



## Welcome to Country Home

Dear Parents,

In order to provide better quality care for your child, the following information is provided to assist you in your daily routine:

1. **PICK-UP and DROP-OFF:** Please use the PIN pads to sign your child in and out daily. ALWAYS accompany your child to and from your child's assigned classroom. This provides a safe, smooth transition for you and your child. We will ONLY release your child to you or to a person whom you have authorized in writing. We do not recommend giving your PIN number to anyone. If someone else needs to pick up they can use our SIGN IN & OUT BOOK.
2. **TUITION:** Tuition is due every two weeks in ADVANCE. Please deposit all Checks in our tuition box at the front desk by TUESDAY closing or it will be considered past due, and a \$35.00 late fee will be assessed. An additional \$25.00 charge will be assessed for each additional week payment is late. All returned checks will have a \$30.00 returned check fee.
3. **RECEIPTS:** Receipts for tuition payments are given upon request. Please check with the front desk on a regular basis to assure that your account is kept current. End of the year Tax forms are given upon request at the end of January as long as your account is up to date.
4. **MEDICATION:** Medication is ONLY given when it is signed in at the front desk, and in its original container. It must be prescription medication or be accompanied with doctor's written instructions. Medication is only given once in the morning and once in the afternoon and only by the Front Office staff. All medications must be left at the front desk.  
**ABSOLUTELY NO MEDICATION IS ALLOWED IN THE CLASSROOM OR DIAPER BAG.**
5. **FIELD TRIPS:** Country Home yellow T-shirts are required for all field trips and can be purchased at the front desk. **NO CHILD WILL BE ABLE TO ATTEND A FIELD TRIP WITHOUT A YELLOW COUNTRY HOME T-SHIRT.**
6. **AFTERSCHOOL CARE:** Parents must call Country Home if your child will not need to be picked up from Public School. If parent fails to notify Country Home a \$10.00 inconvenience fee will be charged.
7. **INFANT/TODDLER:** Due to Health Regulations your child's bottles must be already mixed. Teachers will not be able to mix bottles. Once your child moves into a Toddler class they are required to wear shoes and Due to safety reasons we are no longer able to warm your child's bottle, but it can be set out to get room temperature.

Please take the time to read the brochure, tuition schedules, newsletters and occasional notices posted on the front door, in order to familiarize yourself with various other policies and procedures of Country Home.

Thank you for your cooperation in following the above procedures.

Country Home Learning Center



## Enrollment Information

Start Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

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

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

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

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

Sex: Male \_\_\_ Female \_\_\_

Father's Name: \_\_\_\_\_

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

Father's Soc. Sec. # \_\_\_\_ - \_\_\_\_ - \_\_\_\_ /DL# \_\_\_\_\_

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

Business Address: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Home Address (if different from child's): \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Mother's Name: \_\_\_\_\_

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

Mother's Soc. Sec. # \_\_\_\_ - \_\_\_\_ - \_\_\_\_ /DL# \_\_\_\_\_

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

Business Address: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Home Address (if different from child's): \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Child's Elementary School: \_\_\_\_\_ School Phone: \_\_\_\_\_

Brothers and Sisters (Names and Ages): \_\_\_\_\_

How did you hear about Country Home?: \_\_\_\_\_

**List the Name, address, & phone number of person to call in case of an EMERGENCY if Parents cannot be reached:**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Address: \_\_\_\_\_

### General Health Information:

Does your child have asthma? Yes \_\_\_ No \_\_\_ City \_\_\_\_\_ State/Zip \_\_\_\_\_

Does your child have epilepsy? Yes \_\_\_ No \_\_\_ \_\_\_\_\_

Does your child have febrile (fever) seizures? Yes \_\_\_ No \_\_\_ Phone Number \_\_\_\_\_

Does your child currently have any other illnesses? Yes \_\_\_ No \_\_\_

If yes, please describe: \_\_\_\_\_

Medicines your child uses on a continuous, long-term basis: \_\_\_\_\_

Previous serious illnesses and injuries: \_\_\_\_\_

Hospitalization during the past 12 months: \_\_\_\_\_

Other medical or surgical information: \_\_\_\_\_

Parent or Guardian

Date



## Enrollment Information

**CHILD'S NAME:** \_\_\_\_\_ **CHILD'S BIRTHDATE:** \_\_\_\_/\_\_\_\_/\_\_\_\_

Personal Information: The following questions are included to assist us in making your child feel more comfortable and confident in his/her new school environment.

**DIAGNOSED ALLERGIES:** \_\_\_\_\_

**FOOD RESTRICTIONS/INTOLERANCES:** \_\_\_\_\_

**NORMAL SCHEDULE** (eating, toileting napping) \_\_\_\_\_

**SPECIAL INTERESTS:** \_\_\_\_\_

**UNUSUAL LIKES/DISLIKES:** \_\_\_\_\_

**PHYSICAL CONDITIONS OR SPECIAL NEEDS REQUIRING ATTENTION OR ACCOMMODATION**  
(physical or mental disabilities, hearing or visual problems, etc.):

If so, what accommodations, if any, will be necessary? \_\_\_\_\_

**WHAT DO YOU FEEL ARE YOUR CHILD'S SPECIAL ABILITIES AND ACCOMPLISHMENTS:**

**WHAT CONCERNS DO YOU HAVE ABOUT YOUR CHILD IN HIS/HER ADJUSTMENT TO SCHOOL:**

**IN WHAT WAYS WOULD YOU LIKE TO SEE OUR PROGRAM HELP YOUR CHILD:** \_\_\_\_\_

**THE FOLLOWING INDIVIDUALS ARE AUTHORIZED TO PICK-UP MY CHILD:**

Parent: \_\_\_\_\_ Parent: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

\_\_\_\_\_  
**Parent or Guardian**

\_\_\_\_\_  
**Date**



## Enrollment Information

### PARENT'S AGREEMENT:

I understand the hours of the program for which I have registered my child and agree to adhere to them promptly. I also understand that I must escort my child into the building and leave him/her in the care of a staff member. The staff will release the child only to the parents or to the persons designated.

I further agree to read the school guidelines when received and to adhere to those guidelines as stated. I acknowledge that I understand and have received a copy of the school's current prices and payment policies, including but not limited to the following policies:

- (a) All registration fees, activity fees and tuition are non-refundable in whole or in part
- (b) Because my child's spot is reserved, I am responsible for payment of tuition even if my child is absent due to sickness, vacation or any other reason
- (c) I may take up to 2 weeks (as a block of 5 consecutive days each) vacation credit (non-cumulative from year to year) without obligation for tuition if my child has been enrolled for 12 consecutive months on a continuing basis, and provided that I give the school 2 weeks notice of the vacation.
- (d) Late fees are charged for late payments and pick-ups

The Director and staff are available for individual conferences concerning your child's adjustment to and progress in the school program. If any special problems arise in the school affecting your child, such occurrences will be promptly brought to your attention.

In the event of withdrawal from the program, 2 weeks withdrawal notice is required; your regular tuition charges continue during this 2 week notice period. A student may not be re-enrolled for a period of 4 weeks following withdrawal unless payment of tuition is made for the intervening 4 week period. A new registration fee will be due upon re-enrollment.

\_\_\_\_\_  
Parent or Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Director

\_\_\_\_\_  
Date



## Electronic Funds Transfer Authorization – “Rapid Tuition”

I authorize Country Home Learning Center to initiate either an electronic debit or create and process a demand draft against my Checking or Savings Account. I authorize Country Home Learning Center to withdraw sufficient funds to pay my regular childcare fees that are due and payable. I authorize Country Home Learning Center to use the third party sender, Rapid Tuition, to process all payments. I acknowledge that the origination of ACH transactions to my account must comply with the provisioning of United States law. If my payment is returned unpaid, I also authorize you to collect the Returned Item Fee (NSF Fee) of \$30 by presenting a demand draft against my account or by making a one-time electronic fund transfer from my account.

|  |                        |                  |
|--|------------------------|------------------|
| <b>Your name:</b>  |                        | <b>Phone:</b>    |
| <b>Child's name:</b>   |                        |                  |
| <b>Address:</b>  |                        |                  |
| <b>City:</b>   | <b>State:</b>          | <b>Zip Code:</b> |
| <b>Bank/Credit Union Name:</b>   |                        |                  |
| <b>Bank/Credit Union Address:</b>  |                        |                  |
| <b>City:</b>   | <b>State:</b>          | <b>Zip Code:</b> |
| <b>Bank Account Type:</b> <input type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> Business Checking  |                        |                  |
| <b>Routing Number:</b>   | <b>Account Number:</b> |                  |
| <b>Email address for notification of amount:</b>   |                        |                  |
| <b>Withdrawal amount to be no greater than my child(ren)'s two-week tuition rate, plus any associated, set fees.</b>   |                        |                  |
| This authorization will remain in full force and effect until I notify Country Home Learning Center in writing of its termination. Notification must be received 10 business days in advance of termination date to permit Rapid Tuition and your Bank reasonable time to act upon it. |                        |                  |
| <b>Signature:</b>  |                        | <b>Date:</b>     |
| <b>Printed Name:</b>   |                        |                  |
| <b>PLEASE KEEP A COPY OF THIS AUTHORIZATION FOR YOUR RECORDS</b>   |                        |                  |

***\*\*\*Please attach a copy of a voided check – deposit slips are not accepted***

Processed by Bookkeeper \_\_\_/\_\_\_/\_\_\_



## Release and Waiver

We at Country Home have established the safety and care of your child as our greatest priority in the implementation of our program. Through the design of our facility and playgrounds, and the instruction of our staff, we have attempted to minimize the risk of injury to your child during the course of the day. It is the belief of Country Home that field trips and extra-curricular activities conducted off-premise comprise an important and valuable opportunity to increase your child's learning experience. In this regard, we offer participation to the older children in certain activities at Adventure Quest, including horse back riding, which they might not otherwise experience. During our Summer Camp, we also include additional activities such as bowling, roller skating and swimming. Even the most watchful eye, however, cannot prevent the occasional and unforeseeable incidents which may occur among children at play, particularly outside the controlled and restricted environment of our school premises.

While we always make every effort to ensure your child's safety during these activities, we are unable to assume responsibility for any risks assumed as a result of the activities being conducted on-premise or off-premise. We must, therefore, obtain a release of liability with respect to those activities engaged in by your child during their enrollment with Country Home Learning Center, including transportation to and from school and the various activities.

If you do not wish to have your child participate in all of these activities or need further information or explanation regarding any given activity, please inform the Director.

### Release and Waiver

\_\_\_\_\_ (student's name) is enrolled as a student in Country Home Learning Center (the "program"). I understand that this program will consist of activities within the school, including use of the Indoor and Outdoor Playgrounds, Water Park and Splash Deck, as well as a variety of off-premise activities, including, but not limited to, occasional swimming, roller skating, bowling, field trips (including horse back riding, petting zoo, inflatable water slides, hiking and other daily activities at Adventure Quest) and transportation for such trips. The program also consists of transporting elementary students to and from their respective schools by school bus or private vehicle. I further understand that there are certain risks and dangers inherent in engaging in each of these activities, particularly with respect to any equine activity at Adventure Quest due to the unpredictability of any animal. The undersigned as parents/guardians of, and on behalf of, the above named student, hereby release and agree to hold Country Home Learning Center, its employees, affiliates and agents harmless from any and all claims, demands, suits, liabilities and damages arising out of the activities comprising the program, including claims of negligence (Other than as may be attributable to the gross negligence of Country Home), including, but not limited to, any and all physical injury and/or emotional distress arising therefrom.

### Warning

Under Texas law (chapter 87, Civil Practice and Remedies Rode), a farm animal professional is not liable for an injury to or the death of a participant in farm animal activities resulting from the inherent risks of farm animal activities.

Date: \_\_\_\_\_ Parent/Guardian Signature: \_\_\_\_\_

In the event that I cannot be reached to make arrangements for emergency medical treatment at the time of illness or accident, I hereby authorize the Country Home Learning Center to take \_\_\_\_\_, my child, to the physician listed below for medical attention on my behalf.

Doctor's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

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

If the above physician is not available, the staff may secure medical attention from any other licensed physician at a hospital emergency room.

Date: \_\_\_\_\_ Parent/Guardian Signature: \_\_\_\_\_



**Parent's Acknowledgement for receipt of  
Country Home Learning Center  
Operational Policies & Procedures  
(dated 04/26/2019)**

|                                 |
|---------------------------------|
| <hr/> <p>Student's Name</p>     |
| <hr/> <p>Parent's Signature</p> |
| <hr/> <p>Date</p>               |



# Immunization Request Form

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

Birthdate: \_\_\_\_\_

\_\_\_\_\_ OPV #1 (2 months)

\_\_\_\_\_ MMR #1 (1+ year)

\_\_\_\_\_ OPV #2 (4 months)

\_\_\_\_\_ MMR #2 (4 + years)

\_\_\_\_\_ OPV #3 (by 1 year)

\_\_\_\_\_ OPV Booster (4+ years)

\_\_\_\_\_ Hib #1 (2 months)

\_\_\_\_\_ Hib #2 (4 months)

\_\_\_\_\_ DPT #1 (2 months)

\_\_\_\_\_ Hib #3 (12 months +)

\_\_\_\_\_ DPT #2 (4 months)

OR

\_\_\_\_\_ DPT #3 (6 months)

\_\_\_\_\_ Hib (on or after 15 mths; if none above met)

\_\_\_\_\_ DPT #4 (15 months)

\_\_\_\_\_ Varicella (at 16 mths)

\_\_\_\_\_ Hep B #1

\_\_\_\_\_ Physician Statement

\_\_\_\_\_ Hep B #2

\_\_\_\_\_ Hearing screening (at 4 & 5 years)

\_\_\_\_\_ Hep B #3

\_\_\_\_\_ Vision screening (at 4 & 5 years)

\_\_\_\_\_ Hep A #1

\_\_\_\_\_ PCV/PPV #1

\_\_\_\_\_ PCV/PPV #2

\_\_\_\_\_ Hep A #2

\_\_\_\_\_ PCV/PPV #3

\_\_\_\_\_ PCV/PPV #4

Physician's Signature or Stamp: \_\_\_\_\_

### Hearing:

### Mandatory for all 4 year olds

| Hz | 500 | 1000 | 2000 | 4000 |
|----|-----|------|------|------|
| R  |     |      |      |      |
| L  |     |      |      |      |

Pass: \_\_\_\_\_ Fail: \_\_\_\_\_

Examiner's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Vision: R/20 \_\_\_\_\_ L/20 \_\_\_\_\_

Pass: \_\_\_\_\_ Fail: \_\_\_\_\_

### Physician's Statement

\_\_\_\_\_ has been examined by me and found to be free of all contagious diseases, and is physically able to participate in all school activities. Restrictions and recommendations (if any): \_\_\_\_\_

Height: \_\_\_\_\_

Weight: \_\_\_\_\_

Physician's Signature: \_\_\_\_\_

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





## Parent Notification of Custody Issues

We cannot legally prevent a child from being picked up by a parent or person designated by a parent. If parents are legally separated or divorced, we cannot restrict the days or times either parent picks up their child/children. Parents must be responsible to adhere to their custody agreement and/or decide between themselves which days and times each of them will pick up their child/children. Country Home Learning Center is legally obligated to release the child/children to their parent.

If a parent has no legal right to pick up their child, or has a restraining order in effect, the school **MUST HAVE A COPY OF THE COURT ORDER** stating such on file. Otherwise, either parent may check the child out of the school with proper identification.

I have read the above statement regarding pick up/custody issues of legally separated or divorced parents. This form should be signed regardless of your marital status. Your signature simply states that you understand Country Home Learning Center policy regarding custody issues.

Student Name(s) \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_

Date \_\_\_\_\_



## Photography and Videotaping Release

Student name: \_\_\_\_\_

From time to time Country Home Learning Center or its subsidiaries, parents, guardians, or relatives of other children enrolled in our Center, as well as the news media, may videotape or photograph your child and/or their class.

By signing my name on this document, I hereby acknowledge and agree:

- That Country Home Learning Center or its subsidiaries have my permission to allow the recording of my child's likeness or image on videotape or photograph for future use.
- That Country Home Learning Center and its subsidiaries are under no obligation to provide notification prior to my child's participation in activities which may result in such photography or videotaping.
- That Country Home Learning Center and its subsidiaries are under no obligation to provide notification prior to the use of such photography or videotaping.
- That I and/or my child will receive no financial or in-kind compensation for the use of my child's likeness or image by Country Home Learning Center or its subsidiaries, parents, guardians, or relatives of other children enrolled in Country Home Learning Center, as well as the news media.
- This authorization in no way guarantees that my child's likeness or image will be used.

**If I do not wish for my child's likeness or image to be used according to such above-stated conditions, I acknowledge and agree that I will provide the Director with written notification of such intent, prior to my child's enrollment within Country Home Learning Center, or at a later date if the need should arise.**

I hereby authorize my child to participate in activities which may be videotaped or photographed, and acknowledge my understanding and agreement to the terms and conditions stated within this document.

\_\_\_\_\_  
Parent's/Legal Guardian's Signature

\_\_\_\_\_  
Date



Dear Parents,

Due to the increasing number of severe allergic reactions to peanut butter and peanut butter products among preschool children, Country Home Learning Center will be eliminating peanut butter from our centers. It has been documented that severely allergic children can react simply to the smell of peanut butter, without even ingesting it.

Since there may be children in our care who have or may develop an allergic reaction to peanut butter, we feel the presence of peanut butter is not worth the risk to our children's health.

We ask that parents support our effort in keeping Country Home a peanut free environment for the sake of all our children and we appreciate your cooperation in sending non-peanut butter snack and party treats in the future.

Thank you for helping us keep our children safe and healthy!

Country Home Learning Center





Dear Parents,

We encourage parents to apply Sunscreen/Insect Repellant at home, if so desired. In the event that a parent is unable to apply Sunscreen/Insect Repellant at home and upon parent request, Country Home Learning Center is willing to apply Sunscreen/Insect Repellant for you. Having signed our acknowledgement below, in order to have Sunscreen/Insect Repellant applied you will simply need to bring in your Sunscreen/insect Repellant labeled with your child's full name.

Please be sure to notify your child's teacher of your request to apply Sunscreen/Insect Repellant. The Sunscreen/Insect Repellant must be physically handed to the caregiver and not simply left in the child's cubby or bag.

Texas Department of Family Protective Services required your signature acknowledging your awareness of this policy. Your signature below authorizes Country Home Learning Center to apply Sunscreen or Insect Repellant on your child upon request.

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

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

\_\_\_\_\_  
Date

Thank You for your attention to this matter!

Country Home Learning Center



## Request for Identification Numbers

“PIN” numbers must contain 4 numbers, and may not duplicate any “PIN” numbers within the system. You are limited to only two Parent/Guardian “PIN” numbers.

Parent/Guardian Name \_\_\_\_\_ PIN \_\_\_\_\_

Parent/Guardian Name \_\_\_\_\_ PIN \_\_\_\_\_

In the event one of your requested numbers has already been assigned, please note a phone number where we may contact you for an alternative identification number.

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

**The sooner you return this form, the better your chance of getting the number's you requested!!**

### Technology Fee

A required \$11 Technology Fee will be assessed once a month to all children in the 3-year-old, 4-year-old, and Excel classes. This fee includes an individual ABCMouse.com account for each child that can be accessed at Country Home, as well as away from school. The fee also includes the use of on-site iPads and an Interactive Whiteboard during your child's scheduled class rotations. You will be provided an activation letter with information about how to logon to ABCMouse.com shortly after enrolling. We are excited about our technology features, and if you have any further questions please do not hesitate to ask the director.

In order to print your activation letter, please provide the following:

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

Child's Birthday: \_\_\_\_\_

Child's Gender: \_\_\_\_\_

Parent/Guardian Email: \_\_\_\_\_



## Infant Parent Information

- Bottles:** Bottle must be prepared ahead of time. Please mark both the top and bottom half of the bottle itself with the child's first name and last initial.
- Pacifiers:** If the child uses a pacifier, please mark with the child's initials. We will store them in a container when not in use. Please do not attach a plush pacifier holder, these are considered stuffed toys and are not allowed in cribs per TDFPS.
- Baby Food:** Mark boxes, jars and containers with the child's first name and last initial. Parents will be asked to complete/update the infant feeding schedule each month.
- Bibs:** Please provide 2-3 bibs each day with your child's first name and last initial marked on the back. Dirty bibs will be sent home daily to be laundered.
- Blankets:** You may provide a sleep sack or wearable blanket as an alternative to loose blankets. TDFPS does not allow loose bedding such as blankets, sleep positioning devices, stuffed toys, quilts, pillows, bumper pads or comforters for children younger than 12 months of age. Please mark the sleep sack or wearable blanket with the child's first name and last initial. Items will be sent home every Friday or as needed.
- Crib Sheets:** Country Home provides crib sheets. Sheets are laundered at Country Home every Friday or as needed.
- Spare Clothes:** Please mark the spare clothing with the child's first name and last initial. Clothes may be stored in the child's cubby or diaper bag. Plastic bags are not allowed in the classroom.
- Diapers And Wipes:** Please mark wipe container with child's first name and last initial. We will individually mark the diapers with the child's initials. We will indicate when the supplies are getting low on the child's daily report.

Thank You,

The Infant Room Staff  
Country Home Learning Center



## Infant Feeding Schedule

Dear Parents,

Please fill out the information below so that we can have a record of the daily schedule your child usually follows.

Baby's Name \_\_\_\_\_ Birth Date \_\_\_\_\_

Breast Milk \_\_\_\_\_ Formula \_\_\_\_\_ Name of Formula \_\_\_\_\_

On Demand Yes \_\_\_\_\_ No \_\_\_\_\_ Warm \_\_\_\_\_ Cold \_\_\_\_\_

Bottle Feedings (note times and amount): \_\_\_\_\_

\_\_\_\_\_

Pacifier Yes \_\_\_\_\_ No \_\_\_\_\_

Solid feedings: (cereal, fruits, veggies, other....)

\_\_\_\_\_

\_\_\_\_\_

| Breakfast time _____<br>Note amounts _____ | Lunch time _____<br>Note amounts _____ | Snack times _____<br>Note amounts _____ |
|--|--|---|
|  |  |   |
|  |  |   |
|  |  |   |
|  |  |   |

Usual nap times: \_\_\_\_\_

**ALLERGIES:** \_\_\_\_\_

***For the safety of the babies, any Milk/Formula left behind will be thrown out at the end of the day unless the bottles are dated.***

Picked up by whom: \_\_\_\_\_

Time of usual pick up: \_\_\_\_\_

Thank you for helping us

\_\_\_\_\_  
Parent's Signature

\_\_\_\_\_  
Date





## Toddler Parent Information

### Training

Cups: Training Cups will be provided by Country Home. Each cup will be marked with the child's name and will be washed/sanitized after each use.

Pacifiers: If the child uses a pacifier, please mark with the child's initials. We will store them in a container when not in use.

Bibs: Please provide 2-3 bibs each day with your child's first name and last initial marked on the back. Dirty bibs will be sent home daily to be laundered.

Naptime: You may provide a lightweight blanket, small pillow, and sleeping buddy for naptime only. A crib sheet is optional, but may be included. Please label all items with the child's name. Naptime supplies will be sent home every Friday or as needed.

### Spare

Clothes: Please mark the spare clothing with the child's first name and last initial. Clothes may be stored in the child's cubby or bag. Plastic bags are not allowed in the classroom.

### Diapers

And Wipes: Please mark wipe container with child's first name and last initial. We will individually mark the diapers with the child's initials. We will indicate when the supplies are getting low on the child's daily report.

Thank You,

The Toddler Room Staff  
Country Home Learning Center



Dear Parents,

Country Home Learning Center offers a highly successful Excel program that incorporates a truly accelerated environment, degreed and/or CDA certified teachers and exceptionally small classes. The Country Home Excel Program is accredited by AdvancEd and aligned with state standards for public school kindergarten. With only 15 students per class, our Country Home Excel Program is almost one-half the size of most public school Kindergarten classes! In addition to all of our extra-curricular activities, our Excel students enjoy various educational and fun field trips. They are also introduced to reading and 1st grade math during the second semester.

At Country Home we offer a distinctly innovative environment for our children. We do not limit our program to one teaching venue or method, but rather provide a virtual banquet of educational choices. Our wonderful facility affords us the opportunity to leave our classroom each day and explore various themed rooms (specialized areas). Each area encompasses unique opportunities and equipment for challenging “hands-on” learning and fun exploration into the world of science, math, computers, language development, dramatic and creative arts. Our Excel students spend fun-filled educational days on the move participating in activities that stimulate their creativity and spur their imagination!

Since our students have lots of planned activities, we know communication with our parents is important. Age-specific Monthly Highlights showcase selected weekly curriculum activities. School-wide monthly newsletters notify parents of special events and other important information. Country Home Report Cards (four times per year) and regularly-scheduled parent/teacher conferences focusing on our Excel Program’s Developmental Checklist help recognize and celebrate each child’s accomplishments. Our annual holiday Open House brings school and families together for a very special evening!

**Our 5 Year Old/Excel program includes the following areas:**

- Language Arts
- Mathematics
- Science and Geography
- Social Studies
- Creative Arts
- Music and Creative Movement
- Practical Life Skills
- Reading and Phonics
- Computers
- Writing
- Spanish
- Dramatic Activities
- Physical Fitness and Gym
- Positive Self-Concept and Social Development Activities

**In addition, every month we focus on one of the following special Value Themes to assist in the character development of our young students:**

- Confidence
- Friendship
- Self Control
- Understanding
- Politeness
- Thankfulness
- Kindness
- Love and Joy
- Compassion
- Fairness
- Responsibility
- Caring and Sharing

**Our 5 Year Old/Excel classroom is designed with the following specialized learning centers that provide unlimited educational opportunities through self-directed exploration and learning:**

- Literature Center
- Math Concepts
- Sensorial
- Dramatic Play
- Puzzles and Games
- Writing and Creative Arts
- Science and Discovery
- Construction
- Music and Movement

Through all of our varied Excel activities we emphasize our most important objective: to provide our students with many opportunities to succeed every day. Their success encourages self-confidence and a high self-esteem which facilitates the learning process. We provide both an accelerated curriculum and a positive, creative learning environment for our Excel classes!

We encourage you to observe our Excel class. Please feel free to contact the Director and Excel teacher regarding our program. Our classes are small, so please be sure to register early!

Sincerely,

Country Home Learning Center



## Medical Waiver

My child \_\_\_\_\_ has his/her immunization records. TB  
tine skin test record, hearing and vision screenings on file at his/her elementary school.

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

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

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

Parent's signature: \_\_\_\_\_

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



## Afterschool Transportation Authorization

I, the undersigned parent, hereby authorize Country Home Learning Center to transport my child, \_\_\_\_\_

From (to) \_\_\_\_\_ Elementary School

To (from) Country Home Learning Center Before/After School Care.

Grade: \_\_\_\_\_

Will your child ride the Country Home bus in the morning to school?

Yes \_\_\_\_\_ No \_\_\_\_\_

\_\_\_\_\_  
Parent's Signature

In order to ensure a smooth transition during the first week of the new school year, it is very important that we know which children will require our transportation to Country Home. Some parents wish to provide transportation the first few days of school, which can lead to confusion if we are also planning to pick up your child.

The following is for the first week of school only. Please check which days Country Home is to transport your child from their school to our center.

I request Country Home Learning Center to pick my child up from his/her elementary school on the following days during the **FIRST WEEK** of school.

Monday

Tuesday

Wednesday

Thursday

Friday

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



**Attention Parents of all Afterschool Children**

**\*\*\*\*\*Important Reminder\*\*\*\*\***

Dear Parents,

If you intend to pick up your child from his/her elementary school on any given day, please remember to contact Country Home ahead of time. Our bus/van drivers will not leave the school until ALL children are accounted for each day. While you may know where your child is, neither your elementary school nor Country Home may be aware of your plans. It can be a difficult process to determine your child's whereabouts once the school day is over, especially if we are unable to reach you by phone. By advising us ahead of time, you will prevent a great deal of confusion for everyone concerned.

If a parent fails to notify Country Home of their child's absence, a \$10 fee will be charged to your account for each occurrence.

Please pick up a Country Home I.D. tag for your child to wear daily.

Thank you for your help and your understanding.

Country Home Learning Center



## Parent Orientation Checklist

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

Birth Date \_\_\_\_\_ Start Date \_\_\_\_\_

Parent/Guardian Names(s) \_\_\_\_\_

### Please check each of the following items:

- \_\_\_\_ Overview of Program Philosophy and Curriculum Goals
- \_\_\_\_ Tour of Facility
- \_\_\_\_ Introduction to Teaching Staff
- \_\_\_\_ Parent visit with the Classroom Teacher (extended visit by parent or child is available)
- \_\_\_\_ Parent Handbook Received
- \_\_\_\_ Discussion of Families Expectations and the Needs of the Child
- \_\_\_\_ Overview of Available Family Support Resources and Activities
- \_\_\_\_ Overview of Accreditations: AdvancEd, TRS, NAC (where applicable)
- \_\_\_\_ Encouraged to inform the center of any element related to their CCS enrollment (if applicable)
- \_\_\_\_ Acknowledgment of Open Door Policy
- \_\_\_\_ Enrollment Information pg1-2 Complete
- \_\_\_\_ Release and Waiver Complete
- \_\_\_\_ Parents Agreement Signed and Dated
- \_\_\_\_ Parent Notification of Custody Issues Signed
- \_\_\_\_ Photography and Video Tape Release Signed
- \_\_\_\_ Sunscreen/Insect Repellent Application Form Signed
- \_\_\_\_ Parent Acknowledgment of Country Home Operational Policies Signed
- \_\_\_\_ Parent Acknowledgment of Emergency Preparedness Planned Signed
- \_\_\_\_ Immunization Record Received
- \_\_\_\_ Physicians Statement/Medical Waiver Received

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

Director Signature \_\_\_\_\_ Date \_\_\_\_\_