

# Registration 2024-2025

Forms are due no later than 5 pm on the Wednesday two weeks before the start date.

Child's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Enrollment Number \_\_\_\_\_ Expected Start Date \_\_\_\_\_

Complete and return registration forms and provide documents.

- **Child Information Record (required)**
- Credit Card Agreement (recommended)
- **Developmental History (required)**
- Fluid Milk Substitute Request (completed by parent for soy milk)
- **Health Appraisal Form (required)**
- **Household Income Eligibility Statement (required)**
- **Immunization records (required)**
- Infant Formula/Food Sign Off Statement (required for infants)
- **New Enrollment Form (required)**
- **Parent Agreement (required)**
- **Participant Enrollment Form (required)**
- Professional Character Clearance Volunteers/Parents (recommended)
- **School Activity and Medical Release Form (required)**
- **School Age Child Good Health Statement (replaces physical for school age children)**
- Special Diet Statement (*completed by physician for almond milk or special meals including vegan*)
- **Topical Non-Prescription Medication Form (required)**
- **Written Information Packet Documentation (required)**
- **Written Permission to Photograph (required)**

Pay registration fee of \$55 per child to reserve enrollment      Date paid \_\_\_\_\_

Turn in first week schedule to the office by 5 pm on the Wednesday two weeks before your child will begin care.

Pay first two weeks of tuition on or before the first day of care



# CHILD INFORMATION RECORD

State of Michigan - Department of Licensing and Regulatory Affairs - Child Care Licensing Bureau

Instructions: Unless otherwise indicated, all requested information must be provided. If the information is not known or does not apply, "unknown" or "none" is the required response. A blank field, a line through a field or "N/A" are not acceptable responses.

<b>For Provider Use Only:</b>		Date of Admission	Date of Discharge	
Name of Child (Last, First, Middle Initial)				Child's Date of Birth
Address (Number and Street, Building/Apartment Number)			City	State
Zip Code				
Parent/Legal Guardian's Name		Primary Phone ( )	Parent/Legal Guardian's Name (Optional)	
Primary Phone ( )				
Home Address (if not child's address)		2 <sup>nd</sup> Phone (if applicable) ( )	Home Address (if not child's address)	
2 <sup>nd</sup> Phone (if applicable) ( )				
City	State	Zip Code	City	State
Zip Code				
Email Address (optional)			Email Address (optional)	
Employer Name		Work Phone ( )	Employer Name	
Work Phone ( )				
Name of Child's Physician or Health Clinic			Physician's or Health Clinic's Phone Number ( )	
Hospital Preferred for Emergency Treatment (optional)				
Allergies, Special Needs and/or Special Instructions? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, explain: (Attach additional sheets, if necessary.)				

CCL-3731 (Rev. 3/17/2022) Previous editions 7-18 & 4-21 may be used

See Reverse Side

**Emergency Contact & Release of Child:** List all individuals, including parents/legal guardians, in order of preference, to be contacted in an emergency. If possible, include at least one person other than the parents/legal guardians to be contacted in an emergency and to whom the child can be released. The second phone number column can be left blank. (If more individuals, attach additional sheets.)

1.	( )	( )
2.	( )	( )
3.	( )	( )

**Release of Child Only:** List all individuals, other than the parents/legal guardians, to whom the child may be released. (If more individuals, attach additional sheets.)

1.	( )	2.	( )
3.	( )	4.	( )

**Parent/Legal Guardian Initials:**

\_\_\_\_\_ I give permission to \_\_\_\_\_ **The Crayon Box** \_\_\_\_\_, licensed by the Department of Licensing and Regulatory Affairs to secure emergency medical treatment for the above named minor child while in care.

**I certify that I accurately completed this form and if anything changes, I will notify the provider by updating this form.**

**Signature of Parent or Guardian** \_\_\_\_\_ **Date Signed** \_\_\_\_\_

Date Card Reviewed	Parent or Legal Guardian Initials	Date Card Reviewed	Parent or Legal Guardian Initials	Date Card Reviewed	Parent or Legal Guardian Initials	Date Card Reviewed	Parent or Legal Guardian Initials
LARA is an equal opportunity employer/program.						AUTHORITY: 1973 PA 116 COMPLETION: Required PENALTY: Rule Violation Citation.	

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## Credit Card Authorization

I (we) hereby authorize The Crayon Box Children's Learning Center to initiate recurring credit card charges to the below referenced credit card account(s).

- Visa
- Mastercard
- Discover Card
- American Express

Cardholder Name \_\_\_\_\_ Phone \_\_\_\_\_

Cardholder Address \_\_\_\_\_

\_\_\_\_\_

**Primary Card Number** \_\_\_\_\_

Expiration Date \_\_\_\_/\_\_\_\_

Security Code \_\_\_\_\_

**Secondary Card Number** \_\_\_\_\_

Expiration Date \_\_\_\_/\_\_\_\_

Security Code \_\_\_\_\_

Cardholder Signature \_\_\_\_\_ Date \_\_\_\_\_



## Developmental History Form Ages 3 Years - 12 Years

Child's Name: ..... Date of Birth: .....

What would you like us to call your child? .....

Does your child speak English?  Yes  No

Is any language other than English spoken in your home?  Yes  No

If yes, what languages are spoken at home? .....

Parent/Guardian Name: .....

Parent/Guardian Name: .....

Does the child's father live in the same home as the child?  Yes  No

Does the child's mother live in the same home as the child?  Yes  No

Is there a step-parent in the home?  Yes  No

Is your child adopted?  Yes  No If yes, age of adoption \_\_\_\_\_ If yes, does child know he/she is adopted?  Yes  No

Name of Person Completing Form: .....

### FAMILY INFORMATION

In the columns below list the names of family members residing with the child. Please include siblings, extended relatives, and pets. For each person listed provide the name the child uses to address that individual and include ages of siblings.

Name	How child addresses this individual?	Age

Please list words in your language corresponding to the English below.	
I'll take good care of you	
I see that you are crying	
Time to go outside	
I like your smile	
Time for snack/lunch	
Everyone is resting now	
Daddy will be back	
Mommy will be back	
Time to use the bathroom	
It's group time	
It's free play. You can choose what you want to do	

If parental custody is shared, describe the custody arrangements: .....

Please tell us about cultural family customs, rituals, or traditions that will help us make your child's experience more meaningful, including languages spoken at home: .....

## DEVELOPMENTAL HISTORY

Do you have developmental concerns about your child? .....

Does your child have any speech difficulties?  Yes  No If yes, explain: .....

How does your child communicate his/her needs? .....

Does your child dress themselves?  Yes  No undress self?  Yes  No tie their shoes?  Yes  No

Is your child left or right handed?  left handed  right handed  unsure at this time

## CHILD'S HEALTH

List medications regularly taken and conditions requiring them: .....

Describe serious illnesses or hospitalizations:.....

Describe special physical conditions, disabilities, allergies, or concerns: .....



Does your child have a special need? .....

Explain special services and accommodations, which are different from those provided by the center's routine program (i.e. exercises, equipment, materials, or special services personnel): .....

Does your child have frequent stomach aches?  Yes  No vomit easily?  Yes  No

Does your child run high fevers easily?  Yes  No

### NUTRITION PRACTICES AND ROUTINES

Does your child have any eating difficulties?  Yes  No If yes, explain:.....

List special dietary requests^, food allergies^ and restrictions^ (^Doctor signed form required):.....

Are there any foods you do not feed your child? .....

Does your child have strong food likes or dislikes? .....

What does milk does your child drink? (choose one)

- Cow Milk
- Soy Milk\* (\*Parent signed form required.)
- Almond Milk^ (^Doctor signed form required.)

Do you feed your child? (choose all that apply)

- Eggs  Yes  No^ (^Doctor signed form required.)
- Cheese  Yes  No^ (^Doctor signed form required.)
- Dairy  Yes  No^ (^Doctor signed form required.)
- Soy  Yes  No^ (^Doctor signed form required.)

Child eats with:  Spoon  Fork  Fingers  Other .....

Does your child drink from a cup?  Yes  No

## SLEEPING ROUTINES

Does your child become tired or nap during the day?  Yes  No If yes, what time and for how long?.....

Pre-nap routines/rituals: .....

What time does your child go to bed at night?..... Wake in morning? .....

At home child sleeps in (Check all that apply):  Bed  With parents

Child's typical waking behavior/routine/mood: .....

Special sleeping concerns:.....

## TOILETING ROUTINES

Is your child reluctant to use the bathroom?  Yes  No If yes, how do you handle this?.....

Is your child toilet trained?  Yes  No  Urination  Bowels  Both If no, does child wear diapers?  Yes  No

Does your child have accidents?  Yes  No If yes, how often/when? .....

What is used at home for toileting?  Potty chair  Special seat  Regular seat Explain: .....

How can we support toilet learning?.....

Words used for urination: .....

Words used for bowel movement: .....

Are bowel movements regular?  Yes  No How often/when? .....

Is there a problem with:  Diarrhea  Constipation Explain: .....

## COMFORTING CHILD

Describe how adults can comfort your child? .....

.....

.....

.....

.....

Security object (if any): ..... Name child uses for object/when needed: .....

.....

.....

## SOCIAL RELATIONSHIPS

Describe your child's temperament:  Determined  Outgoing  Shy  Relaxed  Assertive Explain: .....

.....

.....

How does your child react to new situations and new children and adults? .....

.....

.....

Does your child prefer to play:  Alone  In small groups Explain: .....

.....

.....

Has your child had previous child care experience?  Yes  No If yes, explain how it met, or did not meet, your expectations? .....

.....

.....

Child's favorite indoor play activity .....

Child's favorite outdoor play activity .....

Is your child frightened by any of the following?  animals  dark  storms  loud noises  bugs  other .....

Please describe how your child acts in a group play situation. (Check all that apply)

- |  |   |
|--|---|
| <input type="checkbox"/> Nervous, worried      | <input type="checkbox"/> Hyper, restless, can't sit still |
| <input type="checkbox"/> Pushy, bullies others | <input type="checkbox"/> Relaxed, calm                    |
| <input type="checkbox"/> Social, friendly      | <input type="checkbox"/> Shy, withdrawn, keeps to self    |
| <input type="checkbox"/> Gets angry easily     | <input type="checkbox"/> Scared, fearful                  |



## Child and Adult Care Food Program (CACFP) Fluid Milk Substitution Request Form



Participant does not have a disability/medical condition but is requesting a fluid milk substitution that meets USDA nutrient standards for non-dairy beverages.

**Non-Creditable Non-Dairy Beverages include:** Almond, cashew, coconut, hemp, oat, pea, and rice milks do not contain enough protein to be a creditable non-dairy beverage. Water and juice are also not creditable non-dairy beverages. Non-creditable non-dairy beverages cannot be served as a milk substitution. **These beverages require a completed CACFP Request for Special Meals and/or Accommodations form.**

Enter the name of the requested product and the product's nutritional requirements in the table below. It must be compared to the nutritional standards listed to show the nutritional equivalence is met or exceeded.

**Requested Product Name:** \_\_\_\_\_

Required Nutrients	Required Amounts Per Cup	%DV	Per Cup or %DV in Substitute product
Calcium	276 mg	28%	
Protein	8 g	16%	
Vitamin A	500 IU	10%	
Vitamin D	100 IU	25%	
Magnesium	24 mg	6%	
Phosphorus	222 mg	22%	
Potassium	349 mg	10%	
Riboflavin	0.44 mg	26%	
Vitamin B-12	1.1 mcg	18%	

Creditable

Not Creditable

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

- I choose to provide the substitute product to my provider. By providing a creditable milk substitute, I understand that the provider may receive meal reimbursement for the meal/snack served.
- I choose to not provide the substitute requested. I understand the provider is not required, but has the discretion to, purchase and provide fluid milk substitutions as requested.

Participant Name: \_\_\_\_\_ Age: \_\_\_\_\_

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

Provider's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### USDA Nondiscrimination Statement

In accordance with federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, this institution is prohibited from discriminating on the basis of race, color, national origin, sex (including gender identity and sexual orientation), disability, age, or reprisal or retaliation for prior civil rights activity. Program information may be made available in languages other than English. Persons with disabilities who require alternative means of communication to obtain program information (e.g., Braille, large print, audiotope, American Sign Language), should contact the responsible state or local agency that administers the program or USDA's TARGET Center at (202) 720-2600 (voice and TTY) or contact USDA through the Federal Relay Service at (800) 877-8339. To file a program discrimination complaint, a Complainant should complete a Form AD-3027, USDA Program Discrimination Complaint Form which can be obtained online at: USDA Program Discrimination Complaint Form, from any USDA office, by calling (866) 632-9992, or by writing a letter addressed to USDA. The letter must contain the complainant's name, address, telephone number, and a written description of the alleged discriminatory action in sufficient detail to inform the Assistant Secretary for Civil Rights (ASCR) about the nature and date of an alleged civil rights violation. The completed AD-3027 form or letter must be submitted to USDA by: mail: U.S. Department of Agriculture, Office of the Assistant Secretary for Civil Rights, 1400 Independence Avenue SW Washington, D.C. 20250-9410; or fax: (833) 256-1665 or (202) 690-7442; or email: program.intake@usda.gov. This institution is an equal opportunity provider. USDA Civil Rights Complaint Link: <https://www.usda.gov/sites/default/files/documents/USDA-OASCR%20P-Complaint-Form-0508-0002-508-11-28-17Fax2Mail.pdf>



# HEALTH APPRAISAL

**Dear Parent or Guardian:** The following information is requested so that the school can work with the parent to meet the physical, intellectual and emotional needs of the child. Fill out the information requested in Section I. Section III may be certified by the transcription of information from the certificate of immunization. The remaining sections are to be completed by a doctor, nurse and dentist. **(BE SURE TO BRING YOUR CHILD'S IMMUNIZATION RECORDS TO THE EXAMINATION.)**

## PERSONAL

CHILD'S NAME (Last, First, Middle)			DATE OF BIRTH (mm/dd/yy) / /
ADDRESS (Number & Street)	(City)	(ZIP Code)	TODAY'S DATE (mm/dd/yy) / /
			MI
PARENT/GUARDIAN (Last, First, Middle)			HOME TELEPHONE NUMBER ( )
ADDRESS (Number & Street)	(City)	(ZIP Code)	WORK TELEPHONE NUMBER ( )
			MI

## SECTION I - HEALTH HISTORY

Yes	No	Resolved	# Is your child having any of the problems listed below?	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1 Allergies or Reactions (for example, food, medication or other)	<b>Birth History:</b>  Are there any current or past diagnosis(es) <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please describe:  If yes, list medications:  Was the health history reviewed by a health professional? <input type="checkbox"/> Yes <input type="checkbox"/> No <b>Examiner's Initials:</b> _____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2 Hay Fever, Asthma, or Wheezing	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3 Eczema or Frequent Skin Rashes	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	4 Convulsions/Seizures	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	5 Heart Trouble	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	6 Diabetes	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	7 Frequent Colds, Sore Throats, Earaches (4 or more per year)	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	8 Trouble with Passing Urine or Bowel Movements	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	9 Shortness of Breath	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	10 Speech Problems	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	11 Menstrual Problems	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	12 Dental Problems: Date of Last Exam / /	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Other (please describe): _____	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Does your child take any medication(s) regularly?	
			Reason for Medication	
			/ /	
			<b>Parent/Guardian Signature</b> _____ Date _____	

## SECTION II - PHYSICAL EXAMINATION, INSPECTION, TESTS AND MEASUREMENTS

Required for Child Care and Head Start / Early Head Start

### Tests and Measurements

No	Yes	Was child tested for:	Test results:	Normal	Referred	Under Care	No	Yes	Was child tested for:	Test results:	Normal	Referred	Under Care
<input type="checkbox"/>	<input type="checkbox"/>	VISION Date: / /	Visual Acuity Muscle Imbalance Other: _____				<input type="checkbox"/>	<input type="checkbox"/>	HEIGHT & WEIGHT Other: _____	Height Weight Other: _____			
<input type="checkbox"/>	<input type="checkbox"/>	HEARING Date: / /	Audiometer Other: _____				<input type="checkbox"/>	<input type="checkbox"/>	HEMOGLOBIN / HEMATOCRIT BLOOD PRESSURE	➡ Reading: _____			
<input type="checkbox"/>	<input type="checkbox"/>	URINALYSIS Date: / /	Sugar Albumin Microscopic				<input type="checkbox"/>	<input type="checkbox"/>	TUBERCULIN Date: / /	Type: _____ Neg.: <input type="checkbox"/> Pos.: <input type="checkbox"/> _____ mm			
<input type="checkbox"/>	<input type="checkbox"/>	BLOOD LEAD LEVEL Date: / /	Level _____ ug/dl				<b>NOTE:</b> Blood lead level required for all children enrolled in Medicaid must be tested at one and two years of age, or once between three and six years of age if not previously tested. All children under age six living in high-risk areas should be tested at the same intervals as listed above.						

### Examinations and/or Inspections

Essential Findings Deviating from Normal:
Exam Date: / /

**SECTION III - IMMUNIZATIONS**

Statements such as "UP-TO-DATE" or "COMPLETE" will not be accepted. Admission to school may be denied on the basis of this information.\*

VACCINES (Circle Type)	DATE ADMINISTERED MM/DD/YYYY		VACCINES (Circle Type)	DATE ADMINISTERED MM/DD/YYYY	
Hepatitis B (HepB)	1	3	Hepatitis A (HepA)	1	2
	2		Influenza (IIV/LAIV)	1	3
				2	4
DTaP/DTP/DT/Td	1	4	Meningococcal (MCV4 / MPSV4)	1	2
	2	5			
	3	6	Human Papillomavirus (HPV9/HPV4/HPV2)	1	3
Tdap	1			2	
<i>Haemophilus Influenzae</i> type b (HIB)	1	3	OTHER Vaccines Specify Date & Type	Type of Vaccine(s)	Date of Vaccine(s)
	2	4		1	
Polio (IPV/OPV)	1	3		2	
	2	4	3		
Pneumococcal Conjugate (PCV7/PCV13)	1	3	<i>Indicate and attach physician diagnosis or laboratory evidence of immunity as applicable</i>		
	2	4	*NOTE: According to Public Act 368 of 1978, any child enrolling in a Michigan school for the first time must be adequately immunized, vision tested and hearing tested. Exemptions to these requirements are granted for medical, religious and other objections, provided that the waiver forms are properly prepared, signed and delivered to school administrators. Forms for these exemptions are available at your provider office for medical waiver forms and through your local health department for nonmedical waiver forms.		
Rotavirus (RV1/RV5)	1	3			
	2		Parent/Guardian refused immunizations: <input type="checkbox"/>		
Measles, Mumps, Rubella (MMR)	1	2			
Varicella (Chickenpox)	1	2			
History of Chickenpox Disease? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, date: _____					
I certify that the immunization dates are true to the best of my knowledge					
_____			_____		
<b>Health Professional's Signature</b>			<b>Title</b>		
			_____ / _____ / _____		
			<b>Date</b>		

**SECTION IV - RECOMMENDATIONS**

(Required for Child Care and Head Start/Early Head Start)

No	Yes	
<input type="checkbox"/>	<input type="checkbox"/>	Is there any defect of vision, hearing or other condition for which the school could help by seating or other actions? If yes, please explain:
<input type="checkbox"/>	<input type="checkbox"/>	Should the child's activity be restricted because of any physical defect or illness? If yes, check and explain degree of restriction(s): <input type="checkbox"/> Classroom <input type="checkbox"/> Playground <input type="checkbox"/> Gymnasium <input type="checkbox"/> Swimming Pool <input type="checkbox"/> Competitive Sports <input type="checkbox"/> Other
Other Recommendations		

**SECTION V - DENTAL EXAMINATION AND RECOMMENDATIONS (OPTIONAL)**

I have examined \_\_\_\_\_'s teeth. As a result of this examination, my recommendation for treatment is: \_\_\_\_\_

child's name

\_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

**Dentist's Signature** **Date**

**PHYSICIAN'S SIGNATURE**

\_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

**Examiner's Signature** **Date** **Examiner's Name (Print or Type)** **Degree or License**

\_\_\_\_\_ MI \_\_\_\_\_ (\_\_\_\_\_) \_\_\_\_\_

Number & Street City ZIP Code Telephone

Information required for:

**Early On** - Hearing and Vision Status; Diagnosis; Health Status

**Child Care Licensing** - Physical Exam, Restrictions, Immunizations

**Head Start/Early Head Start** - Determination that child is up-to-date on a schedule of age-appropriate preventive and primary health care, including medical, dental, and mental health. The schedule must incorporate the well-child care visit required by EPSDT and the latest immunizations schedule recommended by the Centers for Disease Control and Prevention, State, tribal, and local authorities. An EPSDT well-child exam includes height, weight, and blood tests for anemia at regular intervals based on age.

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Developed in Cooperation with the Department of Health and Human Services, Education, Michigan American Association of Pediatrics, Early Childhood Investment Corporation, Child Care Licensing, Head Start, Michigan State Medical Society, Michigan Association of Osteopathic Physicians and Surgeons.



# VACCINES REQUIRED FOR CHILDCARE AND PRESCHOOL IN MICHIGAN

Whenever infants and children are in group settings, there is a chance for diseases to spread. Parents must follow state vaccine laws in order for their infants and children to attend childcare and preschool. These laws are the minimum standard for preventing disease outbreaks in group settings. The best way to protect a child from serious diseases is to follow the recommended vaccination schedule at [www.CDC.gov/Vaccines](http://www.CDC.gov/Vaccines). By following the recommended schedule, infants and children will be fully protected and vaccination requirements will be met.



	2-3 months	4-5 months	6-15 months	16-18 months	19 months – 4 years	5 years
Diphtheria, Tetanus, Pertussis (DTaP)	1 DTaP	2 DTaP	3 DTaP		4 DTaP	
Pneumococcal Conjugate	1	2	3 or age-appropriate complete series	4 or age-appropriate complete series		None
<i>H. influenzae</i> type b (Hib)	1	2		1 at or after 15 months or age-appropriate complete series		None
Polio	1	2			3	
Measles, Mumps, Rubella (MMR) <sup>1</sup>	None			1 at or after 12 months		
Hepatitis B <sup>1</sup>	1	2			3	
Varicella (Chickenpox) <sup>1</sup>	None			1 at or after 12 months or current lab immunity or history of varicella disease		

**This is not a cumulative chart.**

For example, a child 19 months to 5 years old is required to have 4 doses of DTaP to enter childcare or preschool and to be fully protected.

<sup>1</sup>If the child has not received these vaccines, documented immunity is required. These rules apply to children who are the above ages upon entry into childcare or preschool. During disease outbreaks, incompletely vaccinated children may be excluded from childcare and preschool. Parents and guardians choosing to decline vaccines must obtain a certified non-medical waiver from a local health department. Read more about waivers at [www.Michigan.gov/Immunize](http://www.Michigan.gov/Immunize). All doses of vaccines must be valid (follow CDC Immunization Schedule for number of doses, correct spacing, and ages) for childcare and preschool entry purposes. The Michigan Department of Health and Human Services (MDHHS) does not discriminate against any individual or group on the basis of race, national origin, color, sex, disability, religion, age, height, weight, familial status, partisan considerations, or genetic information. Sex-based discrimination includes, but is not limited to, discrimination based on sexual orientation, gender identity, gender expression, sex characteristics, and pregnancy.



Return this completed form to: (Insert institution's name, address & telephone number)

## Household Income Eligibility Statement – Child Care Institutions

### Part 1 – Households Receiving Food Assistance Program (FAP), Family Independence Program (FIP), or Food Distribution Program on Indian Reservations (FDPIR)

If any member of your household receives FAP, FIP, or FDPIR, provide the name and case number for the person who receives the benefits.

Name: \_\_\_\_\_ Case Number: \_\_\_\_\_

### Part 2 – Household Information

First and Last Names of All Household Members, Related and Unrelated	Enrolled for Child Care (x)	Age	Birth Date	Foster Child (x)	Amount of Earnings from Work (before deductions)	How Often? (x)					Amount of Welfare, Child Support, or Alimony	How Often? (x)					Amount of All Other Income (Indicate source and amount)	How Often? (x)					Mark if No Income (x)			
						A	M	2	B	W		A	M	2	B	W		A	M	2	B	W				
						n	o	x	i	e	n	o	x	i	e	n	o	x	i	e						

### Part 3 – All Households: Signature and Last Four (4) Digits of Adult Social Security Number (Adult household member MUST sign and date)

I certify that all information on this form is true and that all income is reported. I understand that the center or day care home will receive federal funds based on the information I give. I understand that CACFP officials may verify the information. I understand that if I purposely give false information, the participant receiving meals may lose the meal benefits, and I may be prosecuted.

Signature: \_\_\_\_\_ Print Name: \_\_\_\_\_ Date: \_\_\_\_\_

Last four digits of Social Security Number: XXX-XX-\_\_ \_\_ \_\_ \_\_

\_\_\_\_ I do not have a Social Security Number

#### For Institution Use Only:

For Institution Use Only		APPROVED CATEGORY	
Total Household Members:	Total Income: \$	<input type="checkbox"/> Annually <input type="checkbox"/> Monthly <input type="checkbox"/> 2x Month	<input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Weekly
Institution Official Signature: _____ Approval Date: _____		Categorical Eligibility (A/Free): Foster FIP FAP FDPIR Other Household Children: A (Free) B (Reduced) C (Paid)	

This form is valid for 12 months from the date of institution signature. Approval date and institution signature are required.

### **Privacy Act Statement**

The Richard B. Russell National School Lunch Act requires the information on this application. You do not have to give the information, but if you do not, we cannot approve the participant for free or reduced-price meals. You must include the last four digits of the Social Security Number of the adult household member who signs the application. The Social Security Number is not required when you apply on behalf of a foster child or you list a Food Assistance Program (FAP), Family Independence Program (FIP), or Food Distribution Program on Indian Reservations (FDPIR) case number for the participant or other FDPIR identifier or when you indicate that the adult household member signing the application does not have a Social Security Number. We will use your information to determine if the participant is eligible for free or reduced-price meals, and for administration and enforcement of the Program.

### **USDA Nondiscrimination Statement**

In accordance with federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, this institution is prohibited from discriminating on the basis of race, color, national origin, sex (including gender identity and sexual orientation), disability, age, or reprisal or retaliation for prior civil rights activity.

Program information may be made available in languages other than English. Persons with disabilities who require alternative means of communication to obtain program information (e.g., Braille, large print, audiotope, American Sign Language), should contact the responsible state or local agency that administers the program or USDA's TARGET Center at (202) 720-2600 (voice and TTY) or contact USDA through the Federal Relay Service at (800) 877-8339.

To file a program discrimination complaint, a Complainant should complete a Form AD-3027, USDA Program Discrimination Complaint Form which can be obtained online at: [USDA Program Discrimination Complaint Form](#), from any USDA office, by calling (866) 632-9992, or by writing a letter addressed to USDA. The letter must contain the complainant's name, address, telephone number, and a written description of the alleged discriminatory action in sufficient detail to inform the Assistant Secretary for Civil Rights (ASCR) about the nature and date of an alleged civil rights violation. The completed AD-3027 form or letter must be submitted to USDA by: 1. **mail:** U.S. Department of Agriculture, Office of the Assistant Secretary for Civil Rights, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410; or 2. **fax:** (833) 256-1665 or (202) 690-7442; or **email:** [program.intake@usda.gov](mailto:program.intake@usda.gov)

This institution is an equal opportunity provider.

USDA Civil Rights Complaint Link:

<https://www.usda.gov/sites/default/files/documents/USDA-OASCR%20P-Complaint-Form-0508-0002-508-11-28-17Fax2Mail.pdf>

**Instructions for Parents/Participants/Guardians  
Household Income Eligibility Statement - Child Care Institutions**

**If you are applying for foster child(ren) only, follow these instructions:**

**Part 1:** Do not complete.

**Part 2:** List name, age, and birth date of foster child(ren); check the box for foster child.

**Part 3:** Sign and date the form. The last four digits of a social security number are not necessary.

**If your household receives Food Assistance Program (FAP), Family Independence Program (FIP), or Food Distribution Program on Indian Reservations (FDPIR) benefits, follow these instructions:**

**Part 1:** List the name and case number for any household member (including adults) receiving FAP, FIP, or FDPIR.

**Part 2:** List the name, age, and birth date for all children enrolled in day care.

**Part 3:** Sign and date the form. A Social Security Number is not necessary.

**Note:** Benefits received under WIC, Medicaid, or Department of Health and Human Services (DHHS) Child Care Assistance Program (where DHHS pays a portion of your child care expense) does not automatically qualify for Category A (free) meals.

**All other households, including households where some of the children are foster children, follow these instructions (not required if household is over the income limits and don't have any foster children):**

**Part 1:** Do not complete.

**Part 2:** List the names and ages of everyone (related or not related) living in your household, including you, other adults and children (If you need more space, use a separate sheet of paper.)

Place a ✓ in the column for all children enrolled in child care

List household members' ages and dates of birth

Place a ✓ in the next column if children in the household are foster children

If no case number is indicated in Part 1, list (by person) the amount and source of income received last month. List monthly earnings **before** deductions, monthly welfare, child support or alimony or any other income including retirement, Social Security, Supplemental Security Income (SSI), Veteran's (VA) benefits, disability benefits, Worker's Compensation, unemployment, strike benefits, regular contributions of people who do not live in your household or any other income

Place a ✓ in the box for those listed who do not have income

If you are in the Military Housing Privatization Initiative or receive Combat Pay, do not include the housing allowance as income

Foster child payments received by the family from the placement agency are not considered income and do not have to be reported. The presence of a foster child in a family does not make all children in the household automatically eligible for free meals

If you are a farmer or self-employed, monthly income is gross farm or business income received in the month prior to application minus farm or business expenses. Gross wages from other jobs or income from other sources must also be listed as income. A loss from self-employment must be listed as zero income and cannot reduce other income

**Part 3:** Sign and date the form and list the last four digits of your Social Security Number or check the box indicating "I do not have a Social Security Number."

**Help With Income** To determine annualized income:

If paid every week, multiply the total gross income by 52.

If paid every two weeks, multiply the total gross income by 26.

If paid once a month, use the total gross monthly income.

If paid twice a month, multiply the total gross income by 24.

If paid once a year, use the total gross yearly income.

Return the completed application to the child care center.

## USDA Nondiscrimination Statement

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U.S. Department of Agriculture  
Office of the Assistant Secretary for Civil Rights  
1400 Independence Avenue, SW  
Washington, D.C. 20250-9410; or
2. fax:  
(833) 256-1665 or (202) 690-7442; or
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## New Enrollment Information

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

Child's Date of Birth: \_\_\_\_\_

Today's Date: \_\_\_/\_\_\_/\_\_\_

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

Parent/Legal Guardian's Name: \_\_\_\_\_

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

Parent/Legal Guardian's Name: \_\_\_\_\_

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

List special dietary requests^, food allergies^ and restrictions^ (^Doctor signed form required):

.....

.....

.....

**What milk does your child drink? (choose one)**

- Cow Milk
- Soy Milk\* (\*Parent signed form required.)
- Almond Milk^ (^Doctor signed form required.)



**Do you feed your child? (choose all that apply)**

**Eggs**  Yes  No^ (^Doctor signed form required.)

**Dairy Containing Foods**  Yes  No^ (^Doctor signed form required.)

(milk, cheese, butter, yogurt, sour cream, etc.)

### First Week Schedule

Monday \_\_\_\_\_:\_\_\_\_\_ - \_\_\_\_\_:\_\_\_\_\_

Tuesday \_\_\_\_\_:\_\_\_\_\_ - \_\_\_\_\_:\_\_\_\_\_

Wednesday \_\_\_\_\_:\_\_\_\_\_ - \_\_\_\_\_:\_\_\_\_\_

Thursday \_\_\_\_\_:\_\_\_\_\_ - \_\_\_\_\_:\_\_\_\_\_

Friday \_\_\_\_\_:\_\_\_\_\_ - \_\_\_\_\_:\_\_\_\_\_

Please schedule on the half hour: 8:00; 8:30; 9:00, etc.

Changes submitted on Wednesday for the following week.

### Typical Schedule (if different)

Monday \_\_\_\_\_:\_\_\_\_\_ - \_\_\_\_\_:\_\_\_\_\_

Tuesday \_\_\_\_\_:\_\_\_\_\_ - \_\_\_\_\_:\_\_\_\_\_

Wednesday \_\_\_\_\_:\_\_\_\_\_ - \_\_\_\_\_:\_\_\_\_\_

Thursday \_\_\_\_\_:\_\_\_\_\_ - \_\_\_\_\_:\_\_\_\_\_

Friday \_\_\_\_\_:\_\_\_\_\_ - \_\_\_\_\_:\_\_\_\_\_

Please schedule on the half hour: 8:00; 8:30; 9:00, etc.

Changes submitted on Wednesday for the following week.





Child's Name \_\_\_\_\_  
Parent's Name \_\_\_\_\_ Parent's Social Security # (required) \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

I/we, the Parents/Legal Guardian or responsible adult of \_\_\_\_\_, agree to enroll our child in the Crayon Box Program licensed by the State of Michigan in the name of the Crayon Box, Andrews University Children's Learning Center. We agree that our registration fee of \$55 per child is due at enrollment and a yearly \$55 material fee per child is billed on the third Tuesday of February of each consecutive calendar year. We agree that a \$55 Change of Plan fee per child will be charged to hold the child's spot when off schedule for a full week or longer. These fees are non-refundable except the fee will be refunded for children of Andrew University faculty and staff (upon return). The fee will also be refunded for Andrews University students during university breaks (upon return). This fee will not be refunded if a child does not return.

I/we have received and read the program policies set forth in the Crayon Box Parent Handbook and agree to comply with all of the rules, policies and responsibilities stated therein. The Crayon Box has reserved the right to modify rules and policies at its discretion with 30 days written notice. Such notice requirements shall not be applicable in the event of emergencies or licensing mandates.

I/we agree to pay the provider the full tuition regardless of absences due to vacation, holidays, illness, and closings due to emergency situations, inclement weather or acts of God. We understand that the Crayon Box reserves the right to adjust the tuition rates with 30 days written notice. \*We understand that if our child turns three and is not potty trained, the Twos tuition will be charged until potty training has been achieved.

I/we agree that tuition fees are to be paid in full two weeks in advance (every other Monday). We also agree to pay any applicable late payment penalties, late pick-up, and non-scheduled hours fees that have been established in the parent policy manual.

I/we acknowledge that the Crayon Box will release \_\_\_\_\_ to only those persons authorized on the Child Information Card. We agree with the Provider's standard procedures used at the release of children in special circumstances. We acknowledge that no one will be permitted to take a child off the premises without written consent.

Finally, I/we agree that either party may terminate this agreement with a two-week written notice. In the event that a withdrawal notice has not been provided, we agree to pay the Crayon Box the amount equal to two weeks of tuition. We acknowledge that the Crayon Box may terminate this agreement without notice if \_\_\_\_\_'s continued participation in the program creates a direct threat to the safety of him/her self, other children, or the Crayon Box staff.

Hours Per Week	Infants, Toddlers, Twos	Preschool*, Pre-Kindergarten*, Young 5s*	School Age (SA) *^
<b>PLAN A Under 20 Hours/Week</b>	n/a	<b>\$6.25 / Hour</b>	n/a
<b>PLAN B1 20-25.50 Hours/Week</b>	<b>\$163</b>	<b>\$125</b>	n/a
<b>PLAN B2 26-29.50 Hours/Week</b>	<b>\$183</b>	<b>\$153</b>	n/a
<b>PLAN C1 30-35.50 Hours/Week</b>	<b>\$210</b>	<b>\$175</b>	n/a
<b>PLAN C2 36-39.50 Hours/Week</b>	<b>\$219</b>	<b>\$191</b>	n/a
<b>PLAN D1 40-45.50 Hours/Week</b>	<b>\$233</b>	<b>\$202</b>	n/a
<b>PLAN D2 46+ Hours/ Week</b>	<b>\$5.10 / Hour</b>	<b>\$4.43 / Hour</b>	n/a
<b>SA FULL DAY</b>	n/a	n/a	<b>\$42 / Day or \$195 /week</b>
<b>SA BEFORE SCHOOL (on school days)</b>	n/a	n/a	<b>\$7.50 / Day</b>
<b>SA AFTER SCHOOL (on school days)</b>	n/a	n/a	<b>\$7.50 / Day</b>
<b>ADD ON HOURS (if space available)</b>	<b>\$9.25 / Hour</b>	<b>\$7.50 / Hour</b>	n/a
<b>NON-SCHEDULED HOURS</b>	<b>\$13.00 Pro-Rated Hourly</b>	<b>\$13.00 Pro-Rated Hourly</b>	<b>\$13.00 Pro-Rated Hourly</b>
<b>AFTER CLOSING PICK-UP</b>	<b>\$2.75 Per Minute</b>	<b>\$2.75 Per Minute</b>	<b>\$2.75 Per Minute</b>

\* Children who are 3 but are not potty trained will remain at the Twos rate until potty training is achieved. All children must be potty trained to be in the Pre-K, Young 5s and Summer Camp programs. ^School Age care is provided for kids attending Kindergarten – the age of 12. Summer Camp is provided for kids who are entering 1st grade – 12 years.

If any provision of this contract, the program policies, rules and responsibilities are held invalid or unenforceable, it should be ineffective only to the extent of the invalidity, without affecting or impairing the validity or enforceability of the remainder of the provision or the remaining provisions and intent of this contract.

This contract constitutes the entire agreement among the parties involved and supersedes any prior understandings or agreements. Each party acknowledges and states that no representation, inducement, or conditions not stated in this contract have been made or relied upon by either party. This contract shall be governed by the laws of the State of Michigan.

\_\_\_\_\_  
Signature of Parent, Legal Guardian or Responsible Adult

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Date Signed/Effective

\_\_\_\_\_  
Program Director's Signature



**Return this completed form to:** *(insert institution's name, address & telephone number)*

## Participant Enrollment Form

**Instructions:**

1. List full name of participant enrolled in care
2. Circle the typical days each participant is in care
3. List times each participant is in care
4. Circle the meals and snacks each participant typically receives while in care
5. Select the ethnicity of each participant using the following codes: H = Hispanic or Latino, N = Not Hispanic or Latino\*
6. Select one or more racial designations of each participant using the following codes: A/I = American Indian or Alaskan Native, A = Asian, B = Black or African American, H/PI = Native Hawaiian or Pacific Islander, W = White\*
7. Sign and date the form and return to your care center

Participant's First and Last Name	Typical Days in Care (circle all that apply)	List Times in Care	Meals/Snacks Received (circle all that apply)	Ethnicity	Race
	Mon   Tues   Wed   Thu   Fri   Sat   Sun		Breakfast   AM Snack   Lunch PM Snack   Supper   Evening Snack		
	Mon   Tues   Wed   Thu   Fri   Sat   Sun		Breakfast   AM Snack   Lunch PM Snack   Supper   Evening Snack		
	Mon   Tues   Wed   Thu   Fri   Sat   Sun		Breakfast   AM Snack   Lunch PM Snack   Supper   Evening Snack		
	Mon   Tues   Wed   Thu   Fri   Sat   Sun		Breakfast   AM Snack   Lunch PM Snack   Supper   Evening Snack		

\* This information is voluntary. This will assist us in assuring the Child and Adult Care Food Program is administered in a nondiscriminatory manner.

\_\_\_\_\_

Adult/Parent/Guardian's Address

\_\_\_\_\_

Adult/Parent/Guardian's Phone Number

\_\_\_\_\_

Signature of Adult/Parent/Guardian

\_\_\_\_\_

Date Signed

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Michigan Department of Education  
Child and Adult Care Food Program

*Where Healthy Eating Becomes a Habit*

**Parent Information Sheet**

This child care center is a participant in the Child and Adult Care Food Program (CACFP), a United States Department of Agriculture (USDA) program. The CACFP provides cash reimbursement to child care centers for nutritious meals and helps children develop healthy eating habits. The CACFP is administered by the Michigan Department of Education (MDE).

Through the CACFP you can be assured that your child is getting balanced, nutritious meals and developing healthy lifelong eating habits. Proper nutrition during the early years ensures fewer physical and educational problems later in life.

As a participant in the CACFP, your child care center receives reimbursement for serving nutritious meals and snacks. Meals and snacks must meet the USDA meal pattern requirements listed below.

*Children less than one year old:* Foods in the infant meal pattern vary according to the infant’s age. If your child is less than one year old, please request the infant meal pattern requirements from our center.

<b>Breakfast</b>	<b>Lunch and Supper</b>	<b>Snack</b> (serve 2 from the 5 groups below)
<b>Milk</b> <b>Fruit and/or Vegetable</b> <b>Grain</b>	<b>Milk</b> <b>Meat or meat alternate</b> <b>Fruit</b> <b>Vegetable</b> <b>Grain</b>	<b>Milk</b> <b>Meat or meat alternate</b> <b>Fruit</b> <b>Vegetable</b> <b>Grain</b>

MDE is required to verify the enrollment, attendance and meals/snacks typically consumed by children while they are in care. MDE staff may contact you regarding your child’s participation in our day care center.

If you have any questions about the Child and Adult Care Food Program, please contact:

*Insert name of child care center* OR Child and Adult Care Food Program  
*Insert address of child care center* Michigan Department of Education  
*Insert phone number of childcare center* P.O. Box 30008  
Lansing, Michigan 48909  
517-241-5353

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# Professional Character Clearance for Volunteers / Parents

Please print and complete in blue or black ink

	Yes    No
Have you ever been convicted of a crime other than a minor traffic violation? If yes, please explain: _____ _____	____ / ____
Have you had a conviction or investigation of abuse or neglect of children and adults? If yes, please explain: _____ _____	____ / ____
Do you swear that you will never abuse, neglect, or molest any child or minor under your care?	____ / ____
Do you understand and agree that if you suspect of any child abuse and/or neglect, you will immediately report this to the child care authorities?	____ / ____
Are you aware that abuse and neglect of children is against the law?	____ / ____
Have you been informed of the center's policies on child abuse and neglect (see reverse)?	____ / ____
Do you know that caregivers are mandated by law to report abuse and neglect?	____ / ____

I, \_\_\_\_\_, hereby give permission to the Andrews University Summer Camp / The Crayon Box to verify information given to the center on application to volunteer/have contact with children other than your own and to hereby release the Andrews University Summer Camp / The Crayon Box, Michigan State Police and their assigns or successors from all liability or claims and authorize the Michigan State Police to release to Andrews University Summer Camp / The Crayon Box my conviction criminal history information.

My home address is \_\_\_\_\_  
\_\_\_\_\_

My local address is \_\_\_\_\_  
\_\_\_\_\_

My Driver's License # is \_\_\_\_\_ State of \_\_\_\_\_

My Social Security # is \_\_\_\_\_

My date of birth is \_\_\_\_\_ Sex \_\_\_\_\_ Race \_\_\_\_\_

My AU ID # is \_\_\_\_\_

The Andrews University Summer Camp / The Crayon Box agrees to use the information from the Michigan State Police to verify information on my volunteer application, statements I have made in regard to my volunteerism, and for any determination into my good moral character. The Andrews University Summer Camp / The Crayon Box further agrees that this information will not be released without my written permission unless The Andrews University Summer Camp / The Crayon Box is required or is authorized by federal or state statute or administrative rule to disclose this information.

Date signed \_\_\_\_/\_\_\_\_/20\_\_\_\_, in Berrien Springs, Michigan by \_\_\_\_\_  
Volunteer/Parent Signature

## The Andrews University Summer Camp / The Crayon Box Policy on Abuse and Neglect.

All employees and volunteers (including minors) of a child care centers are mandated reporters. Under the Child Protection Law, center employees and volunteers must contact Children's Protective Services

(CPS) **immediately** when they suspect child abuse and/or neglect. The immediate verbal report must be made to Centralized Intake by calling (855) 444-3911. The verbal report must be followed by a written report.

The written report must be submitted within 72 hours. DHHS encourages the use of the Report of Suspected or Actual Child Abuse or Neglect (DHS-3200) form which includes all the information required by the law. The written report may be faxed to (616) 977-1154 or (616) 977-1158 or emailed to [DHS-CPS-CIGroup@michigan.gov](mailto:DHS-CPS-CIGroup@michigan.gov). Reporting the situation to administration or other staff person does not relieve the center employee or volunteer of their mandated responsibility to report to CPS.

When child abuse and/or neglect is suspected, the center employee or volunteer needs to **only** obtain enough information to make a report. If a child starts disclosing information regarding abuse and/or neglect, the center employee/volunteer must ask **only** open-ended questions, if necessary, to determine whether a report needs to be made to CPS.

The child must not be led during the conversation. The center employee/volunteer must not attempt to conduct their own investigation either before reporting it to CPS or during the CPS investigation.

All staff and volunteers shall provide appropriate care and supervision of children at all times. All staff and volunteers shall act in a manner that is conducive to the welfare of children. All supervised volunteers shall receive a public sex offender registry (PSOR) clearance before having any contact with a child in care, including volunteers who are parents of a child in care. A copy of this clearance must be kept on file at the center. Any individual registered on the public sex offender registry (PSOR) is prohibited from having contact with any child in care,

It is the policy of the Crayon Box Andrews University Children's Learning Center to receive a public sex offender registry (PSOR) clearance for all volunteers, including parents with access to other children, before having any contact with a child in care.

The Andrews University Summer Camp / The Crayon Box requires a comprehensive background check on its employees and unsupervised volunteers. For an individual who is determined ineligible by the department, The Andrews University Summer Camp / The Crayon Box shall immediately do all of the following: (a) Prohibit the individual from being on the premises of the child care center. (b) Prohibit the individual from having any contact with children in care.

## School Activity and Medical Release Form

1. I HEREBY GRANT PERMISSION FOR MY CHILD, \_\_\_\_\_ TO:

- Use all the play equipment and participate in all school activities.
- Leave Marsh Hall and surrounding yard under the supervision of the program director or a teacher for campus walks.
- Participate in testing, evaluations, or pictures connected with the University program. I will be notified before testing takes place.

2. I GIVE PERMISSION TO THE CRAYON BOX CHILDREN'S LEARNING CENTER, LICENSED BY THE STATE OF MICHIGAN, TO SECURE EMERGENCY MEDICAL AND/OR EMERGENCY SURGICAL TREATMENT FOR MY CHILD WHILE IN CARE.

3. I UNDERSTAND THAT THE CRAYON BOX CHILDREN'S LEARNING CENTER CANNOT:

- Be responsible for anything that may happen as a result of false information at the time of enrollment.
- Assume responsibility for a child who has not been checked in and delivered to his/her classroom and left with the teacher.
- Release a child to anyone who appears to be under the influence of alcohol or narcotics, or to anyone who is not listed on the child's Emergency Card.

4. I UNDERSTAND THAT THE CRAYON BOX CHILDREN'S LEARNING CENTER STAFF ARE UNDER LEGAL AND PROFESSIONAL OBLIGATION TO REPORT ANY CASES OF SUSPECTED ABUSE, NEGLECT, OR INCEST.

\_\_\_\_\_  
Parent or Guardian's signature

\_\_\_\_\_  
DATE

## School Age Child Good Health Statement

I hereby certify that my child \_\_\_\_\_, d.o.b. \_\_\_\_\_, is in good health.

My child has the following health or physical restrictions: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_.

My child's physical and immunizations (or waiver) are up to date and on file at (child's school) \_\_\_\_\_

\_\_\_\_\_ in (city, state) \_\_\_\_\_

where my child is enrolled full time in grade \_\_\_\_\_.

If my child does not have their physical and immunizations (or waiver) at a K-12 school, I will provide a copy of both to be in their file at The Crayon Box / Andrews University Summer Camp.

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

\_\_\_\_\_  
Date



# Special Diet Statement

## Why am I being asked to fill out this form?

Institutions or organizations who sponsor and operate a federally funded Child Nutrition Program must make reasonable substitutions to meals and/or snacks on a case-by-case basis for participants who are considered to have a disability that restricts their diet.\* According to the ADA Amendments Act, most physical and mental impairments that substantially limit or affect one or more major life activities or bodily functions will constitute a disability.

Sponsors are not required to accommodate special dietary requests that are not a disability. This includes requests related to religious or moral convictions or personal preference. **If these requests are accommodated, sponsors must ensure that all USDA meal pattern and nutrient requirements are met.**

This form must be completed by a licensed physician, physician assistant, or an advanced practice registered nurse, such as a certified nurse practitioner. **Updates to this form are required only when a participant's needs change.**

Note to Districts/Schools: Parents/Guardians may provide a written request for lactose-free milk without a physician's signature. Lactose-free milk served must meet meal pattern requirements for the program.

Submit this completed special diet statement to: \_\_\_\_\_

## Participant Information:

Participant's Full Name: \_\_\_\_\_ Today's Date: \_\_\_\_\_

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

Name of School/Center/Site Attended: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

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

## Required Information: Dietary Accommodation

1. List the food to be avoided:  
\_\_\_\_\_
2. Briefly explain how exposure to this food affects the participant:  
\_\_\_\_\_
3. List foods to be omitted and substituted. Attach a sheet with additional instructions as needed.

Foods to be Omitted	Foods to be Substituted

## Additional Information

Texture Modification:  Pureed  Ground  Bite-Sized Pieces  Other: \_\_\_\_\_

Tube Feeding Formula Name: \_\_\_\_\_

Administering Instructions: \_\_\_\_\_

Oral Feeding:  No  Yes If yes, specify foods: \_\_\_\_\_

Other Dietary Modification or Additional Instructions (Describe): \_\_\_\_\_

## Required Signature

This form must be signed by a licensed physician, physician assistant, or advanced practice registered nurse such as a certified nurse practitioner. The medical person signing it should keep a copy of this document in his/her records.

Prescribing Authority Credentials (print): \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_ Clinic/Hospital: \_\_\_\_\_

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

## Voluntary Authorization

**Note to Parent(s)/Guardian(s)/Participant: You may allow the director of the school/center/site to talk with the medical person about this Special Diet Statement by signing the Voluntary Authorization section:**

In accordance with the provisions of the Health Insurance Portability and Accountability Act (HIPAA) of 1996 and the Family Educational Rights and Privacy Act I hereby authorize \_\_\_\_\_  
**(physician/medical authority name)** to release such protected health information as is necessary for the specific purpose of Special Diet information to \_\_\_\_\_ **(program name)** and I consent to allow the physician/medical authority to freely exchange the information listed on this form and in their records concerning me, with the program as necessary. I understand that I may refuse to sign this authorization without impact on the eligibility of my request for a special diet for me. I understand that permission to release this information may be rescinded at any time except when the information has already been released. **Optional:** My permission to release this information will expire on \_\_\_\_\_ **(date)**. This information is to be released for the specific purpose of Special Diet information. The undersigned certifies that he/she is the parent, guardian, or authorized representative of the participant listed on this document and has the legal authority to sign on behalf of that participant.

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

OR Participant's Signature (Adult Day Care ONLY): \_\_\_\_\_

## Non-Discrimination Statement

In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex, disability, age, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA.

Persons with disabilities who require alternative means of communication for program information (e.g. Braille, large print, audiotape, American Sign Language, etc.), should contact the Agency (State or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English.

To file a program complaint of discrimination, complete the [USDA Program Discrimination Complaint Form](https://www.ocio.usda.gov/sites/default/files/docs/2012/Complain_combined_6_8_12.pdf) ([https://www.ocio.usda.gov/sites/default/files/docs/2012/Complain\\_combined\\_6\\_8\\_12.pdf](https://www.ocio.usda.gov/sites/default/files/docs/2012/Complain_combined_6_8_12.pdf)), (AD-3027) found online at: [How to File a Complaint](https://www.usda.gov/oascr/how-to-file-a-program-discrimination-complaint) (<https://www.usda.gov/oascr/how-to-file-a-program-discrimination-complaint>), and at any USDA office, or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by:

1. mail: U.S. Department of Agriculture  
Office of the Assistant Secretary of Civil Rights  
1400 Independence Avenue, SW  
Washington, D.C. 20250-9410
2. fax: (202) 690-7442; or
3. email: [program.intake@usda.gov](mailto:program.intake@usda.gov)

This institution is an equal opportunity provider.

# Topical Non-Prescription Medication Annual Parent Authorization

**Please initial each statement after reading.**

\_\_\_\_\_ I give permission for staff of The Crayon Box to apply the following topical, non-prescription medications marked "YES" to my child as needed.

\_\_\_\_\_ I understand The Crayon Box will not provide any of the items on the list and it is my responsibility to provide these items to The Crayon Box in the original packaging and labeled with my child's name (first & last).

\_\_\_\_\_ I understand that I must provide one item per child if I have multiple children. Children may not share Topical Non-Prescription Medication.

\_\_\_\_\_ I understand The Crayon Box will administer sunscreen and insect repellent in the afternoons only and I will apply to my child before arriving in the morning.

Child's Name: \_\_\_\_\_ D.O.B. \_\_\_\_\_

Insect Repellent\*  Yes  No

Sunscreen\*  Yes  No

Triple Antibiotic Ointment\*  Yes  No



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

Date \_\_\_\_\_

*\* Not provided by The Crayon Box*

**This form must be renewed annually.**



**WRITTEN INFORMATION PACKET DOCUMENTATION**

Michigan Department of Licensing and Regulatory Affairs  
Child Care Licensing Bureau

<b>Child(ren)'s Name(s) (Last, First)</b>	<b>Facility's Name and License Number</b> The Crayon Box - DC110016352
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A written information packet has been provided at the time of enrollment. The packet included all the following information (*R 400.8146 (1-2)*):

- Criteria for admission and withdrawal.
- Schedule of operation, denoting hours, days, and holidays during which the center is open, and services are provided.
- Fee policy.
- Discipline policy.
- Food service program.
- Program philosophy.
- Typical daily routine.
- Parent notification plan for accidents, injuries, incidents, and illnesses.
- Transportation policy, if applicable.
- Medication policy.
- Exclusion policy for child illnesses.
- Notice of the availability of the center's licensing notebook. **(CENTER MUST CHECK ONE)**
  - The center keeps a licensing notebook containing a summary sheet, all licensing inspections and special investigation reports, and related corrective action plans for the last 5 years. The licensing notebook is available to parents/guardians during regular business hours. Reports from at least the past three years are available at [www.michigan.gov/michildcare](http://www.michigan.gov/michildcare).
  - The center does not keep a licensing notebook, but internet is available onsite. Reports from at least the last three years are available at [www.michigan.gov/michildcare](http://www.michigan.gov/michildcare).
- Other \_\_\_\_\_

I certify that I received all of the above items.

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

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

**Note:** A single CCL-4340 form may be used for all children in the same family.

LARA is an equal opportunity employer/program.

## Written Permission to Photograph

The Crayon Box Children's Learning Center occasionally uses photographs of our enrolled children for these specific uses.

- Our website: (<http://www.andrews.edu/childrenslearning>)
- Articles/Photos in local newspapers and magazines
- Promotional posters (ex. Apple Valley, Harding's and the Berrien Springs Public Library)
- Flyers (ex. for the Berrien County Youth Fair)
- Ads in local newspapers
- Registration materials
- Student composite pictures/classroom pictures of fun activities, projects, programs, and other events may be posted on our walls, newsletters, etc.

**Note:** No photographs of a child's face will be shared on social media. Artwork may show the child's first name but never the full name.

Child's Name: \_\_\_\_\_ D.O.B. \_\_\_\_\_

**Please sign below one of the statements.**

Your signature here **gives The Crayon Box consent to include** your child as described above:

Signature \_\_\_\_\_

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

Your signature here **declines** to give The Crayon Box consent to include your child as described above:

Signature \_\_\_\_\_

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

# 2024 - 2025 School Year Calendar - The Crayon Box Children's Learning Center

August 2024						
Su	M	Tu	W	Th	F	Sa
				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 2024						
Su	M	Tu	W	Th	F	Sa
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 2024						
Su	M	Tu	W	Th	F	Sa
		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		

November 2024						
Su	M	Tu	W	Th	F	Sa
					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

December 2024						
Su	M	Tu	W	Th	F	Sa
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				

January 2025						
Su	M	Tu	W	Th	F	Sa
			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	

August	
9	Last Day of Summer Camp
12-16.	Closed. Staff Training
26	First Day of 1st Semester
29	Parent Potluck/Move-A-Thon

September	
2	Closed. Labor Day

October	
28-31	Scholastic Book Fair

November	
1	Scholastic Book Fair
5	Crayon Box Election Day
26	Holiday Concert
27	Closes at 12:30 pm
28-29	Closed. Thanksgiving Break

December	
23	Open 6:45 am - 4:30 pm
24-27	Closed. Christmas Break
30-31	Open 6:45 am - 4:30 pm

January	
1	Closed. New Years Day
3	Open 6:45 am - 4:30 pm
13	First Day of 2nd Semester
20	Closed. Martin Luther King Jr.

February 2025						
Su	M	Tu	W	Th	F	Sa
						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	

March 2025						
Su	M	Tu	W	Th	F	Sa
						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 2025						
Su	M	Tu	W	Th	F	Sa
		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			

May 2025						
Su	M	Tu	W	Th	F	Sa
				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 2025						
Su	M	Tu	W	Th	F	Sa
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					

July 2025						
Su	M	Tu	W	Th	F	Sa
		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		

February	
13	Valentine Parties
17	Closed. President's Day

March	
17-21	Open 6:45 am - 4:30 pm


April	
7-11.	Scholastic Book Fair
10	Literacy Luau
15-17	Parent Teacher Conferences
18	Closed. Good Friday

May	
2	Closed. Staff Training
26	Closed. Memorial Day

June	
9	First Day of Summer Camp
19	Closed. Juneteenth

July	
4	Closed. Independence Day

 Crayon Box Closed

 Abbreviated Hours

 Special Date





# 2024-2025 Parent Handbook



**Office:** 269-471-3350      **Fax:** 269-471-6577

**Email:** [crayonbox@andrews.edu](mailto:crayonbox@andrews.edu)

**Web:** <http://www.andrews.edu/childrenslearning>

**Facebook:** <https://www.facebook.com/TheCrayonBox.AndrewsUniversity>

### **Classroom Phone Numbers**

**Infant Room:** 471-3419    **Toddler (Young Toddlers):** 471-3452

**Twos (Older Toddler):**      471-3374    **Preschool:** 471-3352

**Pre-Kindergarten:** 471-3528    **Young 5s:** 471-6307    **Fun Zone:** 471-3513

### **Center Hours**

Monday: 6:45 AM – 6:00 PM

Tuesday: 6:45 AM – 6:00 PM

Wednesday: 6:45 AM – 6:30 PM

Thursday: 6:45 AM – 6:00 PM

Friday: 6:45 AM – 4:30 PM

This Parent Handbook is designed to help you become better acquainted with the program and policies of The Crayon Box. Revisions/additional information are distributed each year and/or may be distributed during the year.

*Revised by Kristine Conklin. March 2024    Effective Date: August 26, 2024*



We welcome you and your child to The Crayon Box Children's Learning Center! We are glad you have decided to join us at an important time in your child's development. The Andrews University Children's Learning Center has a long history of providing a quality early childhood education for young children. Our center began as a child development lab in the mid-1950s.

We are a Learning Center because we provide a variety of physical, emotional, spiritual, and academic experiences for children at every phase of their development. We believe that children learn best through play and exploration. They are in the process of building a solid foundation for continued academic learning. Our teachers provide the children with stimulating opportunities which encourage the child to build that foundation as s/he interacts with every facet of her/his environment. Not only do we provide for your child's physical and emotional needs and cognitive growth, we also take seriously our responsibility to introduce children to Jesus as a loving friend.

The National Association for the Education of Young children (NAEYC) offers the following measure of quality care when considering accreditation. It is our goal at The Crayon Box to exceed these criteria:

- ◆ *Teaching staff express warmth through behaviors such as physical affection, eye contact, tone of voice, and smiles.*
- ◆ *Teaching staff function as the secure bases for children. They respond promptly in developmentally appropriate ways to children's positive initiations, negative emotion, and feelings of hurt and fear by providing comfort, support, and assistance.*
- ◆ *Teaching staff evaluate and change their responses based on individual needs. Teaching staff vary their interactions to be sensitive and responsive to differing abilities, temperaments, activity levels, and cognitive and social development.*

The purpose of this handbook is to share information and ideas with parents to promote the understanding of our programs and foster a spirit of cooperation between parents and our staff. We hope you will find it useful as an orientation to both our policies and our services. We look forward to sharing many happy experiences with you and your child. If we can be of help in any way, please let us know.

Sincerely,



Kristine Conklin, ECE Director

269-471-3350 [crayonbox@andrews.edu](mailto:crayonbox@andrews.edu)

## **OUR MISSION STATEMENT**

Andrews University, a distinctive Seventh-day Adventist institution, transforms its students by educating them to Seek Knowledge and Affirm Faith in order to Change the World.

## **OUR MISSION**

The Crayon Box Children's Learning Center provides a service that supports the overall mission of Andrews University and the community families in Berrien County, Michigan. We are dedicated to:

- Reflecting the love for children, exemplified by Jesus Christ
- Providing consistent, dependable early childhood education for Andrews University employees, Andrews University students, and the community
- Increasing productivity of The Crayon Box parents as they serve our local community, including Andrews University, by providing a safe, nurturing and educational environment for their children

## **OUR PHILOSOPHY**

The Crayon Box Children's Learning Center is part of Andrews University, a Seventh-day Adventist institution. We are under the jurisdiction of the General Conference of Seventh-day Adventists. It is not the goal of the center to instruct the children in any particular religious doctrine, but rather to love the children and their families in such a way that they experience something of what it means to be a child of God.

We believe that every person is a unique creation and beloved by the Creator God. Therefore, we will consistently try to treat every member of every family with whom we come in contact with love and respect and teach the children entrusted to us loving, caring ways to relate to each other.

We believe that God is just. Therefore, we will strive to be trustworthy ourselves and to teach the children to be fair in their relationships with others.

We believe that God allows us to freely choose how we will live. Therefore, we will give children safe choices and allow them, insofar as it is possible, to experience the natural consequence of their decisions.

We believe that God endows every person with creative potential and intends that people be responsible stewards of the rest of creation. Therefore, we will seek to provide every child with opportunities to explore his or her creativity, to learn for the purpose of understanding, and to develop the ability to think logically, organize coherently, plan constructively, and evaluate with humor and hope.

We believe that God forgives us. Therefore, we will strive to teach forgiveness by both precept and example to the end that teacher, students, and parents learn to forgive themselves and each other and live life more fully and not hampered by the fear of failure but with confidence and courage.

The Crayon Box Children's Learning Center is a member in good standing with both the Michigan Association for the Education of Young Children (MIAEYC) and The National Association for the Education of Young Children (NAEYC).

### **STATEMENT OF SPONSORSHIP**

The Children's Learning Center is a non-profit, non-discriminatory institution founded, sponsored, owned and operated specifically by Andrews University. The Center is licensed by The Dept. of Licensing and Regulatory Affairs (LARA), Child Care Licensing Bureau (CCLB). The policies governing the center are determined in part by the administrators of the center, under the direction of the Department of Human Resources of Andrews University. Licensing rules for Child Care Centers for the State of Michigan are strictly adhered to. All funds earned by the Children's Learning Center will be reinvested into the Center.

### **PURPOSE**

It is the purpose of the Children's Learning Center to provide a warm and caring environment for the children to grow and feel included and valued regardless of gender, ability, ethnicity, language or background. Your child will be challenged to build cognitive skills in Math, Language Arts, and Science. Self-esteem and personal relationships are emphasized as children meet peers and adults. The spiritual nurture of your child is a privilege we take seriously. We also provide an experience with young children for Andrews University students as they pursue degrees in various disciplines. Under the supervision of qualified staff, these students have the opportunity to observe, test, plan lessons, and develop teaching skills. It is our purpose to model a quality early childhood program.

### **CULTURAL COMPETENCE PLAN**

The Crayon Box represents diversity across global, racial, economic, gender, religious and generational lines. Our classrooms are filled with the beautiful diversity of children and staff from many different backgrounds, nations and languages. Successful programs for children respect and incorporate each child's contemporary culture. Children must not be expected to sacrifice their own cultural identity, but rather to take pride in themselves, their families, and their culture. Cultural identity should not restrict individual growth, development, and/or success; the task of an individual is not to have to "fit into" a culture but to use the cultural context as a vehicle to reach full potential. Our classrooms feature books and toys that show people of different ages, abilities, genders, ethnicities and non-traditional roles and families. The Crayon Box serves meals that represent different cultures, including the cultures of children in our center. We celebrate the richness of diversity at The Crayon Box and it is the purpose of the Children's Learning Center to provide a warm and caring environment for the children to grow and feel included and valued regardless of gender, ability, ethnicity, language or background.

## PROGRAM GOALS

Our goals are to have children learn about themselves, others, and the world they live in. Whether they attend a part-day or a full-day program, children come with important questions. They may look at us wondering, “Are you a trustworthy adult? What do you think of me? What do I think of me? How will you treat my family? What’s the world like? Will you be someone who helps me figure it out?”

A. We want to provide for your child:

- The opportunities for being with other children in a setting conducive to the development of wholesome social relationships; appropriate play experiences that contribute to the developmental needs of the children.
- The opportunities for meaningful “learning activities” that are based on the child’s individual needs, interests, special needs, and abilities, that will build important foundations for the future reading skills and other academic pursuits.
- To help children to maintain a Christian attitude throughout their school experience.
- For all children to feel included and valued regardless of gender, ability, ethnicity, language or background.

B. We want to provide for the parents:

- The opportunities to meet with and work with other parents and teachers who have as their common concern the interests and needs of each child.
- The care for the child while the parent pursues her/his own work, school or interests.
- The opportunities to grow in the understanding of child development through an educational program.
- To show the positive benefits of Christian education.

C. For the community:

- To help meet the needs of the community for an early childhood educational facility.
- To contribute to the wholesome growth and development of the future citizens of the community.
- To provide a setting where people of various religious and ethnic backgrounds can work together for a common interest.
- To share Christianity with others.

## GOALS FOR THE CHILDREN

We feel that some of the most important things a child can develop while here at The Crayon Box are:

### ***Good Self-Concept:***

Creativity  
Verbal expression  
Confidence in self  
Joy of laughter

### ***Good Interaction Skills:***

Communicating  
Sharing  
Trusting  
Realizing that showing feelings is OK  
Learning good manners  
Caring for others

### **Respect for:**

People  
Property  
Environment

### **Spiritual Awareness:**

God’s love for individuals  
God as Creator  
Stories from the Bible

### **Scholastic Skills:**

Fine-motor - cutting, drawing, writing  
Math - shapes, counting, size, order, etc.  
Language and literacy experiences  
Early Science experiences

### **Self-Preservation Skills:**

Dealing with emergencies  
Reacting to strangers  
Learning information about self

### **Self-Help Skills:**

Dressing  
Personal hygiene  
Cleaning up after self

## **HOLIDAYS**

The Children's Learning Center is closed for the following holidays:

- **Martin Luther King Jr Day**
- **Presidents' Day**
- **Good Friday**
- **Memorial Day**
- **Juneteenth**
- **Independence Day**
- **Labor Day**
- **Thanksgiving Break**
- **Christmas Break / New Year's Day**

The Crayon Box will also be closed for Teacher In-Services each year (depending on state requirements).

## **BUSINESS INTERRUPTION**

The center will be closed when Andrews University closes. The center may also be closed due to loss of electricity, fire damage, communicable disease outbreaks, etc. Parents will need to arrange alternate emergency childcare for these situations. In the event the center is closed for more than five consecutive business days, the parent is relieved of any financial obligation to pay for those days in excess of five business days. The parent will return to use the Crayon Box program as soon as it resumes operation or must communicate if the child will be returning at a later date and pay the Plan Change Fee to hold their child's spot. A lack of communication signifies the family no longer needs the services of The Crayon Box and the child will be unenrolled. Nothing in this provision alters the contractual provision relating to the required length of notice for termination of the contract with The Crayon Box.

## **MAJOR DISASTER**

In the event of tornado or other major disaster, children will be taken to an assigned safe area until a parent or an emergency contact person comes to pick up the child. Anyone who picks up a child must present a *valid Driver's License/State ID* and must sign the emergency forms of the children being taken because there may be no phone service to use to track down a child's whereabouts. More information is found in the Emergency Procedures.

## **SNOW DAY/DELAY PROCEDURES**

The Crayon Box Children's Learning Center will close due to bad weather conditions if requested by the authorities (Police Department, Safety Department) or if Andrews University classes are canceled/moved to virtual learning due to weather. We will function independently if the University is closed for vacations and follow the local Berrien Springs school decisions. If we are required to close before the day begins, the following procedures will take place: A message will be left on the main office voice mail, 471-3350, stating that the center will be closed due to bad weather conditions. The closing or delay will be put on WNDU and WSBT's school closing sites, The Crayon Box Facebook and the Remind app. When the closing requirement has been lifted, our office phone message will be changed back to the original message. In certain weather situations, the University may remain open, but the conditions require the Berrien Springs School System to close. On the days that the Berrien Springs schools are closed, and the University is open, the Crayon Box will open at 8:45 am. This allows time for the roads to be cleared and our staff and children's families to have safer driving conditions. Breakfast will not be served on those days.

## **NONDISCRIMINATION POLICY**

The Crayon Box Learning Center will maintain all practices related to enrollment, discipline, and all other terms and benefits of early childhood educational services provided in a manner which does not discriminate against any child, parent or family on the basis of race, color, religion, national origin, sex, disability or any other legally-protected classification.

## **STUDENT FILES – CONFIDENTIAL INFORMATION**

A student file is maintained on each child enrolled. Parents are required to notify The Crayon Box, should any of the information collected at the time of enrollment changes. Each child has the right to confidentiality. All information concerning the child in our program, including all reports, records, and data are confidential and used for internal purposes only. Information pertaining to children enrolled in the Crayon Box Program will not be released to third parties without written permission of the parent(s), unless required by statute, court order or licensing mandate.

## ADMISSION/ENROLLMENT

Children (2 weeks - 12 years) are accepted when there is an opening and must complete an enrollment packet.

- **Child Information Record (required)**
- Credit Card Agreement (recommended)
- **Developmental History (required)**
- Fluid Milk Substitute Request (completed by parent for soy milk)
- **Health Appraisal Form (required)**
- **Household Income Eligibility Statement (required)**
- **Immunization records (required)**
- **Infant Formula/Food Sign Off Statement (required for infants)**
- **New Enrollment Form (required)**
- **Parent Agreement (required)**
- **Participant Enrollment Form (required)**
- Professional Character Clearance Volunteers/Parents (recommended)
- **School Activity and Medical Release Form (required)**
- School Age Child Good Health Statement (replaces physical for school age children)
- Special Diet Statement (completed by physician for almond milk or special meals including vegan)
- **Topical Non-Prescription Medication Form (required)**
- **Written Information Packet Documentation (required)**
- **Written Permission to Photograph (required)**

**Registration is to be completed no later than 5 pm on the Wednesday two weeks before the start date.**

- Pay registration fee of \$55 per child
- Turn in first week schedule to the office by 5 pm on the Wednesday **two weeks** before the start date.
- Pay first two weeks of tuition on or before the first day of care

## YEARLY FEES

A \$55 Per Child Registration Fee is due at the time of initial enrollment or re-enrollment after withdrawal or termination. \$55 Per Child Materials Fee– Billed yearly on the third Tuesday of February. \$75 School Age Summer Camp Registration Fee – billed at time of enrollment. These fees are non-refundable

## DIAPER FEES

Diapers can be provided for a fee of \$1 per diaper. No charge if the parents provides diapers.

## FINANCIAL CONTRACT

A financial contract is completed for each child according to his/her schedule for care. All plans are billed for actual hours requested in writing. Preference is given to full-time enrollment (Plans C and D). Part-time enrollment (Plan B) is less flexible than Plans C and D and the child must have set days they attend. We do not enroll children for less than Plan B1 until they turn 3 years old and are enrolled in Pre-School. Schedules **MUST** be turned in by 5 pm on Wednesday of the prior week. Schedule changes are subject to availability if received after 5 pm on Wednesday. Schedules must be submitted in writing with the purple form in the office, through the Remind App, or email to [cbschedules@andrews.edu](mailto:cbschedules@andrews.edu).

## TUITION

***Advance Payment Plans:*** Fees for the contracted plan are **due two weeks in advance.** Billing follows a two-week cycle. Tuition is due on the scheduled “due date” every other Monday. If payment has not been received by Tuesday morning following the Tuition Due Date, a reminder will be placed on the time clock. A 1% carrying charge will be posted to the account on Wednesday afternoon following the Monday when the payment is due. We will be unable

to provide service for your child on the following week if there is an unpaid bill and no payment plan is in place. Failure to make payment or arrangements for payment within 30 days of the due date may result in termination and re-registration fee for re-enrollment. (All scheduled hours are subject to advanced payment.)

***DHS Recipients:*** All recipients are responsible for tuition until DHS sends authorization and for all balances left after their payment. You will be charged two weeks in advance just as the other plans according to the schedule you have turned in. It is also the parent's responsibility to pay all fees not covered by the DHS, such as registration fees, tuition, overtime fees, and late charges. Failure to make payment or arrangements for payment within 30 days of the due date may result in termination and re-registration fee for re-enrollment.

### **NOTICE OF WITHDRAWAL**

If, for any reason, your child will no longer be attending the center, a Notice of Withdrawal should be signed and turned in to the office *two weeks before* your intention to terminate. In the event that a withdrawal notice has not been provided with two weeks' notice, parents are still required to pay the amount equal to two weeks of tuition.

### **CONTRACT PLAN CHANGES**

When a child is off schedule for a full week or longer, a \$55 Change of Plan fee per child will be charged to hold the child's spot. The fee will be refunded for children of Andrew University faculty and staff (upon return). The fee will also be refunded for Andrews University students during university breaks (upon return). This fee will not be refunded if a child does not return.

### **CHANGE OF SCHEDULE**

Here at the Children's Learning Center, we are happy to be one of the few early childhood educational centers that allow weekly schedule changes. In order to continue this flexible policy, please pay special attention to the following schedule change procedures.

- **Schedule changes MUST be turned in by 5 pm on Wednesday of the prior week. Schedule changes are subject to availability if received after 5 pm on Wednesday. Schedules will roll over from the previous week if no new schedule has been received. No schedules will be entered into the computer unless they are submitted in writing. Schedules must be submitted in writing with the purple form in the office, through the Remind App, or email to [cbschedules@andrews.edu](mailto:cbschedules@andrews.edu).**
- You will be charged for the hours you schedule for your child. Care given outside of the scheduled hours will be at the Non-Scheduled Hours rate. No credit will be given if attendance is less than the scheduled hours. Hours not used cannot be transferred to another day.
- **Your written schedule request will remain as your set schedule in the computer system until you submit another written request. If you are requesting hours for "one week only", please make sure that you enter a second schedule form. No schedules will be entered into the computer unless they are submitted in writing.**
- When filling out the "change of hours" form, you must fill out each day with the hours that you will need for your child. Do not indicate just the day or days that you want changed. **For example:** *you normally have your child scheduled to come Monday through Friday 8:00 – 5:00, but next week you want to request Wednesday until 4:00 p.m. If you only write on the schedule for Wednesday 8:00 – 4:00 and leave the other days blank, we will assume that you are only coming Wednesday.* Then you risk not having space on the other days.
- We schedule on the half hour. Example: 8:00; 8:30; 9:00 etc. We do not accommodate arrivals between 11:00 am and 2:30 pm as it disrupts lunch and nap time.



## DISCRETIONARY DAYS

Discretionary days may be used to receive credit for days the child was scheduled but did not attend. Discretionary days per school year: Plan B (7 days). Plan C (10 days). Plan D (15 days).

- Discretionary days must be requested in writing (*pink form*), signed and dated by the parent.
- There will be no accumulation of discretionary days from one year to the next.
- All discretionary days are cleared from the bank when a child is withdrawn or terminated.
- No additional discounts are given beyond the discretionary days.
- Discretionary days are reset each year on the first day of school in August.

## 2024-2025 RATES

Hours Per Week	Infants, Toddlers, Twos	Preschool*, Pre-Kindergarten*, Young 5s*	School Age (SA) *^
<b>PLAN A</b> Under 20 Hours/Week	n/a	\$6.25 / Hour	n/a
<b>PLAN B1</b> 20-25.50 Hours/Week	\$163	\$125	n/a
<b>PLAN B2</b> 26-29.50 Hours/Week	\$183	\$153	n/a
<b>PLAN C1</b> 30-35.50 Hours/Week	\$210	\$175	n/a
<b>PLAN C2</b> 36-39.50 Hours/Week	\$219	\$191	n/a
<b>PLAN D1</b> 40-45.50 Hours/Week	\$233	\$202	n/a
<b>PLAN D2</b> 46+ Hours/ Week	\$5.10 / Hour	\$4.43 / Hour	n/a
<b>SA FULL DAY</b>	n/a	n/a	\$42 / Day or \$195 /week
<b>SA BEFORE SCHOOL</b> (on school days)	n/a	n/a	\$7.50 / Day
<b>SA AFTER SCHOOL</b> (on school days)	n/a	n/a	\$7.50 / Day
<b>ADD ON HOURS</b> (if space available)	\$9.25 / Hour	\$7.50 / Hour	n/a
<b>NON-SCHEDULED HOURS</b>	\$13.00 Pro-Rated Hourly	\$13.00 Pro-Rated Hourly	\$13.00 Pro-Rated Hourly
<b>AFTER CLOSING PICK-UP</b>	\$2.75 Per Minute	\$2.75 Per Minute	\$2.75 Per Minute

2024-2025 Rates are effective August 26, 2024

## RETURNED CHECKS

A \$35 fee is charged for all returned checks. Future payments are to be cash, credit card or money order.

## AFTER HOURS PICK-UP

A late pick-Up Charge of \$2.75/minute will be charged per family for any children remaining in the Center after closing time. It is the parent's responsibility to contact the office and/or child's classroom if they will be arriving past closing. Leaving a message on the office voice mail does not mean the center is aware that you will be late. Classroom numbers are found in this handbook and are on our website and parents can use the remind app. **If no message is received from the parent,** the Center staff will try to call the child's emergency contacts. If no one is found at these numbers, the teachers will wait **30 minutes after closing time** to **call the Berrien Springs Police Department and Child Protective Services.**

## **NON-SCHEDULED HOURS FEE**

Non-scheduled hours are any time before, after, or in addition to the daily schedule requested in the Parent Agreement-Contract or the hours given on the "Change of Hours" form. The 'overtime' rate for non-scheduled hours is \$13/hour or any portion thereof. If your child has to stay at least 30 minutes extra, please call the office to notify that your child will be staying outside of their contracted time, and you will be charged the "Add On Hours" rate (providing space is available). It is crucial that schedules are followed closely. Whenever a child is brought in before the schedule time and/or picked up after the scheduled time, overtime is charged. Arriving later than scheduled does not entitle a later pick-up. Arriving earlier than scheduled, parents must check with teachers if there is availability and space may not be available until your scheduled time. Classrooms are staffed according to the schedules turned to the office. Teacher-child ratios are followed to remain within licensing requirements.

## **IMMUNIZATION AND PHYSICAL EVALUATIONS (HEALTH PLAN)**

It is important for The Crayon Box to have a health plan. Maintaining accurate records is essential to providing quality care and protecting the health and safety of children in early childhood education settings. Children's health records can help early childhood education providers identify preventive health needs such as immunizations or dental care, prepare a special care plan for children with chronic health conditions or special health needs such as asthma, and determine whether to include or exclude children from care because of their illness. Requiring accurate health information encourages families to have a primary health care provider for each child and facilitates communication between parents, health care providers and early childhood education providers. If families do not have a regular health care provider, our director or teachers can connect them with local resources to help them find one.

For children under school-age, parents must provide The Crayon Box one of the following at the time of enrollment:

- A certificate of immunization showing a minimum of 1 dose of each immunizing agent specified by the Department of Health and Human Services (DHHS).
- A copy of a waiver from local health department.

When a child under school-age whose immunizations were not up-to-date at the time of enrollment has been in attendance for 4 months, an updated certificate showing completion of all additional immunization requirements as specified by DHHS must be kept on file, unless there is a signed statement by a licensed health care provider stating immunizations are in progress. We report to DHHS immunizations for all children enrolled by October 1 each year. Within 30 days of enrollment, parents must turn in a record of a physical evaluation of the child that notes any restrictions and is signed by a physician or the physician's designee. An electronic record from a physician's office will be accepted.

The physical evaluation must be performed within 1 of the following time limits:

- For an infant, within the preceding 3 months.
- For toddlers, within the preceding 6 months.
- For preschoolers, within the preceding 12 months.

Physical evaluations/immunization records must be updated yearly for infants and toddlers and every 2 years for preschoolers. Families will receive their reminder to turn in a new physical and immunization record with their child's birthday card.

Regular checkups are an important way to keep track of your child's health and physical, emotional, and social development. These visits are important for ALL children, including children and youth with special health care needs who may also be under the care of specialists. Your conversations can range from sharing your successes and milestones, to overall concerns about child development, to challenges in daily routines. Think of these visits as your chance to learn as much as you can about the best ways to help your child grow. By focusing on your child's growth and learning, both you and your health care professional make sure your child is developing as expected. Your family and health care professional form a partnership based on respect, trust, honest communication, and understanding your family's culture and traditions.

Upon enrollment and annually thereafter, school-age child's parents must turn in a signed statement confirming all of the following:

- The child is in good health with activity restrictions noted.
- The child's immunizations are up-to-date.
- The immunization record or appropriate waiver is on file with the child's school.

### **ILLNESS (HEALTH PLAN)**

We recognize the difficulty working parents and students have when their child is sick. However, for the benefit of other children, staff, and your child, alternate care must be provided when your child is sick. This will allow the sick child to recuperate better and help keep infections from spreading at school. Arranging such care as soon as your child has symptoms will avoid a last-minute morning rush. **Any enrolled siblings of the child must follow the same quarantine and remain at home while their sibling is sick.** Parents are required to inform the office if a child will not be at the center on a scheduled day. This will enable the center to more effectively maintain appropriate ratios and help the classroom teacher effectively plan for the day. If your child is ill, parents are required to notify the office (not the classroom) not only of the absence, but also of the nature of the illness. This enables our center to keep track of any illnesses which may occur at our school. This information will only be shared with staff on a need to know basis. If your child has a communicable disease, we ask that you share the diagnosis with the Director, so that the parents of the children in the school maybe notified that a communicable disease is present. Once again, only the communicable disease information will be shared. The Crayon Box will take all measures necessary to protect your child's confidentiality. Parents are not required to disclose this information by law, and your continued enrollment will not be based whatsoever on your decision to share, (or not) the reason for your child's absence from school.

Should a child become ill at school, showing any of the symptoms listed below or other signs of illness, you will be called to take your child, and any siblings, home right away. This is for the protection of the child as well as for the other children. If a parent cannot be reached, the person listed on the Emergency Information Card will be called to take the child home. **We cannot accept a child the day after they are sent home with an illness.**

- Fever: A child has a temperature of 100.4°F taken by mouth or 99.4°F taken under the arm. The child should not return until 24 hours of no fever, without the use of fever-reducing medications.
- Vomiting: A child that is vomiting will be sent home. The child should have no vomiting episodes for 24 hours prior to returning to school.
- Diarrhea: A child has two loose or watery stools or one occurrence of uncontrolled diarrhea, even if there are no other signs of illness. The child should have no loose stools for 24 hours prior to returning to school.
- Head lice - readmitted after treatment and removal of nits.
- Strep Throat – after 24 hours of treatment.
- Rashes/lesions - Should be checked by a health care provider. Child is to be excluded until the rash/lesions subsides or until a healthcare provider has determined it is not infectious.
- Eye secretions or redness associated with contagious diseases (i.e. conjunctivitis, impetigo) Parents are advised to contact their physician. Conjunctivitis must be treated for 24 hours before returning.

**PLEASE NOTE: a child who is too sick to play outside is too sick to come to school.**

If the child has a contagious illness that has lasted for more than a week s/he will need to bring a doctor's statement indicating that the child is fine to come back to school. *(If your child's physician considers that your child is in condition to return to the center despite the symptoms, you will need to present a doctor's statement.)* In addition to children, staff will also be excluded from the center under certain circumstances, including if they are unable to participate or perform the functions required for their position or if they are suffering from certain infectious diseases. Staff and volunteers will follow the same exclusion policy outlined above. Tuition credit is not given for absences due to illness. Children that require extended absences due to illness and/or hospitalization will have their

accounts assessed by the director. A child who has had surgery may not return until we receive a doctor's note releasing the child from any restrictions and allowing them to return to the classroom. A child can return from tonsillectomy and adenoidectomy surgery no earlier than seven days after surgery if no longer taking pain medicine during the day and has a doctor's note as listed above.

### **ORAL CARE (HEALTH PLAN)**

Please bring an age appropriate toothbrush and toothpaste marked with your child's full name. All classrooms have teeth brushing time during the day and infants' gums are wiped daily. Your child's teacher will let you know when your child needs a replacement toothbrush and/or toothpaste.

### **EMERGENCY CARE/INJURIES (HEALTH PLAN)**

Parents will be contacted immediately if their child has an incident, accident or injury and requires your immediate attention or special medical treatment. If we cannot reach you, we will contact the individual(s) listed on your information card. If necessary, appropriate First Aid will be given while we wait for a parent to arrive. If emergency care is required, we will call 911, and a staff member will accompany your child to the nearest appropriate medical facility as indicated on your information card. We will notify you for incidents, accidents or injuries that are not of an emergency but may require a physician's consultation. We believe that these decisions should be made by each family individually. Minor injuries will be treated with soap, water, a band-aid and a hug. The parent/guardian will be notified upon pick up. The clean-up of all bodily fluids will be done according to OSHA standards. All Crayon Box staff have received training on these proper procedures. Each child will be observed for evidence of unusual bruises, lacerations, or burns. If evidence is warranted, daycare staff will file a report with CPS.

### **MEDICATION (HEALTH PLAN)**

There are occasions when a child needs medication. Upon written notification by the **child's physician**, we will administer such medication. Absolutely NO medication, including over-the-counter drugs, eye drops, nasal spray and teething gel, will be given without a doctor's written permission to The Crayon Box. Oral over-the-counter medications such as aspirin, ibuprofen, and cough medicine can be administered only with the written permission of the child's parent **and** physician. Medication must be presented in its **original container** and have a **label or letter on the doctor's letterhead with the child's name, current date, time and dose to be given, number of days to be administered, and the doctor's or dentist's name**. Please notify the teacher by filling out the medication form; you may obtain this **permission to Administer Medication Form** from your child's teacher. Be sure to list dates and times you wish the medication to be given. as staff can administer medication only at those times/dates. If medication is needed only twice a day, we ask that the parents give the medication at home.

Topical Non-Prescription Medications, such as diaper rash ointment, sunscreen, and insect repellent must be provided by the parents and can be administered with parent's written consent (we will administer sunscreen and insect repellent in the afternoons only – please apply before arriving in the morning). Please provide these items to The Crayon Box in the original packaging and labeled with my child's name (first & last). We will follow directions provided on the manufacturer's label. The Crayon Box is legally unable to provide any topical/oral medication.

### **AU ALERT SYSTEM**

During emergencies, AU Alert will send text messages, emails and voice calls to registered recipients. AU Alert notices are primarily intended for situations involving imminent danger to health or human safety. These may include severe weather alerts, winter weather class cancellations, hostile threats, utility failure, major road closings or fire, among others. To register you will need to send the keyword "AUAlert" in a text message to 78015

### **PROGRAM GOVERNANCE**

Parents can take part in the decision-making process of The Crayon Box to plan, develop, implement, and evaluate how the program functions through parent surveys that are sent quarterly.

## **STAFF**

The teachers at The Crayon Box are chosen for their education, loving and warm character, and genuine interest in the training and education of young children. Our Lead Teachers follow the Lead Caregiver requirements of The Dept. of Licensing and Regulatory Affairs (LARA), Child Care Licensing Bureau (CCLB). The Director and all staff complete 24 clock hours of professional development annually on topics relevant to job responsibilities. Annual professional development training attended by all staff includes at least 3 hours focused on cultural competence or inclusive practices, related to serving children with special needs or disabilities, as well as teaching diverse children and supporting diverse children and their families. All staff are current with training in CPR and First Aid and take a yearly Health and Safety Training. Each classroom has a lead teacher and an assistant teacher as needed, as well as caregivers who are current students of Andrews University. All staff are carefully screened and selected for their ability to carry out the instructional role with young children and complete trainings and orientation including bloodborne pathogen training, center specific training and emergency procedure training. We require a comprehensive background check on our employees before they are present in the center. Evidence that all staff members is free from communicable tuberculosis, verified within 1 year before employment, is also be kept on file at the center. We hire both male and female staff.

## **PARENTS IN THE CLASSROOM / VOLUNTEERS**

All volunteers, including parents with access to other children, shall receive a public sex offender registry (PSOR) clearance before having any contact with a child in care. Parents/family (including minors who are not enrolled in The Crayon Box) who wish to join the classroom for a birthday party must also receive PSOR clearance before they are allowed to enter the classroom and have contact with any child in care. This must be done at least one week before a classroom visit to allow time for the PSOR clearance to be completed. A copy of this clearance must be kept on file at the center. Any individual registered on the public sex offender registry (PSOR) is prohibited from having contact with any child in care. To best follow this rule, The Crayon Box provides the PSOR clearance form for families to complete. While this form is not required, completing the PSOR means parents can interact with children in the classroom once the clearance is successfully completed. Parents and/or all individuals who are on the release of child form who do not have a PSOR clearance on file will not be permitted to enter the classroom when other children are present. The teacher will help the child settle and/or gather their belongings. This includes infants. Mothers who are breastfeeding may enter to feed their child without a PSOR clearance but cannot interact with any other children. All volunteers/parents must sign in at the office before entering a classroom and sign out in the office when leaving the center. This includes breastfeeding mothers. Supervised volunteers (limited to Andrews University students who have observations/volunteer hours as a required part of their course work) may at times be present in the classroom once they have successfully completed the PSOR clearance. Volunteers will never be left unattended with the children. The Crayon Box Children's Learning Center's staff will maintain all direct care, supervision, and guidance of children in the center. Volunteers are asked to schedule their visits with the Center Director, and are allowed in the child care facility only at the discretion of the Center Director. Only volunteers with PSOR clearance may assist in the center and will be supervised at all time (teachers will have eyes and ears on the volunteer at all times). Volunteers do not change diapers. Evidence that each volunteer who has contact with children at least 4 hours per week for more than 2 consecutive weeks is free from communicable tuberculosis, verified within 1 year before volunteering, shall be kept on file at the center. If the Director and/or staff see that the volunteer's performance does not meet the center's expectations, the director will ask the volunteer to discontinue her/his volunteering services. The Director reserves the right to make volunteer assignments.

## **FAMILY AND COMMUNITY PARTNERSHIPS**

The Crayon Box offers parents with opportunities to engage in family education, enrichment, family support, child development, and other programs or groups. The opportunities are designed to help families and support children's learning, growth, and development. This may include, but is not limited to: handouts, classes, training, workshops and meetings for families. Parent resources, including handouts in various languages, can be found outside of Room 107. Parents are provided various opportunities both inside the classroom (see Parents in the Classroom for

guidelines) and at home to participate in their child's education as they prefer and/or are able to do so. Parent volunteers are requested at various times of the year, including Trike-A-Thon, Change Day and career days. The Crayon Box teachers also send home monthly activities and activities are included in the monthly newsletter for parents to do with their children. The Crayon Box staff can connect families to public and/or private community services/resources and educational programs to meet the needs of children and families. These services may include, but are not limited to: on-site hearing and vision screenings, Early On, Michigan Department of Health and Human Services (MDHHS), and food pantries.

### **PARENT/TEACHER COMMUNICATION**

The teachers communicate informally with all parents on a daily or weekly basis. Informal communication may include, but is not limited to: phone calls, texting, emails, daily sheets, incident/accident reports. If you have any questions concerning your child's development or behavior, and it's not covered on the form, please address your child's teacher immediately. Parent/Teacher Conferences will be scheduled at the parents' request.

### **DEVELOPMENTAL EVALUATIONS**

A developmental evaluation report for each child who attends The Crayon Box at least 20 hours a week is done at the end of the Fall and Spring Semesters. This developmental evaluation will be provided to parents as a formal communication of their child's developmental progress. The Fall evaluation will be discussed at the parents' request. Parent Teacher conferences are held in April for all children to discuss the Spring evaluation. Separate conferences can be arranged for parents unable to meet at the same time or families with parents who are separated or divorced.

### **CURRICULUM**

We believe that children learn best through play and exploration. Our Preschool and Pre-Kindergarten rooms use CREATION Kids, a comprehensive curriculum that promotes the development of the whole child---head, hand and heart---and meets the diverse needs of three and four-year-old children and will be piloting a similar curriculum for our Infant, Toddlers and Twos in the near future. For our Young 5s classroom, we created a Bible-based Kindergarten readiness curriculum that includes a focus on learning through play.

### **SCREENINGS AND ASSESSMENTS**

Crayon Box staff discusses anecdotal notes/observations as a basis for working/teaching with each child. Anecdotal notes (a brief record of an event in a child's day) or observations may include, but are not limited to:

- What a child says (i.e., a direct quote)
- How a child is actively engaged in an experience with the classroom/environment
- A developmental milestone a child has reached.
- Progress a child has made in a developmental area.

The Crayon Box uses Ages & Stages Questionnaires®, Third Edition (ASQ®-3) which is a developmental screening tool designed for use by early educators. It relies on parents as experts, is easy-to-use, family-friendly and creates the snapshot needed to catch delays *and* celebrate milestones. The screenings are completed at least once a year on all children and classroom teachers will set up times to review the screening with parents.

### **SCHOOL AGE CHILDREN**

The Crayon Box provides before and after school care on school days for children attending K-the age of 12. We also provide supervision to the bus stop for children attending Berrien Springs Public Schools who leave and arrive daily on the BSPS bus. Children may be enrolled for snow day and vacation care for the days local schools are not in session. Summer Camp is offered by Andrews University Summer Camp and The Crayon Box (separate enrollment) with priority going to children who attend the school year program at The Crayon Box. The grouping for School Age children is 1 adult to 18 children and a max group size of 36.

## GROUPING

The group size (capacity) and teacher/student ratio for each class is as follows:

Classroom	Teacher	Children	Max Group Size	# of Staff Required for Max Group Size
Infant	1	4	9	3
Toddlers (Young Toddler)	1	4	12	3
Twos (Older Toddler 1)	1	4	12	3
Twos (Older Toddler 2)	1	8	16	2
Preschool	1	10	30	3
Pre-Kindergarten	1	12	30	3
Young 5s 5 years old by November 15	1	18	34	2

Total combined children in attendance in Infants and Toddler (Young Toddlers) cannot exceed 20 children.

Total combined children in attendance in Twos (Older Toddlers 1 & 2) cannot exceed 20 children.

## PARENT PROGRAMS

The Crayon Box presents two special programs each year at the Howard Performing Arts Center on campus.

## ADJUSTMENT PERIOD

Starting to attend an early childhood educational center is an exciting experience for a young child, but it can initially be a difficult one. Whatever the personality of the child, however eager s/he may seem to be for the new experience, there will be a moment when s/he suddenly realizes that his parent is not going to be there with her/him. Parents also feel anxious about the separation as well. These feelings are normal. If the child is having difficulty, please say good-bye quickly and unhesitatingly, and leave without looking back. Children seldom continue to cry after the parent is out of sight. After a short period of time, the daily routine should bring about full adjustment. The Crayon Box discourages parents from sneaking out of the center. Some children exhibit separation anxiety when it is time for their parent to leave. The Crayon Box believes it is best for parents to tell the anxious child upon arrival that once they arrive at the classroom door, the parent will kiss, hug and say goodbye to the child. This will prepare the child for their departure. The employee present in the classroom will comfort and assist the child through the anxious time. The longer the parent of an anxious child drags out the departure, the more anxiety the child is likely to feel. The professional employees of The Crayon Box are available to discuss other options if the child does not settle into the arrival routine after a reasonable period of time.

## PERSONS APPEARING TO BE IMPAIRED BY DRUGS/ALCOHOL AT PICK-UP

The staff are not properly trained to make assessments relating to intoxication or impairment and therefore assume no responsibility to assess the competency or condition of any individual appearing to pick up the child. Our staff will contact local police and/or the other custodial parent should a parent appear to the staff of The Crayon Box to be under the influence of drugs and/or alcohol. The parent's right to immediate access does not permit the agency from denying a custodial parent access to their child even if the parent is or appears to be impaired. However, our staff will delay the impaired parent as long as possible, while contacting the other parent, the local police and Child Protective Services. Any other authorized person who attempts to pick-up a child, and appears to the staff of The Crayon Box to be under the influence of drugs and/or alcohol will be denied access to the child. We will contact the child's parents, local police and Child Protective Services to notify them of the situation.

## ARRIVAL/DEPARTURE

State Law requires that children be escorted by their parent or the adult (at least 18 years of age) dropping them off, to their designated classroom. **NO child is ever to be left at the door, gate, classroom, or play area without the usual check-in.** Be sure that a teacher notices the arrival of your child. Children are required by law to be always supervised while in the facility. Your child must be checked in and out with the office each time he/she arrives and

departs the center (unless you are directed to follow alternate arrival and departure guidelines which will be posted on the center door. The parents, or authorized persons, resume all responsibility for the child while they are in their care. Children are not to be taken to the classroom until checked in at the office. Children will also be given to the parent/authorized person at the time of check out and the child will not be allowed to return to the classroom once clocked out. **We do not accommodate arrivals between 11:00 am and 2:30 pm.** It is the parent's responsibility to make sure that the child's belongings (personal items, medications, etc.) are picked up at the time of checking out. The Crayon Box staff will not be able to return to the center after closing.

### **REST TIME**

All of our classrooms provide rest opportunity. Children under 18 months of age sleep on demand. Twos (Older Toddlers) are provided a two-hour rest time, Preschool is provided a 90-minute rest time, Pre-K and Young 5s are provided a 60-minute rest time. For children who do not sleep at rest time, quiet activities are provided such as reading books or putting puzzles together. All classrooms rest or sleep alone on mats or cots except the infant classroom. Parents may provide pillows with a pillow case, a blanket and/or a lovey or stuffed animal for their child to sleep with. Sheets are provided by The Crayon Box and all items on the cots are washed weekly. All infants (under the age of 12 months) are placed on their backs in a crib for resting and sleeping. Infants unable to roll from their stomachs to their backs and from their backs to their stomachs are placed on their backs when found face down. When infants can easily turn over from their stomachs to their backs and from their backs to their stomachs, they will be initially placed on their backs, but will be allowed to adopt whatever position they prefer for sleep. A sleeping infant's breathing, sleep position, and bedding are monitored frequently for possible signs of distress. For an infant who cannot rest or sleep on her or his back due to disability or illness, written instructions, signed by the infant's licensed health care provider, detailing an alternative safe sleep position or other special sleeping arrangements for the infant must be followed and kept on file at the center. The instructions must include an end date. Following the recommendation of the American Academy of Pediatrics, soft items such as bumpers, stuffed animals (including pacifiers with a stuffed animal attached), blankets and quilts are not allowed in cribs.

### **CHILDREN'S RELEASE**

Parents, or authorized persons, are expected to pick children up at the time indicated on their schedule. If you will be delayed due to an emergency, please call the office or your child's classroom to inform the teacher of when to expect you. The parent/guardian must provide the center a list of at least two adults (**over the age of 18**) with whom the child may be released to in the event of an emergency. For your child's protection, neither the Director nor the center's staff will release the child to a person who is not listed on the child's card. Should the parent wish to have a one-time special exception, the policy requires that the parent must leave a signed, dated, written note with the child's teacher the morning of the release. **Parents will NOT be allowed to change instructions orally (personally or by phone). The Crayon Box reserves the right to request a valid picture identification at the time of your child's release.** In case of a **CUSTODY DISPUTE**, the school will abide by the rulings of the court or will proceed on the advice of a lawyer if the court has not yet ruled. Until custody has been established by a court order, neither parent may limit the other parent from picking up the child. A copy of the court order will be placed in the child's file. The provider assumes no responsibility for any injury or harm to the child who has been released to a person on the child release card or identified in the written exception request process. **No one will be permitted to take a child off the premises without the WRITTEN consent of the parent (parent's authorizations over the phone will not be accepted).**

### **TRANSITIONS**

Classroom transitions are held twice a year on the first day of the new semester. There may be cases where children transition earlier to the classroom based on classroom size/staffing requirements and child readiness. Those situations will be discussed on a case-by-case basis with parents, teachers and the Director. When it is time for your child to move to the next classroom, you will be given notice and a transition plan for the child to gradually try the new classroom out. Whether a child transfers to another classroom or another educational setting, we will work to



ensure a smooth transition. The Crayon Box works with Ruth Murdoch Elementary Schools, Berrien Springs Public Schools and Village Adventist Elementary School to provide Kindergarten transition information including visitation information and record requests.

Children who are turning 3 but are not potty trained will remain at the Twos rate until potty training is achieved. Children who are 4 and are not potty trained will not be promoted until potty training is achieved. There may not be space for that child to remain in the Preschool classroom past their scheduled promotion date if they are 4 years old and are not potty trained. The Director will discuss this situation with parents if the situation arises.

## **PARENT VISITATION**

Parents are welcome to visit the Center at any time.

## **ANIMALS / PETS**

The Crayon Box is committed to providing a healthy and safe environment for all children and staff. It is the policy of The Crayon Box to only allow animals inside the buildings and on the playgrounds/garden as defined below. Animals which will be allowed in and on school property are: animals serving as a certified service or guide dog under ADA guidelines; animals assisting an officer engaged in law enforcement duties; animals that support a program or curriculum; and classroom pets. The Director shall establish procedures to ensure health and safety for staff and students when animals are brought onto school property. Any animal may be restricted from school property should the animal become aggressive or a nuisance, including service dogs. No other animals are to access The Crayon Box school buildings and playgrounds/garden with children, parents and/or visitors.

## **VOLUNTARY WITHDRAWAL**

If, for any reason, your child will no longer be attending the center, a Notice of Withdrawal should be signed and turned in to the office *two weeks before* your intention to withdraw. In the event that a withdrawal notice has not been provided, parents are still required to pay the Crayon Box the amount equal to two weeks of tuition.

## **TERMINATION POLICY**

Occasionally, a child will experience some difficulty in adapting to The Crayon Box environment or abiding by The Crayon Box's rules of behavior. A conference will be scheduled if your child should experience some difficulty. We will work closely with you to see if the problem can be resolved. If the child's behavior continues to be disruptive to the group, we reserve the right to ask you to withdraw your child from The Crayon Box. Our staff is committed to working with all children and their parents to improve any behavioral difficulties we may encounter in a positive, nurturing manner. However, if the behavior exhibited poses a health or safety risk for the child, other children, parents or staff, The Crayon Box reserves the right to expel any child from programming immediately without following the disciplinary actions listed in the handbook. At our discretion, we may consider a child for reapplication into The Crayon Box on a probationary basis providing that the parent/guardian can show professional counseling or behavior modification techniques have been successfully implemented. There will be no refunds issued (including registration fees) when a child is suspended or expelled from The Crayon Box.

### **Enrollment in The Crayon Box may be terminated for any of the following reasons (but not limited to):**

- Failure to comply with the policies set forth in the parent handbook.
- Failure to comply with the contract.
- Destructive or hurtful behavior of a child that persists even with parent cooperation in stopping the behavior.
- Non-payment of childcare or late fees and/or recurring late payment of fees.
- Repeated failure to pick up the child before closing.
- Inability to meet the child's needs without additional staff.
- Blatant disrespect towards The Crayon Box staff.
- If a parent knowingly brings their child ill.
- False information given by a parent either verbally or in writing.

## **DISCIPLINE**

Positive methods of discipline that encourage self-control, self-direction, self-esteem, and cooperation are used at The Crayon Box. All of the following means of punishment are prohibited:

- Hitting, spanking, shaking, biting, pinching, or inflicting other forms of corporal punishment.
- Placing any substances in a child's mouth, including but not limited to, soap, hot sauce, or vinegar.
- Restricting a child's movement by binding or tying him or her.
- Inflicting mental or emotional punishment, such as humiliating, shaming, or threatening a child.
- Depriving a child of meals, snacks, rest, or necessary toilet use.
- Excluding a child from outdoor play or other gross motor activities.
- Excluding a child from daily learning experiences.
- Confining a child in an enclosed area, such as a closet, locked room, box, or similar enclosure.

Non-severe and developmentally appropriate discipline or restraint may be used when reasonably necessary, based on a child's development, to prevent a child from harming himself or herself or to prevent a child from harming other persons or property, excluding those forms of punishment prohibited above.

The Center strives to help each child learn and use appropriate behavior. If we see that a child is dangerous to the other children's environment, we reserve the right to require the removal of that child. Positive reinforcement, such as stickers and verbal praise is used often. Other methods such as verbal intervention and/or time-out are used to help children understand that certain behavior is not acceptable. Hitting, biting, or pushing (physical contact with intention to hurt) is never acceptable. Time-outs will be only used for children 3 years or older and one minute per age of child. The staff will document consistent behavioral problems, as well as any conversations with parents or guardians. We appreciate your help and ideas in dealing with your child.

## **PLAN FOR SERVING CHILDREN WITH SPECIAL NEEDS**

Childcare programs provide public accommodation and therefore must comply with the Americans with Disabilities Act. Childcare programs should be committed to meeting the needs of all children, regardless of special health care needs or disabilities. As the number of children with chronic health conditions such as asthma, allergies, and diabetes increase, as well as the number of children with emotional or behavioral issues, the ability of programs to plan for and include all children is critical. Inclusion of children with special needs has been shown to enrich The Crayon Box experience for all staff, and children and families of enrolled children. For children with special needs, care must be provided according to the child's needs as identified by parents, medical personnel, or other relevant professionals.

- Children with special needs will be accepted into our program under the guidelines of the Americans with Disabilities Act (ADA).
- All families will be treated with dignity and with respect for their individual needs and/or differences.
- The Crayon Box will be responsible for ensuring that confidentiality about special needs is maintained for all families and staff in the program.
- Children with special needs will be given the opportunity to participate in the program to the fullest extent possible. Inclusion of program staff in parent/teacher conferences is desired to ensure The Crayon Box provides the most supportive environment possible.
- All staff will receive general training on the benefits of inclusion of children with special needs and training on specific accommodations that any child in their classroom may need.
- The individual written plan of care for children with special care needs will be followed in all emergency situations.

Our staff is committed to working with all children and their parents to improve any behavioral difficulties we may encounter in a positive, nurturing manner. However, if the behavior exhibited poses a health or safety risk for the child, other children, parents or staff, The Crayon Box reserves the right to expel any child from programming immediately without following the disciplinary actions listed in the handbook. At our discretion, we may consider a

child for reapplication into The Crayon Box on a probationary basis providing that the parent/guardian can show professional counseling or behavior modification techniques have been successfully implemented. There will be no refunds issued (including registration fees) when a child is suspended or expelled from The Crayon Box.

### **RIGHT TO REFUSE ADMISSION**

The Crayon Box reserves the right to refuse admission to any child at any time with or without cause. The Crayon Box strives to maintain an ample list of substitutes in anticipation of staff absences, however, there are times when substitutes are not available, and classrooms need to be closed to maintain compliance with licensing regulations. Refusal will be based on a “first come first served” basis when seeking to maintain appropriate staff to child ratios and/or when closing classrooms.

Possible reasons for the refusal of admission include but are not limited to:

- Lack of staff to maintain appropriate Staff to Child Ratios as determined by State Licensing Regulations.
- The need to maintain compliance with Licensing Regulations.
- Staff deems the child is too ill to attend.
- Domestic situations that present a risk to the child, staff or other children if the child were at the center.
- Parents’ failure to maintain accurate, up to date records.
- Parents’ failure to complete and return required documentation in a timely fashion.
- Parents’ failure to pay or provide and/or follow a payment plan.

### **INAPPROPRIATE PARENT CONDUCT**

The Crayon Box staff expects to keep a professional and rational relationship with parents. Parents whose behavior is inappropriate and unacceptable, will have grounds for dismissal. The following actions or behaviors will be grounds for parent’s dismissal and child’s disenrollment:

- Foul language, especially in front of children
- Acts of violence, including assault and battery
- Harassment of or threats against the staff, other parents or children
- Possession of illegal substances or firearms
- Verbal or physical abuse of any child
- Indecent exposure

The Crayon Box will dismiss any child whose parent is prohibited from entering the center or is banned from the University campus. Due to the parents’ right to immediate access policy, as well as state and federal regulations, The Crayon Box cannot have a child at the center when the child’s parent is prohibited access. The Crayon Box will not agree to any request to maintain a child’s enrollment even if the parent agrees to stay out of the center.

### **SWEARING/CURSING**

No child or adult is permitted to curse or use other inappropriate language at any time, whether in the presence of a child or not. Such language is considered offensive and will not be tolerated. If a person feels frustrated or angry, it is more appropriate to verbally express the frustration or anger using non-offensive language. At NO time shall inappropriate language be directed toward members of the staff.

### **PARENT NOTIFICATION**

In case your child has an accident, injury, illness or other incident either the classroom teacher or the office will notify the parent either through the Remind app or on the phone. All contact numbers for both parents will be tried until a parent is reached. In the event that we cannot reach a parent, the emergency contact person will be notified. If an incident occurs that affects all of the children at our center, we will send out a Remind message, post a notice in the office, on classroom doors and a written notice will be in your mailbox.

## **BITING**

Experts in the field of child development tell us that biting occurs primarily as a result of a child's inability to communicate. Many young children are not very verbal. Children may become frustrated by a new experience, such as another child taking away their toy, or suddenly being around many other children, and may bite as a response. When a child does bite, the following procedures will occur and most children stop biting soon after these actions have been taken.

- The child **receiving** the bite will be comforted and the bite area cleaned to prevent infection. Ice will be used as needed. An accident report will be filled out to notify the child's parent.
- The **biting** child will be redirected to appropriate activities. The teacher will carefully assess the classroom environment to minimize frustration for the child. An incident report will be filled out to notify the child's parent. The identity of the child will be kept confidential.

Our teachers express strong disapproval of biting. They work to keep children safe and to help the child who bit learn different, more appropriate behavior. When there are episodes of ongoing biting, we develop a plan of specific strategies, techniques, and timelines to address it. We do not and will not use any response that harms a child or is known to be ineffective.

## **CLOTHING/SHOES**

Children play hard and need to be comfortable. We ask that children be dressed in clothes suitable for the many art, playground and climbing activities of their day. Cold weather does not necessarily keep us indoors, so please be sure that children have the necessary mittens, sweaters and hats, etc., appropriate for the day's weather changes. All clothing should be labeled with the child's last name, to facilitate dressing and reduce loss. Shorts, sundresses (with shorts underneath), and sleeveless tops are appropriate summer wear.

- Please ensure the shoes fit properly – shoes that are too big can cause a child to have poor balance.
- Shoes with Velcro fasteners are preferred as it can be difficult to keep all laces tied when children are in a group setting therefore, please do not send your child with shoes that need to be tied unless the child can tie the shoes on their own. Velcro fasteners support your child's autonomy and independence.
- Please make sure shoes are practical and will enable your child to be active – fancy dress & flip flop style shoes are not practical and can be dangerous.
- All children must have age appropriate indoor/outdoor shoes. Hot, wet snow boots, for health reasons, need to be replaced with indoor shoes when the children are inside. If your child comes in boots, make sure to send an extra pair of shoes and teachers will gladly help with the changes.
- Age-appropriate sneakers or rubber-soled shoes are recommended for safe play and children should have shoes on at all times except for nap.

It is important that you send your child in comfortable, weather appropriate clothing that is suitable for active play. Please keep in mind that your child will be participating in activities that may be messy and The Crayon Box will not be held responsible for soiled or damaged clothing. Outdoor Play is a regular part of our program, and all children are required to participate.

## **EXTRA CLOTHES**

We recommend two full sets of extra clothes (top, bottom, underwear, socks) should be kept at the center, especially for the youngest children. Extra sets will need to be replaced if your child uses them. An extra set of clothing is also required as important learning activities such as outdoor play, arts and crafts, and water play can leave your child wet or dirty. Accidents can also happen - an extra set of clothes can save the day! Please make sure that all clothing is clearly labeled with your child's name.

## DIAPERS

Parents supply diapers and wipes for their child to be kept at the Center, with the child's name written on each article. Parents who do not wish to supply diapers or do not have a supply of diapers for their child will be charged \$1 per diaper. Your child's diapers and wipes will be stored in the cupboards above the changing area and only used for your child. Diapers are checked for wetness and feces when the child arrives and before they leave. Diapers are checked at least hourly, visually inspected at least every two hours, and whenever the child indicates discomfort or exhibits behavior that suggests a soiled or wet diaper. Diapers will always be changed when they are found to be wet or soiled. You may use cloth diapers. Each cloth diaper must be covered with an outer waterproof covering. Outer coverings must be removed as a singular unit with wet or soiled diapers and with wet or soiled training pants, if used. Diapers, training pants, and outer coverings must not be reused until washed and sanitized. The Crayon Box will not rinse the contents. Soiled diapers must be placed in a wet bag, or other waterproof container that is used only for that child's soiled diapers. Soiled diapers or training pants must be removed from the center every day by the child's parent.

Children enrolling in Preschool, Pre-K and Young 5s are required to be potty trained before attending and there are no diaper changing facilities in those classrooms. Children who are already attending and turn 3 without potty training will be promoted to the next classroom but will stay at the Twos rate until potty training has been achieved.

## POTTY TRAINING

**We don't put children into underwear until they have been COMPLETELY accident free (pee and poop) at The Crayon Box for two full weeks. This is an absolute non-negotiable policy.** We must set up policies that maintain infection control standards for The Crayon Box and protect the carpet, furniture, and inventory of the center. We have to have higher standards than a parent has at home to avoid having to do frequent carpet and furniture cleaning and replacements.

Children can come in underwear with pull-ups with Velcro sides on top of the underwear once they have had consistent success at home (more than 7 days without any accidents). That way they will have a protective layer over the underwear to protect the carpet should they revert back to accidents. If the child has regular accidents in the underwear, we will switch them back to regular diapers and try again at another time.

A potty-trained child is a child who can do the following:

- Be able to TELL the adult they have to go potty BEFORE they have to go. They must be able to say the words "I have to go potty" BEFORE they have to go.
- Be able to pull down their underwear and pants and get them back up without assistance.
- Be able to wipe themselves (teacher will follow up wipe with bowel movements).
- Be able to get off the potty by themselves.
- Be able to go directly back to the room without directions.
- Be able to postpone going if they must wait their turn.

Children who are ready to train can perceive events that are going to happen before they happen. Because we cannot allow children to just go in and out of the room to freely use the potty, they must learn they have to tell us so that we can accompany them into the bathroom and supervise them. At home you can allow them free access to the bathroom if you choose but we are prohibited by our regulations to allow them to go unaccompanied. Because of this, they need to learn that they must tell the adult they have to go BEFORE they have to go. We do not accept signs that the child has to go or nonverbal behavior. It must be the words "I have to go potty".

Some things we do to get kids ready to train:

- We start reading potty books and talking about going potty in the big girl or big boy potty during changing.
- We have them sit on the potty during natural transition times (before and after meals, before and after naps, and diaper changes)

- We practice with them getting their pants up and down on their own and hand washing.
- We will supervise them and watch for signs that they have to go or are going and get them off to the potty.
- We keep close communication with the parents about any indicators suggesting the child is ready.

Some things we don't do:

- We do not put kids on a potty schedule where they go every half hour or hour. It's very time consuming with little to no benefit.
- We don't limit food or drinks to only be given at certain times. We maintain the same food and snack schedule during training.
- We don't clean out poopy underwear. We don't do laundry of any soaked or soiled clothes. They are bagged and returned to the parents at the end of the day.

Some helpful hints to help you at home:

- Be cheery about the potty. A happy experience each time they are on the potty will translate into quick training at home.
- Praise the child on success for every step of the process but do not overdo it.
- Bribery can be a good thing. Use stickers or small treats (like M&Ms) ONLY after potty success.
- No punishment or consternation for accidents. Just talk to them about them needing to ask to go to the potty next time. We say "next time you will go potty like the BIG boys do... okay?!!"
- If you see them mid-way trying to poop or pee, run them off to the potty to finish up.
- Give your child three or four minutes to get the job done. It shouldn't take more than a few minutes. If they don't go in a reasonable time tell them it's time to get off and we will try again another time.
- We don't encourage any toys or books during the training time.
- Keep attention and interaction during potty time to a bare minimum. Keep the atmosphere calm and focused.
- Have fun. Stay cool. It will all work out.

*Naptime training:*

Sometimes kids nap train right away when they are awake time trained. Most children are not able to do this, and it is many months and sometimes years before they are nap trained. We require nap diapers until the child has slept through nap for one full month without a pee accident.

*What to wear during training:*

Children should wear easy on and off pants during training. We prefer sweat pant like bottoms until they are physically capable of doing snaps and buttons. Please don't send them in anything that requires us to remove the top to get to the bottom. During potty training, we don't allow overalls, kid costumes, one-piece jammies, or shirts with snaps at the crotch. Diapers and pull-ups with Velcro sides are required for potty training otherwise we have to completely strip your child every diaper change if they have accidents. We recommend regular diapers at nap time.

## **JEWELRY**

Children's accessories and jewelry are extremely attractive to young children's eyes, fingers, and mouths. We ask parents cooperation to be safety conscious when choosing accessories that their children wear to the center. Small objects like barrettes and earrings can be choking hazards and necklaces can pose strangulation hazards. Therefore, we do not permit the following type of jewelry:

- Dangly earrings (small, snug-fitting pierced studs are permitted but not recommended);
- Necklaces of any kind.
- Bracelets with beads or charms

In addition, The Crayon Box will not be responsible for lost or stolen valuables. It is the parents' responsibility to enforce this policy with their children. The Crayon Box will not be held responsible for any injury to your child caused by jewelry as our policy clearly states that the above jewelry items are not permitted at The Crayon Box.

## MEALS

We participate in the CACFP Food Program, and all meals are provided at no cost to parents. All parents will be required to fill out the Participant Enrollment Form. Meals will consist of breakfast, lunch and two daily snacks. The Center serves breakfast at 7:30 am. We also provide vegetarian hot lunches, served between 11:15 am and 12:00 pm (depending on the classroom). Snacks are provided daily for the children at 9:30 am and after nap. The snacks are nutritious and light as we do not want to spoil your child's appetite for the larger meals. Children who arrive after a meal has been served should be fed before they arrive. Meals are served in a family-style setting that encourages warmth and conversation while developing the child's independence. We never force a child to finish what is on his/her plate, but we do encourage each child to try one or two bites of everything. Sometimes they are surprised by what they like! A staff member is seated at each table whenever possible to assist the children and encourage their language skills. Breakfast and all snacks are prepared on site by our staff. Lunch meals are prepared by the University Dining Services and are transported to the Center in thermal containers. Menus will be posted in each classroom, in the office and on our website. All children are served milk at breakfast and lunch. **Children cannot bring any outside food or drinks into the classroom.** Children entering the center with food will be asked to finish their meal before entering the classroom. Any food brought into the classroom will be sent home with the parents, or authorized person, or disposed of. If your child has allergies, and requires a modified diet, we must be notified of this in writing with the "Special Diet Statement" form completed by the child's physician. We will need to have a physician's written instructions describing any foods the child is not permitted to eat. An appropriate substitution will be made, if possible. If a child has so many allergies that he/she cannot eat from our menu, we may require the parents to provide his/her lunch and snacks. We provide soy milk for all children with a "Fluid Milk Substitute Request" form completed by the parents. If you would like your child to drink almond milk, we can provide that with a "Special Diet Statement" form completed by the child's physician. We are not able to accommodate verbal requests for milk or food substitutions.

## INFANT FORMULA / BREAST MILK / FOOD

The Crayon Box offers formula and other required infant food to all enrolled infants. The iron-fortified infant formula provided for infants until they turn one year of age is "Enfamil with Iron". As the parent or guardian, you may decline the formula/food offered by the center and supply the infant's formula/food yourself. Either way, a form must be signed indicating your intent. However, when your infant turns one year of age, the center will begin to provide milk and the other required food items to meet the meal pattern requirement for toddler-age children. In compliance with State Licensing Regulations, parents need to label your child's bottles with **the child's first and last name, date, and time of preparation**. A marker, label, or masking tape works best. Make sure that all food containers are also marked with the child's first and last name, date, and time of preparation. We are required to never accept an unlabeled bottle from a parent and not to use an unlabeled bottle that has been accidentally accepted.

All parents will follow the following guidelines:

- All formula must be prepared at home and placed in assembled bottles before being brought to the center.
- Each bottle and nipple supplied by a parent will be used for a single feeding only, and returned to the parent empty unless it was not used during the day.
- Formula and milk, including breast milk, left after a feeding must not be reused.
- All bottles must be labeled with the following: **the child's first and last name, date, and time of preparation**
- All baby food must be labeled with the **child's first and last name, date, and time of preparation**
- No open or used baby food containers.
- No glass bottles.

The contents of a bottle (or beverage container) must be discarded if any of the following apply:

- The contents appear to be unsanitary.
- The bottle (or beverage container) has been used more than 1 hour from the beginning of the feeding.
- The bottle (or beverage container) requiring refrigeration has been unrefrigerated for 1 hour or more.

## **INFANT FEEDING**

Infants **MUST** be able to take a bottle or sippy when attending. As we encourage breast feeding, we also must have a way to feed the infant when the mother is not present. We will attempt to respect and follow newborn infant feeding schedules requested by the parents if at all possible. Infants in care must have enough bottles to cover all feedings while the child is in care and the child will be fed when hungry, according to State Licensing. This is critically important to their brain development. No infant who is hungry will ever be forced to wait to eat because of a requested feeding schedule.

## **OUTSIDE ACTIVITIES**

The outdoor play area is considered an outdoor classroom and an extension of the learning environment. The Crayon Box provides two hours of outside play each day, unless prevented by weather. Because of the inclusion of outdoor time in our daily schedules, it is important for every child to have proper clothing for the outdoor time each day. Proper clothing for winter includes warm coats, hats and mittens or gloves plus snow pants and boots during snowy times. Shorts, sundresses (with shorts underneath), and sleeveless tops are appropriate summer wear. If your child is too sick to go outside, then your child is too sick to be in attendance. No children in attendance will be left inside during our scheduled outdoor time.

## **PARTIES**

We welcome mini-celebrations for children's birthdays or farewell days. Please discuss your plans with your child's teacher. **Only commercially-produced, store-bought items that are transported in their original containers, unopened and listing all ingredients are allowed. Home baked items cannot be served to the children.** In accordance with our food policy we encourage all families to pick healthy alternatives to traditional large cupcakes. To create a safe environment for children with food allergies, we ask that you **NOT** send birthday snacks containing either peanut butter or nuts. Also, please do not send popcorn, which is considered a choking hazard in groups of children. Teachers are valuable resources in recommending appropriate foods. Birthday invitations for parties outside of the school are solely the responsibility of the family. Invitations may be distributed in the classroom only if you are inviting the entire class, otherwise please contact the office and we can help you discretely distribute the invites.

## **SECURITY CAMERAS**

Security cameras are in the hallways, office and playgrounds which allows Campus Safety to monitor these public spaces. To provide privacy for the children, there are no cameras in the classrooms.

## **MEDIA POLICY**

Media means use of electronic devices with a screen, including but not limited to: televisions, computers, tablets, multi-touch screens, interactive white boards, mobile devices, cameras, movie players, e-book readers, and electronic game consoles. Use of media is prohibited for children under 2 years of age.

When media are used with children 2 years of age and older, all of the following apply:

- Activities must be developmentally appropriate.
- Interactive media must be used to support learning and to expand children's access to content, and be suitable to the age of the child in terms of content and length of use per session.
- Media with violent or adult content are prohibited while children are in care.
- Use of non-interactive media must not exceed 2 hours per week per child.
- When media are available for children's use, other activities must also be available to children.

An exception may be made under the following conditions:

- School-age children using computers and any other electronic devices for academic and educational purposes
- Children using assistive and adaptive technology.



## **PARENT RESOURCES**

Information concerning upcoming events, as well as a copy of the current newsletter, is posted on the parents' bulletin board in the office. Parent resources, in various languages, can be found outside of Room 107.

## **NEWSLETTER**

Newsletters are distributed at least quarterly which include upcoming events, curriculum activities, policy changes...

## **TOYS AND BOOKS**

Toys and books from home are discouraged as they can get mixed in with our toys and books. Small toys that are possible choking hazards are never to be brought to the toddler or infant rooms. A security toy is acceptable; however please make sure it is age appropriate and clearly labeled. We cannot assume any responsibility for loss, theft, or damage of any items brought into the center.

## **POLICIES AND PROCEDURES MODIFICATION RIGHTS**

The Crayon Box has reserved its rights to make additions, deletions, and modifications to the center's policies, procedures and fees. Thirty days written notice will be given to families enrolled in the program. Such notice will not be applicable in the event of emergencies or licensing mandates.

## **PERMISSION TO PHOTOGRAPH**

The Crayon Box occasionally uses photographs of our children for these specific uses with written parental consent.

- Our website: (<http://www.andrews.edu/childrenslearning>)
- Articles/Photos in local newspapers and magazines
- Promotional posters (ex. Apple Valley, Harding's and the Berrien Springs Public Library)
- Flyers (ex. for the Berrien County Youth Fair)
- Ads in local newspapers
- Registration materials
- Student composite pictures/classroom pictures of fun activities, projects, programs, and other events may be posted on our walls, newsletters, etc.

**Note:** No photographs of a child's face will be shared on social media. Artwork may show the child's first name but never the full name.

## **PEST MANAGEMENT**

Annual notification of parents will be given in the September newsletter. Arrow Pest Control will typically be using Bait and Gel Pesticide Formulation, although at times it may be necessary to spray for a specific pest. When an alternate pesticide application is planned, advance notice will be provided for the parents or guardians. There will be a notice posted on the entry doors and on the time clock, as well as a printed notice in each family's mailbox. The advance notice will include:

- Information about the pesticide
- Information about the target or purpose of application
- Location and date of the application
- Toll-free number for a national pesticide information center recognized by the Michigan Department of Agriculture.

Liquid spray or aerosol insecticide application in the center will only be applied in the evening or on days that no children are attending our center.

## **LICENSING NOTEBOOK**

The center does not keep a licensing notebook, but internet is available onsite. Reports from at least the last three years are available at [www.michigan.gov/michildcare](http://www.michigan.gov/michildcare).

## **INFORMATION PROVIDED TO PARENTS**

This Parent Handbooks meets the requirements that The Crayon Box provides a written information packet to each parent enrolling a child that includes at least all of the following:

- Criteria for admission and withdrawal.
- Schedule of operation, denoting hours, days, holidays during which the center is open & services are provided
- Fee policy.
- Discipline policy.
- Food service policy.
- Program philosophy.
- Typical daily routine.
- Parent notification plan for accidents, injuries, incidents, and illnesses.
- Medication policy.
- Exclusion policy for child illnesses.
- The website where parents can access these rules is [www.michigan.gov/michildcare](http://www.michigan.gov/michildcare).
- Written documentation that the parent received the written information packet is kept on file at the center.

## **GRIEVANCE POLICY**

If you feel that your child is being discriminated concerning food, please talk it over with his/her teacher. If you feel that no progress has been made, please talk to the director.

***In accordance with Federal law and U.S. Department of Agriculture policy, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, age, or disability. To file a complaint of discrimination, write USDA, Director, Office of Civil Rights, Room 326-W, Whitten Building, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410 or call (202) 720-5964 (voice and TDD). USDA is an equal opportunity provider and employer.***

## INFANTS DAILY SCHEDULE

*Must be at least 2 weeks old to be enrolled in this classroom.*

6:45 – 8:00	Story time/Alternating Daily Activities Setup
8:00 – 9:00	Welcome / Greet children / Diaper Check/Change
9:00 – 10:00	Outdoor Time (walks in strollers and blanket time)
10:00 – 10:30	Worship
10:30 – 11:00	Communication, Language and Literacy
11:00 – 12:00	Diaper Change/ Rest
12:00 – 2:00	Free time
1:00 – 2:30	Diaper Change / Rest
2:30 – 3:30	Outside Time (walks in strollers and blanket time)
3:30 – 4:00	Diaper change / Gross Motor Activities
4:00 – 5:00	Sensory Games and Activities / Fine Motor Activities
5:00 – 5:45	Diaper Change / Reading Books
5:45 – 6:00/6:30w	Prepare for departure, change diapers, prepare all bottles & bags

### NOTES:

- Bottles and snacks from home are given as needed.
- Extra Diaper changes are done as needed throughout the day.
- Infant feedings, naps and diaper changes are on demand.
- Infants enjoy being with the toddlers at various times throughout the day. Age-appropriate activities are always available and enjoyed. Along with lots of nurturing and one on one time for each child.
- All classrooms spend 2 hours of outside play a day.

## TODDLERS (YOUNG TODDLER) DAILY SCHEDULE

*Must be at least 9 months old to be enrolled in this classroom.*

6:45 - 7:30	Story time / Alternating Daily Activities / Setup
7:30	Breakfast
8:00 – 9:30	Clean-up / Books / Brush Teeth / Worship / Water Break / Story Time / Alternating Gross Motor Activities/ Fine Motor Activities / Art & Language / Diaper Check / Clean Up
9:30	Snack
10:00 – 11:00	Activities Outdoor Play on Playground/ Gross Motor
11:30	Lunch / Diaper Check
12:00 – 2:00	Rest / Quiet Activities (after waking) / Soft Quiet Toys
2:00 – 2:30	Diaper Check / Water Break / Snack Time / Clean-Up
2:30 – 3:30	Outdoor Play on Playground/ Gross Motor
3:30 – 6:00/6:30w	Story Time / Free Choice Activities such as: balls, trucks, cars, dolls, dress-up, fine motor activities, kitchen, and play house. Diaper Check / Water Break, Combine with Infant Room; Free Play

### NOTES:

- Drinks and extra snacks are given as needed.
- Young Toddler feedings, naps and diaper changes are on demand until 18 months.
- Extra Diaper changes are done as needed throughout the day.
- Young Toddlers enjoy being with the Infants and Older Toddlers at various times throughout the day. Age-appropriate activities are always available and enjoyed. Along with lots of nurturing and one on one time for each child.
- Make sure your child has age-appropriate shoes for inside and/or playground time and winter wear for winter play!
- All classrooms spend 2 hours of outside play a day.

## TWOS (OLDER TODDLER) DAILY SCHEDULE

*Must be at least 18 months old to be enrolled in this classroom.*

6:45 – 7:30	Good Morning / Quiet Work Areas / Potty Time / Indoor Activity Time
7:30	Breakfast
8:00 – 9:30	Clean-up / Books / Potty / Brush Teeth / Outside Playtime on Playground
9:30	Snack
10:00 – 11:00	Worship / Music-Instruments / Potty Time / Activity Time (Art, Dramatic Play, Etc)
11:00 – 11:20	Clean Up / Big Books / Video (24 months+)
11:30	Lunch
12:00 – 12:30	Clean-up / Books / Potty Time
12:30 – 2:30	Rest Time
2:30 – 3:00	Potty Time / Fine Motor Activities
3:00 – 3:30	Snack Time / Clean-up
3:30 – 4:30	Outside Playtime on Playground
4:00 – 4:30	Potty Time / Stories / Free Play
5:00 – 6:00/6:30w	Combine with YT – IN

### Potty Training

Please discuss your toilet training techniques with your child's teacher when your child begins to show an interest. You and the teacher can decide how best to work together to achieve this goal. Pull-ups are used only when the child is staying dry most of the time. If your child uses a diaper at nap time, **please do not send pull-ups, unless they are the ones with Velcro.** Please use clothing that is easy for your child to handle as he/she learns to use the potty by him/herself.

- Make sure your child has age-appropriate shoes for inside and/or playground time and winter wear for winter play!
- All classrooms spend 2 hours of outside play a day.

## PRESCHOOL DAILY SCHEDULE

*Must be at least 33 months old and potty trained to be enrolled in this classroom.*

6:45 – 7:30	Open / Greet Children / Free Play / Bathroom
7:30	Breakfast
8:00 - 9:30	Bathroom / Reading / Brush Teeth / Circle Time / Worship / Music / Movement / Center Play / Small Group Activity / Curriculum / Art
9:30	Snack
10:00 – 11:00	Outdoor Play on Playground/ Gross Motor
11:00 – 12:00	Circle Time / Story / Songs / Finger Plays / Basic concepts (colors, shapes, numbers, alphabet) / Table Activities / Clean-up / Bathroom / Video / Wash for lunch.
12:00	Lunch
12:30 – 2:00	Rest Time
2:00– 2:30	Wake-up Time / Bathroom / Reading Circle
2:30 – 3:00	Snack Time / Table Activities
3:00 – 4:00	Outdoor Play on Playground/ Gross Motor / Bathroom
4:00 – 5:00	Bin Toys / Clean-up Room
5:00 – 6:00/6:30w	Combine with Pre-K

- Children entering Preschool must be potty trained. Reminders to use the restroom will be given throughout the day.
- Show and Tell on Wednesdays
- Make sure your child has age-appropriate shoes for inside and/or playground time and winter wear for winter play!
- All classrooms spend 2 hours of outside play a day.

## PRE-KINDERGARTEN DAILY SCHEDULE

*Must be at least 4 years old by November 15 of the current year to be enrolled in this classroom.*

6:45 – 7:30	Open / Greet Children / Free Play (Preschool or Pre-K Room)
7:30	Breakfast
8:00 – 9:30	Clean-up / Brush Teeth / Reading / Movement / Exercise / Water Break / Bathroom / Language Arts
9:30	Snack
10:00 – 10:30	Worship / Music
10:30 – 11:15	Center Play / Small Group Activity / Curriculum / Art
11:15 – 11:30	Clean Up / Bathroom
11:30 – 12:30	Outdoor Play on Playground/ Gross Motor
12:30	Lunch / Clean-up / Bathroom / Video / Poetry
1:30 – 2:30	Nap Time / Rest Time (reading activities for non-sleepers)
2:30 – 3:00	Wake-up Time / Bathroom / Table Work
3:00 – 3:30	Fine Motor Skill Activities / Puzzles
3:30 – 4:00	Snack / Clean Up / Reading Circle / Music
4:00 – 5:00	Bathroom / Outdoor Play on Playground/ Gross Motor / Center Play
5:00 – 5:30	Table Activities / Bin toys
5:30 – 6:00/6:30w	Books / Clean Up

- Children entering PreK must be potty trained.
- Thursday – Show and Tell
- Make sure your child has age-appropriate shoes for inside and/or playground time and winter wear for winter play!
- All classrooms spend 2 hours of outside play a day.

## YOUNG 5s DAILY SCHEDULE

*Must be at least 5 years old by November 15 of the current year to be enrolled in this classroom.*

6:45 – 8:00	Combined with Pre-K Room
8:00 – 9:30	Superhero Training Academy (worship) / Weekly Theme / Reading Buddies / Music / Walk / Art
9:30	Snack / Coloring / Video
10:00 – 11:30	AM Core Academic Block (Language, Science, Math, Social Studies)
11:30 – 12:30	Outside / Large Motor Skills
12:30 – 6:00/6:30w	Combine with Pre-K

- Children entering Young 5s must be potty trained
- Show and Tell on Wednesdays
- Make sure your child has age-appropriate shoes for inside and/or playground time and winter wear for winter play!
- All classrooms spend 2 hours of outside play a day.
- Young 5s will move to a full school day program if PreK/Y5 enrollment is over 30 children or Y5 enrollment is over 12 children.

## SCHOOL AGE BEFORE SCHOOL CARE

*Must be at least attending Kindergarten to be enrolled in this classroom.*

6:45 – 8:00	Combined with Pre-K Room / Bus
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## SCHOOL AGE AFTER SCHOOL CARE

*Must be at least attending Kindergarten to be enrolled in this classroom.*

4:00 – 4:30	Games / Free Art
4:30 – 5:00	Snack / Daily Themed Activities
5:00 – 5:30	Outdoor Activities / Fun Zone (if weather)
5:30 – 6:00/6:30w	Combine with Pre-K



# Andrews University

Children's Learning Center

## 2024 – 2025 Rates

Hours Per Week	Infants, Toddlers, Twos	Preschool*, Pre-Kindergarten*, Young 5s*	School Age (SA) *^
<b>PLAN A</b> Under 20 Hours/Week	n/a	\$6.25 / Hour	n/a
<b>PLAN B1</b> 20-25.50 Hours/Week	\$163	\$125	n/a
<b>PLAN B2</b> 26-29.50 Hours/Week	\$183	\$153	n/a
<b>PLAN C1</b> 30-35.50 Hours/Week	\$210	\$175	n/a
<b>PLAN C2</b> 36-39.50 Hours/Week	\$219	\$191	n/a
<b>PLAN D1</b> 40-45.50 Hours/Week	\$233	\$202	n/a
<b>PLAN D2</b> 46+ Hours/ Week	\$5.10 / Hour	\$4.43 / Hour	n/a
<b>SA FULL DAY</b>	n/a	n/a	\$42 / Day or \$195 /week
<b>SA BEFORE SCHOOL</b> (on school days)	n/a	n/a	\$7.50 / Day
<b>SA AFTER SCHOOL</b> (on school days)	n/a	n/a	\$7.50 / Day
<b>ADD ON HOURS</b> (if space available)	\$9.25 / Hour	\$7.50 / Hour	n/a
<b>NON-SCHEDULED HOURS</b>	\$13.00 Pro-Rated Hourly	\$13.00 Pro-Rated Hourly	\$13.00 Pro-Rated Hourly
<b>AFTER CLOSING PICK-UP</b>	\$2.75 Per Minute	\$2.75 Per Minute	\$2.75 Per Minute

2024-2025 Rates are effective August 26, 2024

- *\* Children who are 3 but are not potty trained will remain at the Twos rate until potty training is achieved. All children must be potty trained to be in the Pre-K, Young 5s and Summer Camp programs. ^School Age care is provided for kids attending Kindergarten – the age of 12. Summer Camp is provided for kids who are entering 1<sup>st</sup> grade – the age of 12.*
- All meals are included at no additional cost.
- Discretionary days: Plan B (7 days). Plan C (10 days). Plan D (15 days). Discretionary days reset on the first day of school.
- \$55 Per Child Registration Fee at time of initial enrollment or re-enrollment after withdrawal or termination.
- \$75 per Child School Age Summer Camp Registration Fee – billed at time of enrollment & includes “Camp Swag Bag”.
- \$55 Per Child Materials Fee– billed on the third Tuesday of February
- \$55 Per Child Change of Plan fee will be charged to hold the child’s spot when off schedule for a full week+. The fee will be refunded for children of Andrew University faculty/staff (upon return). The fee will be refunded for Andrews University students during university breaks (upon return).
- Unpaid balances will be assessed a 1% carrying charge the Wednesday after tuition was due. Tuition is due every other Monday for the next two week period.

# IMPORTANT CRAYON BOX SCHEDULING AND PAYMENT PROCEDURES

**Please help us to keep our scheduling and payment routines functioning efficiently by referring to and following these procedures:**

- Schedules must be submitted in writing with the purple form in the office, through the Remind App, or email to [cbschedules@andrews.edu](mailto:cbschedules@andrews.edu). No schedules will be entered into the computer unless they are submitted in writing.
- Schedules **MUST** be turned in by 5 pm on Wednesday. Schedule changes are subject to availability if received after 5 pm on Wednesday.
- A financial contract is completed for each child according to his/her schedule for care. All plans are billed for actual hours requested. Though preference is given to full-time enrollment (Plans C and D), The Crayon Box does offer a space-sharing program where part-time spaces equal one full-time space, if possible. Part-time enrollment (Plans A & B) is less flexible than Plans C and D and the child must have set days they attend.
- You will be charged for the hours you schedule your child for. Care given outside of the scheduled hours will be at the Non-Scheduled Hours rate. No credit will be given if attendance is less than the scheduled hours. Hours not used cannot be transferred to another day.
- Your written schedule request will remain as your set schedule in the computer system until you submit another written request. If you are requesting hours for “one week only”, please make sure that you enter a second schedule form.
- If a child attends on a consistent schedule, that schedule will continue to be in effect even during a week with a holiday and the same rate will be charged. Discretionary days may be used to receive credit for days the child was scheduled but did not attend. Discretionary days per school year: Plan B (7). Plan C (10). Plan D (15).
- When a child is off schedule for a full week or longer, a \$55 Change of Plan fee will be charged to hold the child’s spot. The fee will be refunded for children of Andrew University faculty and staff (upon return). The fee will also be refunded for Andrews University students during university breaks (upon return). This fee will not be refunded if a child does not return.
- **PAYMENT BEFORE SERVICE** must be our policy to remain a financially sound business.
- **Advance Payment Plans:** Fees for the contracted plan are due two weeks in advance. Billing follows a two-week cycle. Tuition is due on the scheduled “due date” every other Monday. If payment has not been received by Tuesday morning following the Tuition Due Date, a reminder will be placed on the time clock. A 1% carrying charge will be posted to the account on Wednesday afternoon following the Monday when the payment is due. We will be unable to provide services for your child on the following week if there is an unpaid bill and no payment plan is in place. Failure to make payment or arrangements for payment within 30 days of the due date may result in termination and re-registration fee for re-enrollment. (All scheduled hours are subject to advanced payment.)
- Please plan accordingly. We are a business with financial obligations. Communicate with the office if unavoidable circumstances arise. Payment plans can be arranged in case of emergencies only.



# Sign up for important updates from Teacher Kristy.

Get information for The Crayon Box Children's Learning Center right on your phone—not on handouts.

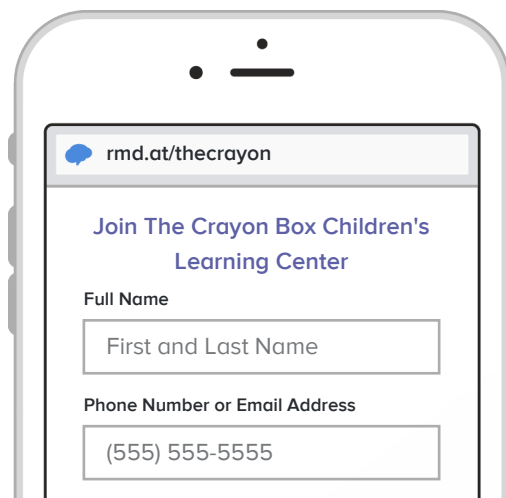
Pick a way to receive messages for The Crayon Box Children's Learning Center:

**A** If you have a smartphone, get push notifications.

On your iPhone or Android phone, open your web browser and go to the following link:

[rmd.at/thecrayon](http://rmd.at/thecrayon)

Follow the instructions to sign up for Remind. You'll be prompted to download the mobile app.



**B** If you don't have a smartphone, get text notifications.

Text the message [@thecrayon](#) to the number **81010**.

If you're having trouble with **81010**, try texting [@thecrayon](#) to **(985) 227-4808**.

*\* Standard text message rates apply.*



Don't have a mobile phone? Go to [rmd.at/thecrayon](http://rmd.at/thecrayon) on a desktop computer to sign up for email notifications.



## Classroom Supply List 2024-2025

### INFANTS

**All children will need  
(LABELED with FULL NAME):**

- Bottles (filled and labeled)
- Supply of preferred diapers
- Supply of preferred wipes
- Topical Non-Prescription Medications
- Pacifier (if used)
- Full set of clothing to keep at the center
- Infant toothbrush with cover
- Age-appropriate shoes for outside

**Appreciated Donations for class supply  
(NOT labeled with name)**

- Box of facial tissues
- Disinfecting wipes
- Package of Elmer's glue sticks
- Gallon size Ziploc bags

### YOUNG TODDLERS OLDER TODDLERS

**All children will need  
(LABELED with FULL NAME):**

- Supply of preferred diapers
- Supply of preferred wipes
- Topical Non-Prescription Medications
- Pacifier (if used)
- Full set of clothing to keep at the center
- Thin blanket, pillow with pillow case and/or lovey
- Toothbrush with cover and age-appropriate toothpaste
- Age-appropriate shoes for outside

**Appreciated Donations for class supply  
(NOT labeled with name)**

- Box of facial tissues
- Disinfecting wipes
- Package of Elmer's glue sticks
- Gallon size Ziploc bags

### PRE-SCHOOL PRE-KINDERGARTEN YOUNG 5s

**All children will need  
(LABELED with FULL NAME):**

- Container of baby wipes
- Topical Non-Prescription Medications
- Full set of clothing to keep at the center
- Thin blanket, pillow with pillow case and/or lovey
- Toothbrush with cover and age-appropriate toothpaste
- Age-appropriate shoes for outside
- Reusable water bottle
- Backpack
- Letter size folder with pockets

**Appreciated Donations for class supply  
(NOT labeled with name)**

- Box of facial tissues
- Disinfecting wipes
- Package of Elmer's glue sticks
- Gallon size Ziploc bags

July	August	September	October	November	December
<p><b>“Summer Days”</b> Space, Zoo, Favorite Animals</p> <p><b>Colors of the Month</b> Red, White &amp; Blue</p> <p><b>Special Activity</b> Outdoor Activities Water Play/Bubbles 4<sup>th</sup> of July</p>	<p><b>“Summer Days”</b> Sea &amp; Pond Life, Forest Animals</p> <p><b>Colors of the Month</b> Your Favorite Color</p> <p><b>Special Activity</b> Water Play Welcome Back</p> <ul style="list-style-type: none"> <li>· 1<sup>ST</sup> DAY OF SCHOOL</li> <li>· PARENT POTLUCK</li> <li>· MOVE-A-THON</li> </ul>	<p><b>“Back to School”</b> All About Me, School, Apple Time</p> <p><b>Colors of the Month</b> Green, Red &amp; Yellow</p> <p><b>Special Activity</b> Fall Picture Day First Day of Fall Grandparents Day</p>	<p><b>“Fall Days”</b> My Community, Harvest, Pumpkins</p> <p><b>Colors of the Month</b> Orange</p> <p><b>Special Activity</b> Trike-A-Thon Fire Truck Hispanic Heritage Month</p>	<p><b>“Giving Thanks”</b> Good Health, Vegetables, Fruits</p> <p><b>Colors of the Month</b> Brown &amp; Black</p> <p><b>Special Activity</b> Progress Reports Book Fair Thanksgiving</p>	<p><b>“Christmas”</b> Hibernation, Christmas, Winter Fun</p> <p><b>Colors of the Month</b> Silver &amp; Gold</p> <p><b>Special Activity</b> First Day of Winter Pajama Day Christmas</p> <ul style="list-style-type: none"> <li>· HOLIDAY CONCERT</li> </ul>
January	February	March	April	May	June
<p><b>“It’s a New Year”</b> Five Senses, Winter Animals, Snow</p> <p><b>Colors of the Month</b> White &amp; Blue</p> <p><b>Special Activity</b> Martin Luther King Jr Snow Play Snuggle and Stories</p>	<p><b>“Hugs &amp; Kisses”</b> Love, Shapes, Colors</p> <p><b>Colors of the Month</b> Red &amp; Pink</p> <p><b>Special Activity</b> Black History Month Valentine’s Day President’s Day</p> <ul style="list-style-type: none"> <li>· VALENTINE CLASSROOM PARTIES</li> </ul>	<p><b>“Spring Time”</b> Creation, Weather, Favorite Books</p> <p><b>Colors of the Month</b> Green &amp; Yellow</p> <p><b>Special Activity</b> First Day of Spring Women’s History Spring Picture Day</p>	<p><b>“Gardens”</b> Rocks/Dirt/Mud, Seeds, Trees</p> <p><b>Colors of the Month</b> Purple</p> <p><b>Special Activity</b> Spirit Week Book Fair Easter</p> <ul style="list-style-type: none"> <li>· SPRING CONCERT</li> <li>· LITERACY LUAU</li> </ul>	<p><b>“God’s Nature</b> Flowers, Birds, Insects</p> <p><b>Colors of the Month</b> Rainbow Colors</p> <p><b>Special Activity</b> Asian American and Pacific Islander Heritage Month Progress Reports Mother’s Day</p>	<p><b>“God’s Nature”</b> The Farm, Pets, Summer Safety</p> <p><b>Colors of the Month</b> Blue</p> <p><b>Special Activity</b> Father’s Day First Day of Summer Juneteenth</p> <ul style="list-style-type: none"> <li>· SUMMER CAMP</li> </ul>