he/she very afraid of anything? \_\_\_\_\_

Does your child have any imaginary playmates? Explain \_\_\_\_\_

Does your child have any pets? \_\_\_\_\_

What are your child's favorite toys and/or activities? \_\_\_\_\_

What are your child's favorite books? \_\_\_\_\_

How many times a week is your child read to? \_\_\_\_\_

What is your child's favorite TV program? \_\_\_\_\_

How long does your child watch TV each day? \_\_\_\_\_

Is there anything else about your child's play or playmates which the school should know? \_\_\_\_\_



# New Family Intake Form cont.

## 5. Discipline

In most circumstances, do you consider your child easily managed, fairly easy to manage, or difficult to manage? \_\_\_\_\_

What concerns do you have presently about your child? \_\_\_\_\_

How do you deal with these concerns? \_\_\_\_\_

## 6. Parent's Impressions and Beliefs

From your point of view, what were the events which seemed to have had the greatest impact on your child (moving, births, deaths, severe illnesses, divorce)? \_\_\_\_\_

How would you describe your child at the present time? What changes have you seen in your child during the past year? \_\_\_\_\_

Does your child have any behavior characteristics which you hope will change? Please describe. \_\_\_\_\_

In what ways would you like to see your child develop during the school year(s)? \_\_\_\_\_

Is there anything else you would like to share with us? \_\_\_\_\_

\_\_\_\_\_  
Signature(s) of person(s) filling out this questionnaire

\_\_\_\_\_  
Date



# Alternate / Emergency Pick-Up Form

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

This form is designed for immediate evacuation, emergency planning and alternate pick-ups. Please list (in order of contact) all names, **including yourselves**, and telephone numbers and driver's license numbers of individuals we may contact and to whom your child may be released in the event of an emergency. Alternate pickups must wait at the door until an Alphabet Academy staff member grants them access to the facility after receiving confirmation from the parent/guardian and verifying their driver's license. Alphabet Academy will not be held responsible for any missing or incorrect information.

Name \_\_\_\_\_

Address \_\_\_\_\_

Home Phone \_\_\_\_\_ Mobile \_\_\_\_\_ Work Phone \_\_\_\_\_

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

Relationship \_\_\_\_\_

Driver's License Number \_\_\_\_\_ State \_\_\_\_\_

Circle one or both: ALTERNATE PICK-UP                      EMERGENCY CONTACT

Name \_\_\_\_\_

Address \_\_\_\_\_

Home Phone \_\_\_\_\_ Mobile \_\_\_\_\_ Work Phone \_\_\_\_\_

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

Relationship \_\_\_\_\_

Driver's License Number \_\_\_\_\_ State \_\_\_\_\_

Circle one or both: ALTERNATE PICK-UP                      EMERGENCY CONTACT

Name \_\_\_\_\_

Address \_\_\_\_\_

Home Phone \_\_\_\_\_ Mobile \_\_\_\_\_ Work Phone \_\_\_\_\_

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

Relationship \_\_\_\_\_

Driver's License Number \_\_\_\_\_ State \_\_\_\_\_

Circle one or both: ALTERNATE PICK-UP                      EMERGENCY CONTACT

Parent Initials \_\_\_\_\_



# Alternate / Emergency Pick-Up Form cont.

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

Name \_\_\_\_\_

Address \_\_\_\_\_

Home Phone \_\_\_\_\_ Mobile \_\_\_\_\_ Work Phone \_\_\_\_\_

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

Relationship \_\_\_\_\_

Driver's License Number \_\_\_\_\_ State \_\_\_\_\_

Circle one or both: ALTERNATE PICK-UP                      EMERGENCY CONTACT

Name \_\_\_\_\_

Address \_\_\_\_\_

Home Phone \_\_\_\_\_ Mobile \_\_\_\_\_ Work Phone \_\_\_\_\_

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

Relationship \_\_\_\_\_

Driver's License Number \_\_\_\_\_ State \_\_\_\_\_

Circle one or both: ALTERNATE PICK-UP                      EMERGENCY CONTACT

Name \_\_\_\_\_

Address \_\_\_\_\_

Home Phone \_\_\_\_\_ Mobile \_\_\_\_\_ Work Phone \_\_\_\_\_

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

Relationship \_\_\_\_\_

Driver's License Number \_\_\_\_\_ State \_\_\_\_\_

Circle one or both: ALTERNATE PICK-UP                      EMERGENCY CONTACT

Note: Please list one contact that lives outside of the immediate area; if local phone lines are disabled due to a catastrophe, it will be beneficial to list a contact out of the service area who can notify other family members.

Name \_\_\_\_\_

Address \_\_\_\_\_

Mobile \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

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



# Emergency Medical Care

Child's Name: \_\_\_\_\_ Birth date: \_\_\_\_\_

Parent's Name: \_\_\_\_\_ Emergency Tel: \_\_\_\_\_

Parent's Name: \_\_\_\_\_ Emergency Tel: \_\_\_\_\_

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

Allergies: \_\_\_\_\_ Last Tetanus \_\_\_\_\_

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

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

Physician to be called in an emergency:

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

Practice Name: \_\_\_\_\_ Tel: \_\_\_\_\_

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

Dentist to be called in an emergency:

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

Practice Name: \_\_\_\_\_ Tel: \_\_\_\_\_

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

I give my consent for Alphabet Academy to contact the above named physician/dentist if my child has a medical emergency. I understand that if my child's physician is not available, another physician may be contacted on an emergency basis. I also give my consent for the child care provider to seek medical attention in an emergency at \_\_\_\_\_. I will be responsible for all medical charges. (Hospital or walk-in clinic)

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

Printed Name \_\_\_\_\_

Date \_\_\_\_\_

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

Printed Name \_\_\_\_\_

Date \_\_\_\_\_





# PARENT

## Key fob Agreement and Protocol

I agree to always wear my fob on my person so that it is visible anytime that I am present in the parking lot, in the building or on the playground.

I agree to never share my key fob or my 4 digit code with anyone.

I agree to immediately tell an administrator if I lose or misplace my key fob.

I agree to immediately tell an administrator if my key fob is stolen.

I agree to pay a one time fee of \$20 per key fob.

### **To enter the school**

- Hold your key fob over the card reader by the door
- It will beep
- Punch in your personal 4 digit code
- The door will unlock
- Enter the building with only your family
- Close the door behind you

My signature below acknowledges that I have received my personal key fob and I agree to all of the terms above.

-----  
Name Printed

-----  
Signature Date

**Child check-in procedure**

Signing In:  
Step 1 - Press "child" option  
Step 2 - Enter your personalized code  
Step 3 - Press OK and your child's name should appear.  
If you are signing in more than one child and you hit OK, both children will be signed in. If you're signing in only one child, choose #1 or #2 to choose that child's name to be signed in.

Signing Out: Same as above

*\*Please be advised that each parent/guardian has a different code. This code is exclusive and can only be used by that particular parent/guardian who is signing the child(ren) in or out.*





## 2019-2020 South Campus School Calendar

Early Dismissal  $\triangle$

Alphabet Academy will close at 1pm for Professional Development.

### NOVEMBER 2019

S	M	T	W	Th	F	S
					1	2
3	4	5	6	7	8	9
10	11	12	13	14	15	16
17	18	19	20	21	22	23
24	25	26	27	28	29	30

### OCTOBER 2019

S	M	T	W	Th	F	S
		1	2	3	4	5
6	7	8	9	10	11	12
13	14	15	16	17	18	19
20	21	22	23	24	25	26
27	28	29	30	31		

### SEPTEMBER 2019

S	M	T	W	Th	F	S
1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30					

### FEBRUARY 2020

S	M	T	W	Th	F	S
						1
2	3	4	5	6	7	8
9	10	11	12	13	14	15
16	17	18	19	20	21	22
23	24	25	26	27	28	29

### JANUARY 2020

S	M	T	W	Th	F	S
			1	2	3	4
5	6	7	8	9	10	11
12	13	14	15	16	17	18
19	20	21	22	23	24	25
26	27	28	29	30	31	

### DECEMBER 2019

S	M	T	W	Th	F	S
1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30	31				

### SCHOOL CLOSINGS

- 9/2/19 Labor Day
- 11/28-11/29 Thanksgiving
- 12/23 - 1/1 Winter Recess
- 1/20/20 Parent Conferences
- 2/17/20 President's Day
- 4/10/20 Good Friday
- 5/25/20 Memorial Day
- 7/3/20 Independence Day
- 8/3 - 8/7 Summer Recess
- 8/31/20 In-Service Day

### MAY 2020

S	M	T	W	Th	F	S
					1	2
3	4	5	6	7	8	9
10	11	12	13	14	15	16
17	18	19	20	21	22	23
24	25	26	27	28	29	30
31						

### APRIL 2020

S	M	T	W	Th	F	S
			1	2	3	4
5	6	7	8	9	10	11
12	13	14	15	16	17	18
19	20	21	22	23	24	25
26	27	28	29	30		

### MARCH 2020

S	M	T	W	Th	F	S
1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30	31				

### SPECIAL EVENTS

- 9/23/19 Parent Night
- 10/3/19 Photo Day
- 11/21-11/22 Thanksgiving Feast (Preschool)
- 12/6/19 Gift of Time
- 4/23/20 Clothing Swap
- 5/7-5/8 Mother's Day Tea (Preschool)
- 5/16/20 Planting Party
- 6/12/20 Father's Day Event (Preschool)
- 6/20/20 Pre-K Graduation
- 7/1/20 Summer Program Begins
- 8/22/20 Summer's End Potluck Dinner

### AUGUST 2020

S	M	T	W	Th	F	S
						1
2	3	4	5	6	7	8
9	10	11	12	13	14	15
16	17	18	19	20	21	22
23	24	25	26	27	28	29
30	31					

### JULY 2020

S	M	T	W	Th	F	S
			1	2	3	4
5	6	7	8	9	10	11
12	13	14	15	16	17	18
19	20	21	22	23	24	25
26	27	28	29	30	31	

### JUNE 2020

S	M	T	W	Th	F	S
	1	2	3	4	5	6
7	8	9	10	11	12	13
14	15	16	17	18	19	20
21	22	23	24	25	26	27
28	29	30				

Getting to Know You...

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

\_\_\_\_\_

Occupation: \_\_\_\_\_

\_\_\_\_\_

Special skills, talents or hobbies: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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\_\_\_\_\_

alphabet academy



Getting to Know You...

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

\_\_\_\_\_

Occupation: \_\_\_\_\_

\_\_\_\_\_

Special skills, talents or hobbies: \_\_\_\_\_

\_\_\_\_\_

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alphabet academy





**State of Connecticut Department of Education**  
**Early Childhood Health Assessment Record**  
 (For children ages birth – 5)



**To Parent or Guardian:** In order to provide the best experience, early childhood providers must understand your child’s health needs. This form requests information from you (Part I) which will be helpful to the health care provider when he or she completes the health evaluation (Part II). State law requires complete primary immunizations and a health assessment by a physician, an advanced practice registered nurse, a physician assistant, or a legally qualified practitioner of medicine, an advanced practice registered nurse or a physician assistant stationed at any military base prior to entering an early childhood program in Connecticut.

*Please print*

Child’s Name (Last, First, Middle)	Birth Date (mm/dd/yyyy)	<input type="checkbox"/> Male <input type="checkbox"/> Female
Address (Street, Town and ZIP code)		
Parent/Guardian Name (Last, First, Middle)	Home Phone	Cell Phone
Early Childhood Program (Name and Phone Number)	Race/Ethnicity	
Primary Health Care Provider:	<input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Black, not of Hispanic origin <input type="checkbox"/> Asian/Pacific Islander <input type="checkbox"/> White, not of Hispanic origin <input type="checkbox"/> Other	
Name of Dentist:		
Health Insurance Company/Number* or Medicaid/Number*		

Does your child have health insurance?	Y    N	If your child does not have health insurance, call <b>1-877-CT-HUSKY</b>
Does your child have dental insurance?	Y    N	
Does your child have HUSKY insurance?	Y    N	

\* If applicable

**Part I – To be completed by parent/guardian.**

**Please answer these health history questions about your child before the physical examination.**

Please circle **Y** if “yes” or **N** if “no.” Explain all “yes” answers in the space provided below.

Any health concerns	Y    N	Frequent ear infections	Y    N	Asthma treatment	Y    N
Allergies to food, bee stings, insects	Y    N	Any speech issues	Y    N	Seizure	Y    N
Allergies to medication	Y    N	Any problems with teeth	Y    N	Diabetes	Y    N
Any other allergies	Y    N	Has your child had a dental examination in the last 6 months	Y    N	Any heart problems	Y    N
Any daily/ongoing medications	Y    N			Emergency room visits	Y    N
Any problems with vision	Y    N	Very high or low activity level	Y    N	Any major illness or injury	Y    N
Uses contacts or glasses	Y    N	Weight concerns	Y    N	Any operations/surgeries	Y    N
Any hearing concerns	Y    N	Problems breathing or coughing	Y    N	Lead concerns/poisoning	Y    N
<b>Developmental – Any concern about your child’s:</b>				Sleeping concerns	Y    N
1. Physical development	Y    N	5. Ability to communicate needs	Y    N	High blood pressure	Y    N
2. Movement from one place to another	Y    N	6. Interaction with others	Y    N	Eating concerns	Y    N
		7. Behavior	Y    N	Toileting concerns	Y    N
3. Social development	Y    N	8. Ability to understand	Y    N	Birth to 3 services	Y    N
4. Emotional development	Y    N	9. Ability to use their hands	Y    N	Preschool Special Education	Y    N

**Explain all “yes” answers or provide any additional information:**

Have you talked with your child’s primary health care provider about any of the above concerns?    Y    N

Please list any **medications** your child will need to take during program hours:

*All medications taken in child care programs require a separate **Medication Authorization Form** signed by an authorized prescriber and parent/guardian.*

I give my consent for my child’s health care provider and early childhood provider or health/nurse consultant/coordinator to discuss the information on this form for confidential use in meeting my child’s health and educational needs in the early childhood program.	Signature of Parent/Guardian _____ Date _____
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**Part II – Medical Evaluation****Health Care Provider must complete and sign the medical evaluation, physical examination and immunization record.**Child's Name \_\_\_\_\_ Birth Date \_\_\_\_\_ Date of Exam \_\_\_\_\_  
(mm/dd/yyyy) (mm/dd/yyyy) I have reviewed the health history information provided in Part I of this form**Physical Exam****Note:** \*Mandated Screening/Test to be completed by provider.\*HT \_\_\_\_\_ in/cm \_\_\_\_\_ % \*Weight \_\_\_\_\_ lbs. \_\_\_\_\_ oz / \_\_\_\_\_ % BMI \_\_\_\_\_ / \_\_\_\_\_ % \*HC \_\_\_\_\_ in/cm \_\_\_\_\_ % \*Blood Pressure \_\_\_\_\_ / \_\_\_\_\_  
(Birth – 24 months) (Annually at 3 – 5 years)**Screenings**

<b>*Vision Screening</b> <input type="checkbox"/> EPSTD Subjective Screen Completed (Birth to 3 yrs) <input type="checkbox"/> EPSTD Annually at 3 yrs (Early and Periodic Screening, Diagnosis and Treatment) Type: <u>Right</u> <u>Left</u> With glasses              20/              20/ Without glasses          20/              20/ <input type="checkbox"/> Unable to assess <input type="checkbox"/> Referral made to: _____	<b>*Hearing Screening</b> <input type="checkbox"/> EPSTD Subjective Screen Completed (Birth to 4 yrs) <input type="checkbox"/> EPSTD Annually at 4 yrs (Early and Periodic Screening, Diagnosis and Treatment) Type: <u>Right</u> <u>Left</u> <input type="checkbox"/> Pass <input type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> Fail <input type="checkbox"/> Unable to assess <input type="checkbox"/> Referral made to: _____	<b>*Anemia:</b> at 9 to 12 months and 2 years	
		<b>*Hgb/Hct:</b>	<b>*Date</b>
<b>*TB:</b> High-risk group? <input type="checkbox"/> No <input type="checkbox"/> Yes Test done: <input type="checkbox"/> No <input type="checkbox"/> Yes Date: _____ Results: _____ Treatment: _____	<b>*Dental Concerns</b> <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Referral made to: _____ Has this child received dental care in the last 6 months? <input type="checkbox"/> No <input type="checkbox"/> Yes	<b>*Lead:</b> at 1 and 2 years; if no result screen between 25 – 72 months History of Lead level ≥ 5µg/dL <input type="checkbox"/> No <input type="checkbox"/> Yes	
		<b>*Result/Level:</b>	
<b>Other:</b>			

\*Developmental Assessment: (Birth – 5 years)     No     Yes      **Type:****Results:**\*IMMUNIZATIONS     Up to Date or     Catch-up Schedule: **MUST HAVE IMMUNIZATION RECORD ATTACHED****\*Chronic Disease Assessment:**

**Asthma**     No     Yes:     Intermittent     Mild Persistent     Moderate Persistent     Severe Persistent     Exercise induced  
*If yes, please provide a copy of an Asthma Action Plan*  
 Rescue medication required in child care setting:     No     Yes

**Allergies**     No     Yes: \_\_\_\_\_  
Epi Pen required:                       No     Yes  
History/risk of Anaphylaxis:     No     Yes:     Food     Insects     Latex     Medication     Unknown source  
*If yes, please provide a copy of the Emergency Allergy Plan*

**Diabetes**     No     Yes:     Type I     Type II      **Other Chronic Disease:** \_\_\_\_\_

**Seizures**     No     Yes: Type: \_\_\_\_\_

- This child has the following problems which may adversely affect his or her educational experience:  
 Vision     Auditory     Speech/Language     Physical     Emotional/Social     Behavior
- This child has a developmental delay/disability that may require intervention at the program.
- This child has a special health care need which may require intervention at the program, e.g., special diet, long-term/ongoing/daily/emergency medication, history of contagious disease. *Specify:* \_\_\_\_\_
- No     Yes    This child has a medical or emotional illness/disorder that now poses a risk to other children or affects his/her ability to participate safely in the program.
- No     Yes    Based on this comprehensive history and physical examination, this child has maintained his/her level of wellness.
- No     Yes    This child may fully participate in the program.
- No     Yes    This child may fully participate in the program with the following restrictions/adaptation: (Specify reason and restriction.) \_\_\_\_\_
- No     Yes    Is this the child's medical home?     I would like to discuss information in this report with the early childhood provider and/or nurse/health consultant/coordinator.

Signature of health care provider MD / DO / APRN / PA

Date Signed

Printed/Stamped **Provider** Name and Phone Number

# Immunization Record

**To the Health Care Provider: Please complete and initial below.**

Vaccine (Month/Day/Year) \_\_\_\_\_

	Dose 1	Dose 2	Dose 3	Dose 4	Dose 5	Dose 6
DTP/DTaP/DT						
IPV/OPV						
MMR						
Measles						
Mumps						
Rubella						
Hib						
Hepatitis A						
Hepatitis B						
Varicella						
PCV* vaccine					*Pneumococcal conjugate vaccine	
Rotavirus						
MCV**					**Meningococcal conjugate vaccine	
Influenza						
Tdap/Td						

Disease history for varicella (chickenpox) \_\_\_\_\_ (Date) \_\_\_\_\_ (Confirmed by) \_\_\_\_\_

Exemption:    **Religious** \_\_\_\_\_                      **Medical: Permanent** \_\_\_\_\_                      †**Temporary** \_\_\_\_\_                      **Date** \_\_\_\_\_

                    †Recertify Date \_\_\_\_\_                      †Recertify Date \_\_\_\_\_                      †Recertify Date \_\_\_\_\_

## Immunization Requirements for Connecticut Day Care, Family Day Care and Group Day Care Homes

Vaccines	Under 2 months of age	By 3 months of age	By 5 months of age	By 7 months of age	By 16 months of age	16-18 months of age	By 19 months of age	2 years of age (24-35 mos.)	3-5 years of age (36-59 mos.)
<b>DTP/DTaP/DT</b>	None	1 dose	2 doses	3 doses	3 doses	3 doses	4 doses	4 doses	4 doses
<b>Polio</b>	None	1 dose	2 doses	2 doses	2 doses	2 doses	3 doses	3 doses	3 doses
<b>MMR</b>	None	None	None	None	1 dose after 1st birthday <sup>1</sup>	1 dose after 1st birthday <sup>1</sup>	1 dose after 1st birthday <sup>1</sup>	1 dose after 1st birthday <sup>1</sup>	1 dose after 1st birthday <sup>1</sup>
<b>Hep B</b>	None	1 dose	2 doses	2 doses	2 doses	2 doses	3 doses	3 doses	3 doses
<b>HIB</b>	None	1 dose	2 doses	2 or 3 doses depending on vaccine given <sup>3</sup>	1 booster dose after 1st birthday <sup>4</sup>	1 booster dose after 1st birthday <sup>4</sup>	1 booster dose after 1st birthday <sup>4</sup>	1 booster dose after 1st birthday <sup>4</sup>	1 booster dose after 1st birthday <sup>4</sup>
<b>Varicella</b>	None	None	None	None	1 dose after 1st birthday or prior history of disease <sup>1,2</sup>	1 dose after 1st birthday or prior history of disease <sup>1,2</sup>	1 dose after 1st birthday or prior history of disease <sup>1,2</sup>	1 dose after 1st birthday or prior history of disease <sup>1,2</sup>	1 dose after 1st birthday or prior history of disease <sup>1,2</sup>
<b>Pneumococcal Conjugate Vaccine (PCV)</b>	None	1 dose	2 doses	3 doses	1 dose after 1st birthday	1 dose after 1st birthday	1 dose after 1st birthday	1 dose after 1st birthday	1 dose after 1st birthday
<b>Hepatitis A</b>	None	None	None	None	1 dose after 1st birthday <sup>5</sup>	1 dose after 1st birthday <sup>5</sup>	1 dose after 1st birthday <sup>5</sup>	2 doses given 6 months apart <sup>5</sup>	2 doses given 6 months apart <sup>5</sup>
<b>Influenza</b>	None	None	None	1 or 2 doses	1 or 2 doses <sup>6</sup>	1 or 2 doses <sup>6</sup>	1 or 2 doses <sup>6</sup>	1 or 2 doses <sup>6</sup>	1 or 2 doses <sup>6</sup>

1. Laboratory confirmed immunity also acceptable  
 2. Physician diagnosis of disease  
 3. A complete primary series is 2 doses of PRP-OMP (PedvaxHIB) or 3 doses of HbOC (ActHib or Pentacel)  
 4. As a final booster dose if the child completed the primary series before age 12 months. Children who receive the first dose of Hib on or after 12 months of age and before 15 months of age are required to have 2 doses. Children who received the first dose of Hib vaccine on or after 15 months of age are required to have only one dose  
 5. Hepatitis A is required for all children born on or after January 1, 2009  
 6. Two doses in the same flu season are required for children who have not previously received an influenza vaccination, with a single dose required during subsequent seasons

Initial/Signature of health care provider    MD / DO / APRN / PA	Date Signed	Printed/Stamped <b>Provider</b> Name and Phone Number
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**Authorization for the Administration of Medication by School, Child Care, and Youth Camp Personnel**

In Connecticut schools, licensed Child Day Care Centers and Group Day Care Homes, licensed Family Day Care Homes, and licensed Youth Camps administering medications to children shall comply with all requirements regarding the Administration of Medications described in the State Statutes and Regulations. Parents/guardians requesting medication administration to their child shall provide the program with appropriate written authorization(s) and the medication before any medications are administered. Medications must be in the original container and labeled with child's name, name of medication, directions for medication's administration, and date of the prescription.

**Authorized Prescriber's Order (Physician, Dentist, Optometrist, Physician Assistant, Advanced Practice Registered Nurse or Podiatrist):**

Name of Child/Student \_\_\_\_\_ Date of Birth \_\_\_/\_\_\_/\_\_\_ Today's Date \_\_\_/\_\_\_/\_\_\_

Address of Child/Student \_\_\_\_\_ Town \_\_\_\_\_

Medication Name/Generic Name of Drug \_\_\_\_\_ Controlled Drug?  YES  NO

Condition for which drug is being administered: \_\_\_\_\_

Specific Instructions for Medication Administration \_\_\_\_\_

Dosage \_\_\_\_\_ Method/Route \_\_\_\_\_

Time of Administration \_\_\_\_\_ If PRN, frequency \_\_\_\_\_

Medication shall be administered: Start Date: \_\_\_/\_\_\_/\_\_\_ End Date: \_\_\_/\_\_\_/\_\_\_

Relevant Side Effects of Medication \_\_\_\_\_  None Expected

Explain any allergies, reaction to/negative interaction with food or drugs \_\_\_\_\_

Plan of Management for Side Effects \_\_\_\_\_

Prescriber's Name/Title \_\_\_\_\_ Phone Number (\_\_\_\_) \_\_\_\_\_

Prescriber's Address \_\_\_\_\_ Town \_\_\_\_\_

Prescriber's Signature \_\_\_\_\_ Date \_\_\_/\_\_\_/\_\_\_

School Nurse Signature (if applicable) \_\_\_\_\_

**Parent/Guardian Authorization:**

- I request that medication be administered to my child/student as described and directed above
- I hereby request that the above ordered medication be administered by school, child care and youth camp personnel and I give permission for the exchange of information between the prescriber and the school nurse, child care nurse or camp nurse necessary to ensure the safe administration of this medication. I understand that I must supply the school with no more than a three (3) month supply of medication (school only.)
- I have administered at least one dose of the medication with the exception of emergency medications to my child/student without adverse effects. (For child care only)

Parent/Guardian Signature \_\_\_\_\_ Relationship \_\_\_\_\_ Date \_\_\_/\_\_\_/\_\_\_

Parent /Guardian's Address \_\_\_\_\_ Town \_\_\_\_\_ State \_\_\_\_\_

Home Phone # (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Work Phone # (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Cell Phone # (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

**SELF ADMINISTRATION OF MEDICATION AUTHORIZATION/APPROVAL**

Self-administration of medication may be authorized by the prescriber and parent/guardian and must be approved by the school nurse (if applicable) in accordance with board policy. In a school, inhalers for asthma and cartridge injectors for medically-diagnosed allergies, students may self-administer medication with only the written authorization of an authorized prescriber and written authorization from a student's parent or guardian or eligible student.

Prescriber's authorization for self-administration:  YES  NO \_\_\_\_\_  
Signature Date

Parent/Guardian authorization for self-administration:  YES  NO \_\_\_\_\_  
Signature Date

School nurse, if applicable, approval for self-administration:  YES  NO \_\_\_\_\_  
Signature Date

\*\*\*\*\*  
Today's Date \_\_\_\_\_ Printed Name of Individual Receiving Written Authorization and Medication \_\_\_\_\_

Title/Position \_\_\_\_\_ Signature (in ink or electronic) \_\_\_\_\_

**Note: This form is in compliance with Section 10-212a, Section 19a-79-9a, 19a-87b-17 and 19-13-B27a(v.)**