

**TOWN OF OGDEN
PARKS AND RECREATION DEPARTMENT**

269 Ogden Center Road
Spencerport NY 14559
phone: (585) 617-6174 fax: (585) 352-4590
www.ogdenny.com



**2011-2012
3-5 Year Old
Preschool Program**

**Parent Handbook &
Registration Information**

Ogden Community Center
269 Ogden Center Road, Spencerport NY
(585) 617-6174

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Little Red Schoolhouse
416 Washington Street, Adams Basin NY
(585) 352-2119

WELCOME!

Thank you for your interest in our Preschool Program.

Our program is designed to help children develop their social, physical and cognitive skills. Each class provides an opportunity for imaginative play, social interactions and activities that promote preschool aged skill development.



We have 2 locations!

Ogden Community Center
269 Ogden Center Road
Spencerport
(585) 617-6173

3 year olds:
Tuesday/Thursday
9:00-11:30am
12:15-2:45pm

4-5 year olds:
Monday/Wednesday
9:00-11:30am
12:15-2:45pm
Friday (optional 3rd day)
9:00-11:30am

Little Red Schoolhouse
416 Washington Street
Adams Basin
(585) 352-2119

3 year olds:
Monday/Wednesday
9:00-11:30am
12:15-2:45pm
Friday (optional 3rd day)
9:00-11:30am

4-5 year olds:
Monday/Wednesday
12:15-2:45pm
Tuesday/Thursday
9:00-11:30am
12:15-2:45pm
Friday (optional 3rd day)
9:00-11:30am



ABOUT THE 3 YEAR OLD PROGRAM...

Our 3-year-olds will enjoy a socialization time, learning how to make friends and share by using their words during play and activity. The children are introduced to recognizing their names, shapes, colors, numbers, counting and the alphabet. The children participate in songs, finger plays, flannel board, games and stories each day. Routines are established through guided play and circle time activities. A theme related project is planned for each class. Children will participate in occasional field trips throughout the year.



ABOUT THE 4-5 YEAR OLD PROGRAM...

Readiness for kindergarten is the main goal of this program, as we focus on preschool skills, independence and communication. It is our hope that the children in our class will enjoy being a part of a class where we will make friends, experience new activities and learn about our world through different themes. The children will strengthen their cognitive and fine motor skills, including: alphabet letters, numbers, counting, cutting, gluing, writing, and recognizing names, addresses, and phone numbers. We also provide opportunities for large motor skill activities, music, projects, stories and free play as we practice listening and cooperation. Children will participate in occasional field trips throughout the year.



GENERAL INFORMATION

- Children in the program must be age appropriate by December 1, 2011.
- Class schedules may change due to enrollment. You will be notified immediately of any changes.
- The school year runs from September 12, 2011-June 8, 2012.
- Our program follows a similar schedule to the Spencerport School District. If the schools are closed for holiday or inclement weather, the program will also be closed. Please listen to your local radio station for closings.
- All payments should be paid at the Parks and Recreation Administrative Office by the appropriate date and time.
- Potty Training: Children must be completely potty trained (indicating verbally that they need to use the bathroom) and diaper free.
- Drop Off/Pick Up: Parents are expected to bring their children in/out of the building. Please make us aware of others, such as grandparents, car pools, babysitters, etc., who will drop off or pick up your child.
- Newsletters: These will provide information about what activities and themes your child will be enjoying. These will be distributed at school.
- Indoor Play Time: This time allows the children the opportunity to choose the activity while playing with other children. The classrooms are filled with toys, play equipment, dress ups, etc. designed to stimulate a child's imagination and natural curiosity.
- Outdoor Play: The children will be going outside frequently during nice weather. We will notify you if we try to plan a snow play day during the winter. You are always welcome to enjoy the playground with your child.
- Illness: Since our young friends are just beginning to learn the importance of using tissues, washing hands, and covering one's mouth when coughing and sneezing, we find that any illness spreads very rapidly throughout this group. Even when children cover their noses/mouths, germs spread quickly as the children are sharing toys. In the interest of keeping the spread of germs to a

minimum, we ask that you follow these guidelines for keeping your child at home: Make sure **all symptoms** of the illness (vomiting, diarrhea, fever, lethargy, severe coughing) have **subsided for at least 24 hours**. This is not only to protect the other children; your child may be vulnerable to picking up other germs during this time period too.

- Medications: Medication can only be administered to your child if:
 - a. It is in a properly labeled ORIGINAL container
 - b. It is accompanied by a doctor's prescription note
 - c. The parent has given written directions to do so

- Allergies: Please make us aware of any allergies or sensitivities your child may have, such as animals, foods (juice, dye, nuts, etc.), environmental.

- Snacks: There will be a snack time during each session. Snacks are provided on most days. During special events, parents will be asked to bring in a treat.

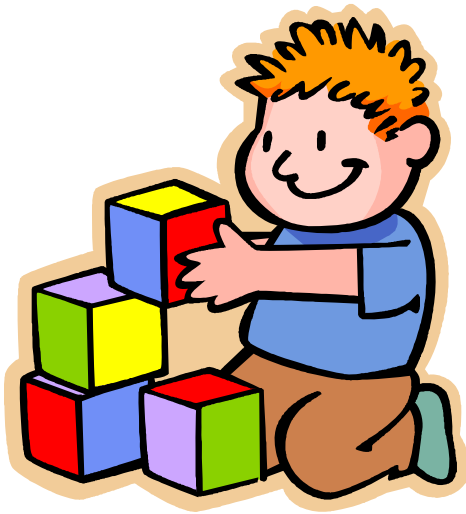
- Birthdays: A birthday is a very special day for a child of this age. He/she is our special person for the day. If you wish to send a treat for all to share, please consult with your child's teacher a few days ahead. We will remind you of any food allergy concerns.

- Holidays: We try to make each holiday special. There are usually parties or special activities for each holiday (prior to or on that day).

- Parent Participation: On occasion, we ask parents to assist in the classroom for special activities. You are welcome to visit the school at any time by making an appointment with the teachers. If you have an interesting vocation, hobby, or a particular talent that you could share with a group of preschoolers, please let us know.

- Student Behavior Policy: Although there are many aggressive behaviors that are quite commonly seen in preschool, we strive to teach our students to "use words" and "be kind" in dealing with other people in our world. With this in mind, we have created policies about negative behaviors, such as scratching, biting, using aggressive behavior. Though we will work with parents to correct these negative behaviors, our responsibility for the students' safety and welfare may dictate that after two such incidents we reserve the right to ask that the child be removed from the program.

- Discipline: Reminders and re-direction are typical ways of handling disciplinary situations. Occasionally, a child will be placed in time-out for a few minutes for aggressive or repeated difficulties. We will keep parents informed of situations that arise.
- Progress Reports: These are typically distributed in late winter. Conferences can be scheduled as needed or desired.
- Closings: In case of inclement weather, we will be closed when the Spencerport Central School District is closed. School closings are announced on TV and radio.
- Please call: We appreciate a call when your child is sick or will be absent.
Call: Little Red Schoolhouse Preschool...352-2119
Ogden Community Center Preschool ...617-6173
- Registration Forms: All enrollment forms must be filled out completely and returned to the office before your child may begin the program. These include: Registration, Emergency and Health History.



REGISTRATION INFORMATION

School year runs from September 12, 2011-June 8, 2012

Children must be age appropriate by December 1, 2011

- WHEN TO REGISTER:
 - Current Enrollees- February 2, 2011 New enrollees- March 7, 2011
 - Enrollees- do not mail your registration form. We will not accept registrations before February 2 (current enrollees) or March 7 (new enrollees). All registrations received before February 2 or March 7 will be mailed back causing delays and could result in your exclusion from the program of your choice.

- HOW TO REGISTER: All forms must be completed and turned into the OPRD Administrative Office with the registration fee before the process will be completed and a spot secured for your child in the program. Our program is limited and on a first-paid, first-served basis. Please return the following to the OPRD Office:
 - Registration Fee...2 days/week- \$85 3 days/week- \$120
 - One time non-resident fee of \$25 per family
 - Registration Form
 - Health History Form
 - Emergency Medical Form
 - Current Medical and Immunization Records

- FEES:
 - Registration Fee: This fee is due with your enrollment forms. Only when this fee is paid, is a spot in the program secured. The registration fee may be applied to an early withdrawal from the program with 30 days written notice of such withdrawal. Please note: This is NOT September's payment.
 - Monthly Tuition Fee:
 - 2 days/week- \$85.00
 - 3 days/week- \$120.00
 - Late Fee: Please see payment schedule for when payments are due. Payments received after this time must include a late fee of \$10.00 per family.

- REFUNDS: Registration fees will only be refunded if you cancel 30 days prior to the start date.
 - A refund check will be send less \$25.00 handling fee per child
 - No fees will be refunded once the program begins
 - If you should withdraw from the program, we must have 30 days written notice to apply this fee to your last month in the program.

PAYMENT POLICY

Make checks payable to: Town of Ogden

Mail payments to: Ogden Parks and Recreation
 269 Ogden Center Road
 Spencerport NY 14559



1. Payment for each month must be paid no later than the last Friday of each month by 5:00pm regardless of weekends, and/or holidays, and/or school closings, and/or Town of Ogden closings, and/or postage date. Please note: There will be a \$10 per family late fee for payments made after the due date. This is strictly enforced. After the due date, all fees (including late fee) must be paid within 5 business days. Failure to make payment at this time will result in removal of your child's name from the roster without further notice.
2. To ensure proper credit to your account, please include payment coupon when making your payment. Coupons are included in this packet.
3. Payments can be mailed, given to the OPRD Administrative Assistant, or dropped in the OPRD mail slot in the office door during regular business hours at the Ogden Community Center, 269 Ogden Center Road, Spencerport.
4. Ogden Parks and Recreation does not give notice to make a payment.
5. There will be an additional charge of \$25 for any check returned from the bank for any reason. This payment must be made in cash.
6. Sorry, we cannot accept post-dated checks.
7. We cannot accept partial payments. Full payments must be made. Example: if a payment is coming from 2 different sources, it must come into the office at the same time. All partial payments will be mailed back to you.

Payment Schedule

Payments are due no later than the last Friday of each month by 5pm*

Payment #1 for September	<i>Due no later than</i>	August 26, 2011 *(4:00pm)
Payment #2 for October	<i>Due no later than</i>	September 30, 2011
Payment #3 for November	<i>Due no later than</i>	October 28, 2011
Payment #4 for December	<i>Due no later than</i>	November 30, 2011 *(Wednesday)
Payment #5 for January	<i>Due no later than</i>	December 30, 2011
Payment #6 for February	<i>Due no later than</i>	January 27, 2012
Payment #7 for March	<i>Due no later than</i>	February 24, 2012
Payment #8 for April	<i>Due no later than</i>	March 30, 2012
Payment #9 for May	<i>Due no later than</i>	April 27, 2012 (last payment)

***First payment only. Fall hours begin after Labor Day**

**** Payment due Wednesday, Office will be closed Thursday-Sunday**

HEALTH HISTORY FORM

Child's Name _____

Birthdate _____

Medical History:

1. Is your child currently taking any medications? Yes No
If yes, explain
2. Does your child have allergies? Yes No
(Circle all which apply) **Latex** **Bees** **Animal Fur** **Berries** **Seasonal**
Food:
Medicines:
Other:
3. Does your child have **OR** has he/she ever had: (if yes, explain)

Y N

- Asthma (uses Inhaler)? _____
- Seizures? _____
- Eye problems? Wears glasses? _____
- Ear infections...how often? _____
- Hearing problems? _____
- Speech problems? _____
- Strep Throat? _____
- Had any operations including tonsils, tubes in ears, etc.? _____
- Any serious accidents/injuries? _____
- Dietary restrictions? _____
- Physical restrictions? _____
- Other medical history we should know? _____
- Nose Bleeds? _____
- Lead Screening Test? _____

Medical Exam/Immunizations:

Please submit a copy of your child's recent Medical Exam and Immunization Records. Your registration will not be complete until these records are submitted.

EMERGENCY MEDICAL INFORMATION FORM

I, _____ parent/guardian of _____

Born (DOB) _____, do hereby give my permission and/or consent to the Town of Ogden Parks & Recreation Preschool Program to secure and authorize such emergency medical care and/or treatment as my child (above named) might require while under the supervision of said preschool program. I also authorize said preschool program to administer emergency care or treatment as required, until emergency medical assistance arrives. I also agree to pay the entire costs and fees contingent on any emergency medical care and/or treatment for my child as secured or authorized under this consent.

I UNDERSTAND THAT EVERY EFFORT WILL BE MADE TO NOTIFY PARENTS IMMEDIATELY IN CASE OF EMERGENCY.

Emergency Contact: _____ Phone Number: _____

Physician Name: _____ Physician Phone: _____

Physician Address: _____

Preferred Hospital: _____ Hospital Phone: _____

Parent/Guardian Signature _____ **Date** _____

OGDEN COMMUNITY CENTER PRESCHOOL PROGRAM REGISTRATION FORM

Please check preference:

3- year-old Program

	Tuesday/Thursdays	9:00-11:30am
	Tuesday/Thursdays	12:15-2:45pm

4-5- year-old Program

	Monday/Wednesdays	9:00-11:30am
	Monday/Wednesdays	12:15-2:45pm
	Fridays (Optional)	9:00-11:30am

Must be age appropriate by December 1st, 2011

PLEASE COMPLETE ALL APPLICABLE INFORMATION

1 Participant Information:

Child's Name:	Gender: M F	DOB:	Phone:
Address, City, Zip:			

2 Parent/Legal Guardian Information:

Mother's Name:	Father's Name:
Address:	Address:
H Phone:	H Phone:
Cell:	Cell:
W Phone:	W Phone:
Email:	Email:
Place of Employment:	Place of Employment:
Authorized to Pick Up Child: <input type="checkbox"/> Yes <input type="checkbox"/> No	Authorized to Pick Up Child: <input type="checkbox"/> Yes <input type="checkbox"/> No

3 Provide us with anyone you may give permission to pick up your child or notify if parents cannot be reached. *List in order to be called.*

Name	Address	Relationship	Phone
1.			
2.			
3.			

4 Liability Waiver: I assume all risks and hazards incidental to the conduct of the Ogden Parks & Recreation Preschool Program and to hereby further release and hold harmless the Town of Ogden and Town of Ogden Parks & Recreation staff. I give permission to a licensed physician or hospital staff to administer emergency medical care deemed necessary for my child or myself when normal permission is unavailable. I certify that I am in good physical health and have no limitations other than those I have listed, which may predispose me to risk during this program. I also fully realize that I must provide proper hospitalization. The Town of Ogden does not provide insurance coverage.

5 Program Agreement: I have received a copy of the Ogden Parks & Recreation Preschool Program Handbook stating the policies of the program and I agree to abide by such terms.

Parent/Guardian Signature

Date

LITTLE RED SCHOOLHOUSE PRESCHOOL PROGRAM REGISTRATION FORM

Please check preference:

3- year-old Program

	Monday/Wednesdays	9:00-11:30am
	Monday/Wednesdays	12:15-2:45pm
	Fridays (Optional)	9:00-11:30am

4-5- year-old Program

	Monday/Wednesdays	12:15-2:45pm
	Tuesday/Thursdays	9:00-11:30am
	Tuesday/Thursdays	12:15-2:45pm
	Fridays (Optional)	9:00-11:30am

Must be age appropriate by December 1st, 2011

PLEASE COMPLETE ALL APPLICABLE INFORMATION

1 Participant Information:

Child's Name:	Gender: M F	DOB:	Phone:
Address, City, Zip:			

2 Parent/Legal Guardian Information:

Mother's Name:	Father's Name:
Address:	Address:
H Phone:	H Phone:
Cell:	Cell:
W Phone:	W Phone:
Email:	Email:
Place of Employment:	Place of Employment:
Authorized to Pick Up Child: <input type="checkbox"/> Yes <input type="checkbox"/> No	Authorized to Pick Up Child: <input type="checkbox"/> Yes <input type="checkbox"/> No

3 Provide us with anyone you may give permission to pick up your child or notify if parents cannot be reached. *List in order to be called.*

Name	Address	Relationship	Phone
1.			
2.			
3.			

4 Liability Waiver: I assume all risks and hazards incidental to the conduct of the Ogden Parks & Recreation Preschool Program and to hereby further release and hold harmless the Town of Ogden and Town of Ogden Parks & Recreation staff. I give permission to a licensed physician or hospital staff to administer emergency medical care deemed necessary for my child or myself when normal permission is unavailable. I certify that I am in good physical health and have no limitations other than those I have listed, which may predispose me to risk during this program. I also fully realize that I must provide proper hospitalization. The Town of Ogden does not provide insurance coverage.

5 Program Agreement: I have received a copy of the Ogden Parks & Recreation Preschool Program Handbook stating the policies of the program and I agree to abide by such terms.

Parent/Guardian Signature _____

Date _____