Revised 8/2018

Seaford Baptist Church

1311 Seaford Road, Seaford, VA 23696
757-898-5384

Seaford Early School admits students of any race, color and national or ethnic origin to all of the rights, privileges, programs, and activities generally accorded or made available to students at the school. It does not discriminate on the basis of race, color, national or ethnic origin in administration of its educational policies, admissions policies, scholarship and loan programs and athletic or other school administered programs.

Welcome

We are delighted that you are interested in our preschool program. Our students are special to us. We want their first experiences with school to be a positive foundation on which to build. It is our goal at Seaford Early School to provide a safe learning atmosphere within a Christian environment. We strive to meet the needs of each child physically, socially, academically and spiritually.

Adjusting to Preschool

Children usually adjust quickly to the new environment. Separation anxiety is sometimes heightened because parents linger at arrival time. We encourage parents to escort children to the classroom and promptly exit. If a child is upset at drop-off time, parents are welcome to wait in the glass foyer to ensure the child is comfortable before leaving the school premises. Teachers will comfort and engage the child in classroom activities. Usually this will resolve the child's anxiety.

Arrival & Dismissal

The glass foyer doors will be open for arrival and dismissal. Each child must be signed out at dismissal. Teachers will release children only to their parents or those authorized to pick up. Written permission is required for a child to be released to anyone not listed on the pick-up authorization form (*photo identification is required*). In the event of an emergency telephone the director or church office.

Children Will:

· Learn to play with and respect others, share, use good manners.
· Learn and play in large and small groups and in centers.
· Practice gross motor skills such as running, hopping, climbing, swinging.
· Practice fine motor skills such as writing, puzzles, play-doh, legos.
· Participate in singing each day.
· Be taught letters and numbers through crafts, games and activity pages.
· Be taught weather, calendar skills, colors and shapes.
· Pray and learn about the love, promises, miracles and gifts of God, Jesus, and Holy Spirit.
· Have chapel time once a week with a church pastor.
· Have library time once a week with the church librarian.
· Have extended music time once a week with the preschool director.

Clothing and Possessions

Children should wear comfortable clothing. We go outside whenever possible, so please dress your child accordingly. We ask that each child keeps a change of seasonal clothes in a marked Ziploc bag in his/her backpack. Please do not let your child bring toys from home unless it is for a show-and-tell.

Discipline

Our staff will model and expect respectful behavior. We promote appropriate behavior with positive reinforcement and praise. Privileges may be restricted and, if necessary, a time-out will be used if behavior becomes disruptive. If disruptive behavior continues, we will contact you. If a behavior is too detrimental to our learning environment and/or presents a safety hazard, dismissal may be necessary. Please notify us of any crisis or change at home which could affect your child's behavior. This will help the teacher better meet your child's needs. All information will remain confidential. Our staff is not trained to meet the needs of special education children.

Enrollment Capacities & Requirements

Seaford Early School was issued a conditional permit for the enrollment of 53 children. Our program is open to **potty-trained** children ages 3 and 4 (by September 30). The registration and curriculum fees are due within 7 days after registering your child and are non-refundable. Enrollment will begin in February of each year.

Health and Safety

In order for the welfare of children in our care to be maintained, the following health guidelines are followed at Seaford Early School. Children with any type of infectious illness need to stay home. An infectious illness is defined as any of the following symptoms within the last 24 hours:

- Fever
- Diarrhea or nausea/vomiting
- Head lice (children should remain home until they have been treated and are free of all evidence of head lice and nits)
- Burns
- Persistent cough or sore throat
- Discolored nasal discharge
- Any skin or eye infection
- Symptoms of childhood disease: chicken pox, strep throat, flu, etc.
- Any communicable disease: an infectious disease transmissible by direct contact with an infected individual.

After a physician has determined a child is no longer contagious, especially having been on prescribed medications/antibiotics for at least 24 hours, and the child is feeling well he/she may return to preschool.

If a child becomes ill while at preschool, the parents will be notified. Teachers may not administer any medications to or apply ointment, creams, balms on any child. Parents should inform teacher of any allergies or special conditions a child may have.

Our teachers will make every effort to help children observe good health practices. We will teach hand washing, wearing appropriate clothing outdoors, using tissues for wiping noses and throwing them away afterwards. We will help them develop good toileting habits and hand washing afterwards. Your child will be taught how to use the playground equipment safely and how to use safe behavior within the building. Your support in reinforcing this knowledge is appreciated.

Health Requirements for Staff

Our staff must be certified annually by a practicing physician to be free from any disability which would prevent them from caring for your children. Documentation is on file.

Inclement Weather

In the event of inclement weather, Seaford Early School will follow York County School Division closures. Seaford Early School will open at the regular time when York County Public Schools announces a delay in their schedule. Seaford Early School does not participate in "make up days" due to inclement weather.

Insurance

Seaford Early School is covered by liability insurance.
In addition our preschool has established and implemented procedures for:

- Hand washing by staff and children before eating and after toileting.
- Appropriate supervision of all children during the school day.
- Health evaluation and exclusion of any child who appears ill or to have a contagious condition.
- Ensuring that staff is able to recognize the signs of child abuse and neglect and are knowledgeable of their responsibility to report suspected cases of child abuse and neglect.
- Ensuring that a person trained in child CPR is present at the preschool whenever children are present.
- *Criminal Records Check* and *Sex Offender & Crimes Against Minors Registry* search yearly for each staff member.

Late Pick-Up

The school day ends at 12:15 in the afternoon. If your child is not picked up by 12:30 p.m., a late fee will be charged at the rate of **$8.00** per 15 minutes.

Licensing Criteria

The Code of Virginia, Section 63.1 – 196.3, allows daycare centers operated by religious institutions the opportunity to file for an exemption from licensure by meeting documentation and other requirements specified within the exemption law. The statements below have been prepared and distributed to meet the requirements of the exemption law. If you have any questions or comments, contact the director at 757-898-5384.

Messages

The teacher cannot accept verbal messages from the children. Parents must write a note, speak to, telephone or text the teacher messages.

Physical Facilities

Seaford Early School is located at 1311 Seaford Road in Seaford, Virginia. Our preschool utilizes Family Life Center classrooms, the Family Life Center and Multi-Purpose Room 1. Our playground area is fenced in for child safety.

School Calendar and Holidays
We follow the school calendar of York County School Division most of the time. If the York County School Division is closed for any reason, the preschool is also closed. Our school year begins the Monday after Labor Day and ends the Tuesday before Memorial Day.

School Hours
The preschool day is from 9:15 a.m. to 12:15 p.m., Monday through Thursday.

Snacks/Lunch
A mid-morning snack time is scheduled in your child's school day. We recommend nutritious foods. Foods are not to be shared with classmates. Any foods not eaten will be left in the lunchbox.

Birthdays
Birthdays are celebrated at school. Please see your child's teacher to learn the specific arrangements as each of the classes celebrates in its own way. Please do not send in gifts. Should you wish to invite your child's preschool friends to a private party, please do not ask the teacher to deliver invitations unless the whole class is invited.

Staff Qualifications
Each teacher and assistant should be a Christian and experienced in working with young children. All teachers are required to have a Bachelor's Degree. In lieu of a degree, a high school diploma is required for each assistant.

Transportation
The preschool does not provide transportation anywhere or at any time during the school year.

Tuition
Tuition is determined for the entire year and then divided by the nine months that preschool is in session. Therefore, regardless of the number of weeks per month, the monthly tuition payment remains constant. There is no increase in tuition for longer months or reduction in tuition for shorter months, including those caused by inclement weather/emergency closings.

Tuition checks should be made payable to **Seaford Early School** (not S.E.S.) and are due the first of each month. Any tuition not paid by the 5th of the month will be considered late and a **$20.00** late fee will be added. For a child to continue at the preschool, tuition and late fee must be paid by the end of the month.

*Please note, for any return check there is a **$30.00** return fee, plus the bank fee.

Visitation and Conferences
You are welcome to observe your child's class. Please contact the teacher to arrange a mutually acceptable date and time. If you wish to schedule a conference with the 3-year-old teacher, please contact her. Parent-teacher conferences will be scheduled in January to discuss mid-year evaluations of the students in the 4-year-olds class(es).

Withdrawal
It is expected that a child will attend preschool for the entire school year. When a child must be removed, such as a family move, written notice must be given to the preschool director 30 days prior to withdrawing your child.

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 Parent or Legal Guardian 1: _____ Phone: ____-____-_____ Work or Cell: ____-____-_____

Name of Parent or Legal Guardian 2: _____ 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 injury, concussions		
Asthma or breathing problems			Hearing problems or deafness		
Attention-Deficit/Hyperactivity Disorder			Heart problems		
Behavioral problems			Lead poisoning		
Developmental problems			Muscle problems		
Bladder problem			Seizures		
Bleeding problem			Sickle Cell Disease (not trait)		
Bowel problem			Speech problems		
Cerebral Palsy			Spinal injury		
Cystic fibrosis			Surgery		
Dental problems			Vision problems		

Describe any other important health-related information about your child (for example; feeding tube, hospitalizations, oxygen support, hearing aid, dental appliance, 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: _____/_____/_____

COMMONWEALTH OF VIRGINIA
SCHOOL ENTRANCE HEALTH FORM

Part II - Certification of Immunization

Section I

To be completed by a physician or his designee, registered nurse, or health department official.
See Section II for conditional enrollment and exemptions.

A copy of the immunization record signed or stamped by a physician or designee, registered nurse, or health department official indicating the dates of administration including month, day, and year of the required vaccines shall be acceptable in lieu of recording these dates on this form as long as the record is attached to this form.
Only vaccines marked with an asterisk are currently required for school entry. Form must be signed and dated by the Medical Provider or Health Department Official in the appropriate box.

Student's Name: _____ Date of Birth: ___/___/___
Last *First* *Middle* *Mo. Day Yr.*

IMMUNIZATION	RECORD COMPLETE DATES (month, day, year) OF VACCINE DOSES GIVEN				
*Diphtheria, Tetanus, Pertussis (DTP, DTaP)	1	2	3	4	5
*Diphtheria, Tetanus (DT) or Td (given after 7 years of age)	1	2	3	4	5
*Tdap booster (6th grade entry)	1				
*Poliomyelitis (IPV, OPV)	1	2	3	4	
*Haemophilus influenzae Type b (Hib conjugate) *only for children <60 months of age	1	2	3	4	
*Pneumococcal (PCV conjugate) *only for children <60 months of age	1	2	3	4	
Measles, Mumps, Rubella (MMR vaccine)	1	2			
*Measles (Rubeola)	1	2	Serological Confirmation of Measles Immunity:		
*Rubella	1		Serological Confirmation of Rubella Immunity:		
*Mumps	1	2			
*Hepatitis B Vaccine (HBV) ☐ Merck adult formulation used	1	2	3		
*Varicella Vaccine	1	2	Date of Varicella Disease OR Serological Confirmation of Varicella Immunity:		
Hepatitis A Vaccine	1	2			
Meningococcal Vaccine	1				
Human Papillomavirus Vaccine	1	2	3		
Other	1	2	3	4	5
Other	1	2	3	4	5

I certify that this child is **ADEQUATELY OR AGE APPROPRIATELY IMMUNIZED** in accordance with the MINIMUM requirements for attending school, child care or preschool prescribed by the State Board of Health's *Regulations for the Immunization of School Children* (Reference Section III).

Signature of Medical Provider or Health Department Official: _____ **Date (*Mo., Day, Yr.*):** ___/___/____

Student's Name: _____ Date of Birth: |___|___|___|

Section II
Conditional Enrollment and Exemptions

Complete the medical exemption or conditional enrollment section as appropriate to include signature and date.

MEDICAL EXEMPTION: As specified in the *Code of Virginia* § 22.1-271.2, C (ii), I certify that administration of the vaccine(s) designated below would be detrimental to this student's health. The vaccine(s) is (are) specifically contraindicated because (please specify):

_____

_____

_____.

DTP/DTaP/Tdap:[___]; DT/Td:[___]; OPV/IPV:[___]; Hib:[___]; Pneum:[___]; Measles:[___]; Rubella:[___]; Mumps:[___]; HBV:[___]; Varicella:[___]

This contraindication is permanent: [___], or temporary [___] and expected to preclude immunizations until: Date (*Mo., Day, Yr.*): |___|___|___|.

Signature of Medical Provider or Health Department Official: _____ **Date (*Mo., Day, Yr.*):**|___|___|___|

RELIGIOUS EXEMPTION: The *Code of Virginia* allows a child an exemption from receiving immunizations required for school attendance if the student or the student's parent/guardian submits an affidavit to the school's admitting official stating that the administration of immunizing agents conflicts with the student's religious tenets or practices. Any student entering school must submit this affidavit on a CERTIFICATE OF RELIGIOUS EXEMPTION (Form CRE-1), which may be obtained at any local health department, school division superintendent's office or local department of social services. Ref. *Code of Virginia* § 22.1-271.2, C (i).

CONDITIONAL ENROLLMENT: As specified in the *Code of Virginia* § 22.1-271.2, B, I certify that this child has received at least one dose of each of the vaccines required by the State Board of Health for attending school and that this child has a plan for the completion of his/her requirements within the next 90 calendar days. Next immunization due on _____.

Signature of Medical Provider or Health Department Official: _____ **Date (*Mo., Day, Yr.*):**|___|___|___|

Section III
Requirements

For Minimum Immunization Requirements for Entry into School and Day Care, consult the Division of Immunization web site at http://www.vdh.virginia.gov/epidemiology/immunization

Children shall be immunized in accordance with the Immunization Schedule developed and published by the Centers for Disease Control (CDC), Advisory Committee on Immunization Practices (ACIP), the American Academy of Pediatrics (AAP), and the American Academy of Family Physicians (AAFP), otherwise known as ACIP recommendations (Ref. *Code of Virginia* § 32.1-46(a)).
(Requirements are subject to change.)

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

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	☐	☐	☐

TB Screening: ☐ **No risk for TB infection identified** ☐ **No symptoms compatible with active TB disease**
☐ **Risk for TB infection or symptoms identified**
Test for TB Infection: TST IGRA Date:_____ TST Reading ____mm TST/IGRA Result: ☐ **Positive** ☐ **Negative**
CXR required if positive test for TB infection or TB symptoms. CXR Date: _____ ☐ **Normal** ☐ **Abnormal**

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 ☐ epinephrine auto-injector ☐ 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) ☐ **By checking this box, I certify with an electronic signature that all of the information entered above is accurate (enter name and date on signature and date lines below).**

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

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

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

Religiously Exempt Child Day Center
Program Decision to Not Administer Prescription Medications

My program has made the following decision regarding the administration of medications to a child in my program: (Check one)

☒ I (or my staff) **WILL NOT** administer any medications – prescription or non-prescription medication (non-prescription medications include, but are not limited to, Tylenol, cough syrup, diaper ointment, sunscreen, and topical insect repellants).

☐ I (or my staff) will administer **ONLY** non-prescription medications (non-prescription medications include, but are not limited to, Tylenol, cough syrup, diaper ointment, sunscreen, and topical insect repellants).

Provider and the parent of each enrolled child must sign below. The provider must maintain a copy of this form in each child's individual record.

Provider's Name (please print): Deborah Wiggins	Facility Name: Seaford Early School
Provider's Signature: Deborah Wiggins	Date:
Parent or Guardian Signature:	Date:

Confidentiality Statement

Information about any child in my program is confidential and will not be given to anyone except VDSS' designees or other persons authorized by law unless the child's parent or guardian gives written permission. Information about a child in my program will be given to the local department of social services if the child received a day care subsidy or if the child has been named in a report of suspected child abuse or maltreatment or as otherwise allowed by law.

Rehabilitation Act of 1973

I understand that if my program receives any federal funding (such as child care subsidy from a local department of social services), I am subject to Section 504 of the Rehabilitation Act of 1973 which is similar to the provisions of the Americans with Disabilities Act. If a child enrolled in my program now or in the future is identified as having a disability covered under the Rehabilitation Act, I will assess the ability of the program to meet the needs of the child. For further information on the Rehabilitation Act seek legal counsel and/or go to the following website: http://www.dol.gov/oasam/regs/statutes/sec504.htm

Provider Statement

I understand that it is my responsibility to follow my *Program's Decision Regarding Medication* plan and all health, infection control, and medication administration regulations applicable to my child day program. The Program Decision Regarding Medication plan will be made available to parents at enrollment, whenever changes are made, and upon request.