

**NEW HOPE
CHILD DEVELOPMENT CENTER
HANDBOOK
2010-2011**

1999 SR 64 EAST
Wauchula, Fl 33873
School Office: 863-773-9611
CDC@Newhopewauchula.org
www.Newhopewauchula.org

Dear Parents/Guardians,

Registration for the 2010-2011 school year has arrived. I appreciate your commitment to keep your child/children at the CDC. An open house is scheduled for August 12th from 4:00-6:00pm. Please plan to come meet your child's teacher for the new year.

We will have a school registration covering from August 16th through June 10th, 2011. Summer registration will begin June 13th. We will be closed 12 days for holidays and charges will be incurred for those days. If your child is fulltime he/she will have *10 days* per school year to use for vacation or sick days and *5 days* during the *summer*.

After school children will be charged for the days they are scheduled to attend. Fulltime after school care will receive five days during the summer.

Please sign and return the necessary documentation to complete your registration.

We are committed, along with you, to help your child excel while providing a Christian-based curriculum and atmosphere for your child.

Sincerely,

Jamie Howell
Director

I. OUR PURPOSE

We are excited to have you and your child as a part of the Child Development Center, a ministry of New Hope Baptist Church. Our goal is to meet the needs of each child as they develop socially, physically, mentally, emotionally, and spiritually. We will provide developmentally appropriate activities and guidance while ministering and reaching out to families of children enrolled in our program.

II. MISSION STATEMENT

The mission of the New Hope Child Development Center is to provide quality, not-for-profit childcare for infants to children five years old in a distinctively Christian environment with a Bible-based curriculum and to provide after school care for kindergarten through 5th grade.

III. OUR PHILOSOPHY

Each child is an individual with special qualities and needs. All children are active learners according to their age and stage of development. Supervised activities along with age appropriate academics in a Christian environment provide a basis for a well-rounded individual capable of communicating, socializing, and developing his/her own inner self-control.

Our objective is to enable each child to:

- Know he/she is special because God made him/her this way
- Experience God's creation in the world around him/her
- Experience God's love through loving relationships with other children and adults
- Show respect, love, and acceptance for others
- Develop appropriate motor skills through art, blocks, puzzles, and home living activities
- Exercise appropriate muscle groups through movement activities indoors and outdoors
- Enjoy creative expression through music, art, and other activities

Dear Parents,

Welcome to New Hope Child Development Center, a ministry of New Hope Baptist Church. Our goal is to provide your child with the best possible care in a loving Christian environment. If I can be of assistance, please do not hesitate to call the office.

For the children,

Jamie Howell
Director

Preschool Hours

Preschool hours are from 6:30 a.m. till 5:30 p.m. Monday through Friday. We are in operation year round except for the following holidays:

Labor Day	September 6 th
Thanksgiving	November 25 th & 26 th
Christmas	December 23 rd & 24 th
New Years	December 30 th & 31 st
Martin Luther King Day	January 17 th
Presidents Day	February 21 st
Good Friday	April 22 nd
Memorial Day	May 30 th
Independence Day	July 4 th

At the New Hope CDC we seek to provide the highest level of education possible. We **begin** our structured activities daily at **8:30am**. In order for your child to receive the most for his/her educational experience please make it a priority to ensure they are present by 8:30am. If you will be late please contact the office.

Nondiscrimination Statement

New Hope Child Development Center admits students of any race, color, and ethnicity to all rights, privileges, programs, and activities generally accorded or made available to students at the school. It does not discriminate on the basis of race, color, national and ethnic origins in administration of its educational policies, and admissions policies.

New Hope Child Development Center
1999 State Road 64 East
Wauchula, Fl 33873

Dear Parents,

Please notice there are some new policies in the 2010-2011 handbook.

- Your child will be required to be here no later than 8:45am. If you have an appointment please call the CDC so we know to expect your child.
- We will be serving a mid morning snack instead of breakfast.
- If you pick your child up after 5:30pm you will need to pay the care giver who has stayed late \$1.00 per every minute you are late.
- The weekly tuition is due on Monday. Your payment will be considered late if we have not received it by Wednesday morning.

If you have any concerns regarding any of the changes please call me or stop in the office.

I appreciate you choosing New Hope CDC to care for your child.

For the children,

Jamie Howell

ATTENDANCE:

Scheduled attendance is important to maintain continuity in a child's academic growth. It is also important to schedule attendance so adequate staffing can be provided. This is why we require each child to be here *no later* than **8:45am**. Payment is required for **EACH DAY** of the scheduled enrollment period. Allowances of five days per period (i.e. fall, spring, and summer) will be made to accommodate vacation/sick days for full-time students. Part-time students **do not** have sick or vacation days.

SIGN IN/SIGN OUT:

For the safety of your child we require every child be signed in and out at the time of drop off and pick up. A **full** signature is required. If someone other than the parent is picking up your child they will need to provide a picture I.D.

PAYMENT SCHEDULE:

Payment is due Monday of each week. If payment is not received by *Wednesday* a \$10 late fee will be assessed to your account. If the account is in arrear two weeks your child(ren) will not be allowed to return to the CDC until the account is brought current.

HEALTH REQUIREMENTS:

Florida law mandates immunization and physical forms be kept on file for all children. We are required to have the proper forms before your child is placed in a classroom. These forms must be kept current. We will provide one reminder from the office. In order for your child to continue in school, the new form must be submitted by the designated day.

EMERGENCY INFORMATION:

Parents are responsible for keeping **ALL** information on each child updated. Changes in work, home, or cellular telephone numbers are to be put in writing and submitted to the office. This includes medical information, contact persons, allergies, etc.

ILLNESS POLICY:

PLEASE DO NOT SEND A SICK CHILD TO SCHOOL. No child will be accepted with a fever, diarrhea, vomiting or pinkeye. If a child develops one of these symptoms after they are dropped off, we will call you to come pick them up. Please come or send someone within thirty (30) minutes. **DO NOT** give your child a fever reducer and bring them to school. If this is suspected by the teacher your child will be sent home with you. After being fever free, children sent home **must** wait twenty-four (24) hours before returning, unless a doctor's note states they are no longer contagious. Although these guidelines may seem strict, please understand they are in the best interest of the children and the workers.

COMMUNICABLE DISEASE:

The CDC desires to maintain a healthful school environment by instituting controls designed to prevent the spread of communicable disease. The term “communicable disease” shall mean an illness which arises as a result of a specific infectious agent which may be transmitted either directly or indirectly by a susceptible host or an infected person. Any student with a communicable disease, for which immunization is required by law or is available, shall be temporarily excluded from school while ill and during recognized periods of communicability. Students with a communicable disease for which an immunization is not available shall be excluded from school while ill. If the nature of the disease warrants, the school may require a physician’s examination of the student, to verify the diagnosis of the communicable disease.

MEDICATION:

The CDC will only dispense medication with a written authorization from the parent. The medication must have a pharmacy label with the date, child’s name, dosage, time to be given, and physician’s name. “Over the counter” medication will not be given by the CDC. Bring medication in a plastic bag and include a dropper or medicine cup to dispense the medication.

NAP TIME:

The children will have rest time each day. You need to provide a mat with your child’s name, a mat cover (body pillows fit the mats), and a small blanket. We have limited cubby space. Please see the blankets and pillows are able to fit in the cubby without sticking out into the hallway. Make sure to label blankets and pillows with the child’s name.

HEAD LICE:

If live bugs are found your child will be sent home for treatment for the lice. Upon returning to the CDC, your child will be re-checked before they will be permitted to stay. If nits are found we will send a note home stating the child needs to be treated for head lice. All clothing and blankets will be sent home with the child to be washed and treated.

FOOD

A lunch and two snacks(am/pm) are provided daily. If your child is allergic to any food, **PLEASE LET US KNOW.**

DISCIPLINE:

In addition to learning academics, your child will be taught respect for God, human authority, and for our country. Proverbs 22:6 says, "Train up a child in the way he should go: and when he is old, he will not depart from it."

The ultimate purpose of the discipline policy at the CDC is to develop the child's Christian character and self-discipline. It is important for you to read the discipline policy carefully.

1. A verbal reminder is given to the child.
2. A time out during class time is given.
3. The child loses a portion of play time.
4. A disciplinary note explaining the problem is sent home to the family, which must be signed and returned the next school day.
5. The child is sent to the Director.
6. The family is called in order for the child to be removed for the remainder of the school day.
7. If the above steps do not produce results of improvement, the child will be removed from the CDC.

UNSCHEDULED CLOSINGS:

If a public announcement is made stating Hardee County Schools are closed, we will be closed. Please listen to your radio/TV for such an announcement or check our website www.newhopewauchula.org.

LATE PICK UP FEES:

Our center closes at 5:30pm. There will be a ***\$1.00 per minute*** fee charged for every minute after the CDC's closing time. **This fee will be due upon arrival, and should be given to the care giver who has stayed late with your child.**

WITHDRAW OF A STUDENT:

In the case of the parent choosing to withdraw their child(ren), a two week notice is required.

My signature indicates I have read and understand the policies in the registration packet; I agree to all the terms and conditions of the Financial agreement; I agree to follow all policies; and agree to allow the CDC to engage in the listed medication procedures.

Signature of Parent/Guardian

Date

State of _____ County of _____

This instrument was acknowledged before me on

_____ by _____.
Date Notary Public

BITING POLICY

At some time in their life, *All Children Bite!* Children need to be taught very early in their life that biting is not acceptable behavior. We understand that correcting this behavior is more difficult with some children than others. If your child is a biter, we encourage you to be consistent in a "NO BITING" policy at home.

How you deal with your biter at home is your decision. However when biting becomes a chronic behavior at daycare, something must be done about it. After *three* official notifications, we will *require* you to keep your child home for *a day after each* biting occurrence. If the biting continues, we may be forced to dismiss your child from daycare.

Our goal is to keep your children as safe as possible, while they are in our care, but your cooperation is needed to accomplish this important task.

Parent Signature: _____ Date: _____

Thank you for letting us care for your child. We look forward to another successful year.

"Train a child in the way he should go, and when he is old he will not turn from it."
Proverbs 22:6

NEW HOPE CHILD DEVELOPMENT CENTER ENROLLMENT FORM

Child's Name _____ Birth date _____ Sex _____
Social Security # _____ Birth Certificate # _____

Parents' Relationship to Each Other: Married Divorced Separated Single
(If divorced and custody is an issue, a copy of the Divorce Decree noting guardianship, should be submitted)

Child Lives With (please check all that apply):
 Mother and Father Mother Father Other _____

Father's Name _____ Social Security # _____

Home Address _____ City _____

State _____ Zip _____ Phone _____

Work Phone _____ Pager _____ Mobile _____

Occupation _____ Employer _____

Mother's Name _____ Social Security # _____

Home Address _____ City _____

State _____ Zip _____ Phone _____

Work Phone _____ Pager _____ Mobile _____

Occupation _____ Employer _____

Family religious preference _____ Church Membership _____

How did you find out about our program? _____

List any allergies or medical needs we need to be aware of: _____

List at least two people to notify in case of emergency if parents cannot be reached

Name _____ Relationship to child _____

Home Address _____ Phone _____

Mobile _____ Work Phone _____ Pager _____

Name _____ Relationship to child _____

Home Address _____ Phone _____

Mobile _____ Work Phone _____ Pager _____

Release of Child

I authorize that my child, _____, be released by New Hope CDC to the following persons, in addition to those already listed on this form. Add additional sheet as necessary listing individuals.

Name _____ Relationship to child _____
Home Address _____ City _____
State _____ Zip _____ Phone _____
Work Phone _____ Pager _____ Mobile _____

Name _____ Relationship to child _____
Home Address _____ City _____
State _____ Zip _____ Phone _____
Work Phone _____ Pager _____ Mobile _____

Emergency Medical Care

In the event that I cannot be reached to make arrangements for emergency medical attention, I authorize New Hope Child Development Center staff to take my child to an Emergency Room, or to the following physician or his/her associates, for medical care.

Dr. _____ Hospital _____
Address _____ City _____
State _____ Zip _____ Phone _____
Special Instructions _____
Special Medical Conditions/Food Allergies/Medication _____

I give consent for any and all treatment deemed necessary by the attending physician.
(Attach a photocopy of your insurance card.)

(Signature of Parent/Guardian)

State of _____ County of _____

This instrument was acknowledged before me on (date) _____ by _____

(Signature of Notary Public)

For Office Use Only

Date of Interview _____ Interviewed by _____

Date Of Enrollment _____ Class Assignment _____

ENROLLMENT CHECKLIST
New Hope CDC

Your child/ children will need the following documents before they can begin attending.

- Completed Application for Enrollment
- Initialed, Signed and Notarized copy of Handbook
- Blue Immunization Card (with expiration date)
- Physical
- Copy of Birth Certificate
- Copy of Social Security Card
- Notarized Medical Treatment Form
- Current Emergency Phone Numbers

**OUR INSPECTORS WILL CHECK ALL STUDENT FILES
THEREFORE IT IS IMPORTANT THAT ALL DOCUMENTS
BE IN CHILDS FILE AT THE TIME OF ENROLLMENT.**