

Saint Jerome Regional School Little Lions Preschool

Child Records Checklist

Child's Name: _____ DOB: _____

Application Date: _____ Admission Date: _____ Withdraw Date: _____

- Registration Form/Fee
- Signed Emergency Contact/Parental Consent Form
- Signed Emergency Information/Student Health Information Form
- Completed Child Health Report
- Signed Parental Consent for Medication Log if needed
- STS Tuition Account Online
- Signed Child Pick-up Authorization Form
- Signed SJRS Little Lions Preschool Policy handbook form
- Signed Photo Release Form

Emergency Contact/ Parental Consent Form

(Contacto de Emergencia/ Permiso del Padre)

55 PA Code Chapters 3270.124(a)(b), 3270.181 & .182; 3280.181 & .182; 3290.124(a)(b), 3290.181 & .182

Child's Name (Nombre del Niño(a))		Birthdate (Fecha de Nacimiento)	
Address (Direccion)			
Mother's Name/Legal Guardian (Nombre de la Madre/Guardian Legal)		Phone Number (Telefono)	
Business Name (Nombre del Negocio)		Business Phone Number (Telefono de Trabajo)	
Address (Direccion)			
Father's Name/Legal Guardian (Nombre de el Padre/Guardian Legal)		Phone Number (Telefono)	
Address (Direccion)			
Business Name (Nombre del Negocio)		Business Phone Number (Telefono de Trabajo)	
Address (Direccion)			
Emergency Contact Person(s) (Persona(s) de Contacto en Caso de emergencia)		Name (Nombre)	Phone Number When Child is in Care (Numero de Telefono durante el horario del cuidado de niño(a))
Person(s) To Whom Child May Be Released (Persona(s) a quien el niño puede ser liberado a		Name (Nombre)	Address (Direccion)
			Phone Number When Child is in Care (Numero de Telefono durante el horario del cuidado de niño(a))
Name of Child's Physician/Medical Care Provider (Nombre del doctor del niño(a))		Phone Number (Telefono)	
Address (Direccion)			
Special Disabilities- If any (Incapacidades Especiales- Si hay algunas)		Allergies- Including Medication Reaction (Alergias- Incluyendo la reaccion medica)	
Medical or Dietary Information Necessary in an Emergency Situation (Informacion medica o dieta necesarias en caso de emergencia)		Medical Special Conditions (Medicacion, condiciones especiales)	
Additional Information on Special Needs of Child (Informacion adicionales sobre necesidades especiales del niño(a))			
Health Insurance Coverage for Child or Medical Assistance Benefits (La Cobertura de Seguro de Salud para niños o beneficios de asistencia medica)		Policy Number Required (Numero de Póliza obligatoria)	
Parent's Signature is Required for Each Item Below to Indicate Parental Consent Obtaining Emergency Medical Care (Obteniendo Atención medica en caso de emergencia)		Admin. Of Minor First-Aid Procedures (Administración de primeros auxilios menores)	
Walks and Trips (Caminatas y Viajes)	Swimming (Nada)		
Transportation by the Facility (Transportación por la facilidad)		Wading (Jugar en agua)	
Periodic Review (Revisión Periodica)			

Signature of Parent or Guardian (Firma del Padre/Guardian)

Date (Fecha)

Signature of Parent or Guardian (Firma del Padre/Guardian)

Date (Fecha)

ORIGINAL

Saint Jerome Regional Little Lions Preschool
Emergency Information 2022- 2023

SCHOOL _____

1. FAMILY INFORMATION

Student Name _____ Grade _____
Address _____ City _____ State _____ Zip _____
Home Telephone # (____) _____ Home E-Mail Address _____
Date of Birth _____ Place of Birth _____
Public School District _____ Bus Rider Walker Car Rider

2. PARENT/GUARDIAN INFORMATION

Student lives with: Parents Mother Father Other _____
It is best to contact: Mother Father Other _____
Father's/Guardian's Name _____ Home Tel. # (____) _____
Employer _____ Work Tel. # (____) _____ (ext.) _____
Cell Tel. # (____) _____ E-Mail _____
Mother's/Guardian's Name _____ Home Tel. # (____) _____
Employer _____ Work Tel. # (____) _____ (ext.) _____
Cell Tel. # (____) _____ E-Mail _____

Parents/Guardians listed above have permission to pick up the child unless otherwise indicated. Notify the school principal immediately if there are any court orders restricting non-custodial parents or others from contact with the child. Provide the principal with a copy of the order.

3. Is there a custody agreement? Yes _____ No _____

4. LOCAL CONTACT INFORMATION -

Those designated below are authorized to pick up my child from school in an emergency:

1. Local Contact's Name _____ Relationship to Child _____
Home Tel. # (____) _____ Work Tel. # (____) _____ (ext.) _____
Cell Tel. # (____) _____ E-Mail _____

2. Local Contact's Name _____ Relationship to Child _____
Home Tel. # (____) _____ Work Tel. # (____) _____ (ext.) _____
Cell Tel. # (____) _____ E-Mail _____

5. MEDICAL/PHYSICAL INFORMATION

Doctor's Name _____ Tel. # (____) _____
Hospital Preference _____ Second Choice _____
Insurance Company _____ Policy No. _____ Group No. _____
Dentist's Name _____ Tel. # (____) _____
In a medical emergency, we hereby authorize the school to seek emergency medical assistance for our child if we cannot be reached.

Parent/Guardian Signature _____ Parent/Guardian Signature _____ Date _____

Please keep a copy of this form for your records. **IMPORTANT:** Please update your school immediately if any information changes.

STUDENT HEALTH INFORMATION

Student's Name _____ Date of Birth _____

Grade/Teacher _____ / _____ Home Tel.#(____) _____

Does your child have a history of any of the following conditions? If so, please explain type of medical treatment.

YES NO

_____ ADD/ADHD _____

_____ Asthma _____

_____ Diabetes _____

_____ Food or Drug Allergy _____

_____ Bee Sting Allergy _____

_____ Seizure Disorder _____

_____ Condition Limiting Physical Education _____

_____ Migraine Headaches _____

_____ Other Chronic or Recurrent Conditions _____

_____ Glasses/Contacts (Please Circle) (When to be Worn) _____

_____ Presently Taking Medications

Names of Medication

Reasons for Taking Medication

In the event that my child should become seriously ill or injured while in school and require prompt emergency care, I give my permission to the attending physician for any necessary emergency medical treatment.

Parent/Guardian Signature

Parent/Guardian Signature

Date

Please Print Name of Parent/Guardian Signature

Please Print Name of Parent/Guardian Signature

Date

Please List Siblings and Grades:

Child Health Report
(Informe Sobre la Salud del Niño)
 55 PA Code 3270.131, 3280.131 and 3290.131

Child's Name: <i>(Last-Último)</i>		<i>(First-Primero)</i>	Parent/Guardian: <i>(Padres/Guardian)</i>
Date of Birth: <i>(Fecha de Nacimiento)</i>	Phone: <i>(Teléfono)</i>		Address: <i>(Dirección)</i>
Child Care Facility Name: <i>(Nombre del Cuidado de Niños)</i>			
Facility Phone: <i>(Teléfono de la Facultad)</i>	County: <i>(Condado)</i>		Work Phone: <i>(Teléfono del Trabajo)</i>

I authorize the child care staff and my child's health professional to communicate directly if needed to clarify information on this form about my child. *(Autorizo al personal de cuidado infantil y profesional de la salud de mi hijo para comunicarse directamente si es necesario para aclarar la información en este formulario sobre mi hijo)*
 Parent's Signature *(Firma del Padre)*: _____

DO NOT OMIT ANY INFORMATION (NO OMITIR INFORMACION)
 This form may be updated by a health professional. Initial and date any new data. The child care facility needs a copy of the form.
(Este formulario puede ser actualizado por un profesional de la salud. Todo nuevo debe ser iniciado y fechado. La facultad necesita una copia del formulario.)

Health history and medical information pertinent to routine child care and diagnosis/treatment in emergency *(Describe, if any): (Historia de la salud y la información médica pertinente a la rutina de cuidado de niños y el diagnóstico/tratamiento de emergencia (describir si cualquier))*
 None *(ninguna)*

Describe all medication and any special diet the child receives and the reason for medication and special diet. All medications a child receives should be documented in the event the child requires emergency medical care. Attach Additional Sheets if necessary. *(Describir todas las medicaciones y cualquier dieta especial que recibe el niño y la razón de medicación y dieta especial. Todos los medicamentos que recibe un niño debe ser documentado en el caso de que el niño requiere atención médica de emergencia. Adjunte hojas adicionales si es necesario.)*
 None *(ninguna)*

Child's Allergies *(Describe, if any): Alergias del niño (describir si cualquier)*
 None *(ninguna)*

List any health problems or special needs and recommended treatment/services. Attach additional sheets if necessary to describe the plan for care that should be followed for the child, including indication of special training required for staff, equipment and provision for emergencies. *(Una lista de cualquier problema de salud o necesidades especiales y tratamiento/servicios recomendados. Adjunta hojas adicionales si es necesario para describir el plan de cuidados que se deben seguir para el niño, incluida la indicación de un entrenamiento especial necesario para el personal, equipamiento y dotación para emergencias.)*
 None *(ninguna)*

In your assessment, is the child able to participate in child care and does the child appear to be free from contagious or communicable diseases? *(En su evaluación, el niño es capaz de participar en el cuidado de niños y que el niño parece estar libre de enfermedades contagiosas o transmisibles?)*
 Yes *(sí)* No *(no)* Date of Physical *(Fecha de física)* _____
 If no, please explain your answer: *(Si no, por favor explique su respuesta)* _____

Has the received all age appropriate screenings listed in the routine preventive health care services currently recommended by the American Academy of Pediatrics? *(See Schedule at www.AAP.org) (Ha recibido el niño todos los exámenes apropiados para su edad que figuran en los servicios de salud preventivos de rutina recomendados actualmente por la Academia Americana de Pediatría? (Ver horario en www.AAP.org))*
 Yes *(sí)* No *(no)*

Note below if the results of the vision, hearing, or lead screenings were abnormal. If the screening was abnormal, provide the date the screening was completed and information about referrals, implications or actions recommended for the child care facility. *(Nota abajo si los resultados de la visión, la audición o defecación de plomo eran anormales. Si la proyección era anormal, proporcione la fecha en que se completo la detección y información sobre referencias, consecuencias o acciones recomendadas para la instalación de cuidado de niños)*

Vision -Subjective until age 3: <i>(Visión-subjetivo hasta los 3 años)</i>	
Hearing- Subjective until age 4: <i>(Audición- subjetivo hasta los 4 años)</i>	
Lead: <i>(Plomo)</i>	

Child Health Report
(Informe Sobre la Salud del Niño)
 55 PA Code 3270.131, 3280.131 and 3290.131

Record Dates of Immunizations Below or Attach a Photocopy of the Child's Immunization Record
(Escribe las fechas de registro de inmunizaciones por debajo o adjunta una fotocopia del registro de inmunizaciones.)

Immunizations (Inmunizaciones)	Date (fecha)	Date (fecha)	Date (fecha)	Date (fecha)	Date (fecha)	Comments (comentarios)
HEP-B (Hepatitis B)						
ROTAVIRUS						
DTAP/DTP/TD						
HIB (HIB)						
PNEUMOCOCCAL (PNEUMOCOCCICA)						
POLIO (POLIO)						
INFLUENZA (INFLUENZA)						
MMR (MEASELS, PAPERAS, RUBEOLA)						
VARICELLA (VARICELLA)						
HEP-A (Hepatitis A)						
MENINGOCOCCAL (MENINGOCOCCICA)						
OTHER (OTRO)						

Medical Care Provider: (Proveedor de atención médica) Address: (Dirección) Phone: (Teléfono)	Signature of Physician, CRNP or Physician's Assistant: <i>(Firma de médico, enfermera certificado registrado o ayudante de los médicos)</i> <hr/> Title: (Título) <hr/> License Number (Número de Licencia) Date Form Signed (Fecha que se firmo el formulario) <hr/>
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MEDICATION LOG

65 Pa. Code §3270.133; §3280.133; §3280.133
PLEASE PRINT

Page _____ of _____

Child's Name: _____ Medication: _____

Prescription Non-Prescription

Refrigeration Required: YES NO

If Prescription, Prescriber's Name: _____ Telephone: _____

Dosage Amount: _____ Time to Administer: _____ a.m. _____ p.m. _____ times/day

Dates for Administration: From _____ To _____
Date Date

Special instructions i.e., symptoms signaling need for administration, medication indications, reasons to hold medication, contraindications:

I give permission to administer medication to my child as stated above.

Parent Signature _____ Date _____

FACILITY STAFF COMPLETE THIS SECTION				
Date Administered (mm/dd/yyyy)	Time Administered (a.m. / p.m.)	Amount of Medication Administered	Comments/Reactions	Staff Initials

This information is confidential and may not be shared or released without the parent's written permission.

COMMUNICATIONS WITH PARENTS/GUARDIANS

To the Parent (s)/Guardian (s) of (child's name):

This letter is to assure you of our concern for the safety and welfare of children attending Little Lions Preschool). Our Emergency Plan provides for response to all types of emergencies. Depending on the circumstance of the emergency, we will use one of the following protective actions:

- Immediate evacuation: Students are evacuated to a safe area on the grounds of the facility in the event of a fire, etc. In case of inclement weather, we may then proceed indoors at another location.
- In-place sheltering: Sudden occurrences, weather or hazardous materials related, may dictate that taking cover inside the building is the best immediate response.
- Evacuation: Total evacuation of the facility may become necessary if there is a danger in the area. In this case, children will be taken to a relocation facility. We currently have 1 available, they are:
 - Emergency Relocation at Hometown Fire Company.

If it ever becomes necessary to relocate, a sign will be posted on the door stating the facility we've gone to. If you're not sure how to get there, please ask for directions before there is an emergency.

Modified Operation: May include cancellation/postponement or rescheduling of normal activities. These actions are normally taken in case of a winter storm or building problems (such as utility disruptions) that make it unsafe for children but may be necessary in a variety of situations.

We ask that you not call during the emergency. This will keep the main telephone line free to make emergency calls and relay information.

You will be notified at least twice during any emergency. Once at the start, and once when the emergency is over. This notification will occur for Little Lions Preschool through Seesaw app via text/ email, or by phone from your child's teacher. We also post updates on our school facebook page.

The form designating persons to pick up your child is included with this letter for you to complete and return. This form will be used every time your child is released. Please ensure that only those persons you list on the form attempt to pick up your child.

I realize that emergency circumstances may require changes to your plans, but I urge you to not attempt to make different arrangements if possible. This will only create additional confusion and divert staff from their assigned emergency duties. Your child will not be released to anyone not on the form unless we are notified IN WRITING. No phone calls are accepted.

In order to assure the safety of your children and our staff, I ask for your understanding and cooperation. Should you have additional questions regarding our emergency operating procedures, contact Ileana Mohammed, Director, Little Lions Preschool at 570-668-2757.

Sincerely,
Amy M. Hannis-Miskar
Principal
Saint Jerome Regional School

ATTACHMENT 10 – CHILD PICK-UP AUTHORIZATION

I, _____, authorize (Saint Jerome Regional School Little Lions Preschool) to release my child(ren) to the person(s) designated. This is in consonance with the Saint Jerome Regional School Little Lions Preschool Emergency Plan.

<u>Child's Name</u>	<u>Designated Custodian (s), Name, & Relationship</u>
_____	_____
_____	_____
_____	_____
_____	_____

Your Signature

Relationship

Date

Print Name

Address

Address

(Home Phone)

(Work)

(Cell)

*NOTE: Parents and guardians should designate themselves as designated custodians. Friends, neighbors and other relatives may also be designated.
PLEASE PRINT CLEARLY.*

PARENT SIGNATURE OF UNDERSTANDING

I (We) have read and understand the Saint Jerome Regional School Little Lions Preschool Policy Handbook. I (We) also understand that addendums may be added as necessary and we will be notified of these changes in writing. I (We) also understand that we must also follow the policies within the St. Jerome Regional School Family Handbook.

Parent/Guardian Signature Date

Printed Name

Parent/Guardian Signature Date

Printed Name



St. Jerome Regional School

50 Meadow Avenue Tamaqua PA 18252 | Main Office: 570-668-2757 | www.sjrschool.com

PHOTOGRAPH AND MEDIA PERMISSION

August 29, 2022

Dear Parents,

We do have media coverage at Saint Jerome Regional School activities/events throughout the year. Your permission is requested to have your child(ren) photographed, video recorded, and/or recorded by the media or for inclusion in school and Diocesan marketing vehicles such as (but not limited to) brochures, video, newspaper, and social media.

We are sure your child(ren) would like to participate in these programs; however, we do respect your right to privacy. Please return the lower portion of this note indicating your consent by September 9th, 2022. If we do not receive a permission slip, we will exclude your child from any media opportunities. Thank you for your prompt attention to this matter.

Respectfully,

Amy M. Hannis-Miskar, Principal

Please check your preference and PRINT child(ren)'s names clearly.

I give my permission to have my child(ren) listed below photographed, videotaped, and/or recorded by the local or national media and/or for Diocesan or school marketing programs during the 2022-2023 school year.

I DO NOT give my permission to have my child(ren) photographed, videotaped, and/or recorded by the local or national media and/or for Diocesan or school marketing programs during the 2022-2023 school year.

I wish to have my child included in the yearbook only.

Child Name

Grade

_____	_____
_____	_____
_____	_____
_____	_____

Parent / Guardian Signature

Date

Policy Handbook

2022-2023

St. Jerome Regional Little Lions Preschool

50 Meadow Avenue
Tamaqua, PA 18252

Ileana Mohammed
Little Lions Teacher

Lori Schmerfeld
Teacher's Aide

PROGRAM PHILOSOPHY

We strive to provide a safe and fun learning environment so that all students have the opportunity to learn and explore God's love and the world. We believe that parents have the first duty and responsibility for the education of their children. We will integrate that belief with the same tenderness, forgiveness, and respect that the children will receive at home. The first years of life are of vital importance to a child's growth and development. Early childhood education should be a journey, not a race. We believe that each child is unique and special, so we will provide learning opportunities that are age and developmentally appropriate, corresponding with each child's needs and interests.

OUR PRESCHOOL PROGRAM

Our preschool program will explore the areas of language and literacy, math, science, social studies, music and movement, art, dramatic and imaginary play, fine motor, gross motor, and religion. Children will participate in morning prayer and circle time each day. During circle time we will focus on various skills including colors, shapes, numbers, letters, calendar, days of the week, months of the year, weather, the Pledge of Allegiance and much more!

PROGRAM GOALS

Listed below are some overall goals for our preschool program.

Although there are many more goals that we reach throughout the year, this is just a general synopsis of what is set throughout the year. All of the program goals will show a beginning understanding as a 3 year old in our program and will grow to a deeper understanding and level as a 4 year old.

Social/Emotional/Spiritual:

- To learn to love and respect each other
- To develop independence and self-confidence

- To develop self-worth
- To understand own feelings and feelings of others
- To be more aware of God and how He is here for us
- To follow rules and routines
- To make friends and learn what it means to be part of a group
- To learn prayers and Bible stories

Physical:

- To develop large muscle skills – jumping, balancing, running, throwing, and catching
- To develop small muscle skills – scissors, writing, tracing, zippering, buttoning, puzzles, fingerplays, playdough
- To learn about taking care of our bodies – making nutritional choices, understand our body parts

Science and Math:

- To develop thinking skills such as the ability to solve problems
- To learn how to make observations, make predictions, ask questions, and make discoveries
- To understand the characteristics of living and non-living things
- To understand physical properties of objects and how they move
- To understand how our behavior affects the Earth – recycling, etc.
- To develop and use scientific thinking and problem-solving skills
- To understand mathematical concepts, such as counting, one to one correspondence, graphing, patterns, shapes, colors, sorting, classifying, comparing, and measurement

Language and Literacy:

- To understand receptive language – understanding words and sounds, phonological awareness (letter sounds, rhyming, etc)

- To understand expressive language – communicating with others
- To develop listening skills – following one and two step directions
- To understand the purpose of print - recognizing their names, friends' names, words and letters
- To begin writing for a purpose – to create a letter or story
- To display comprehension when reading stories – recalling details from a story, retelling a story in sequence, and being able to ask and answer questions about a story
- To develop book knowledge and appreciation – reading books from front to back, showing left to right progression, and describing the pictures seen

Social Studies:

- To understand being part of a community – drawing self-portraits including all body parts, sharing information about families
- To understand characteristics of a family
- To be able to participate in group decision making and understand your own role and responsibility in the classroom.
- To identify past, present and future – technology, daily routine, concepts of yesterday, today, and tomorrow
- To understand community workers and the jobs they do

Creative Arts:

- To explore the elements of design, shape, line, color, and texture
- To use a variety of materials to express feelings and create art
- To discuss own art creations
- To explore rhythm, tempo, and social interaction through musical games
- To understand and listen to different types of music from different cultures
- To sing familiar songs, chants, and fingerplays

- To share social interaction skills through dramatic play and trying out new roles

ASSESSMENT OF CHILDREN

Children will receive progress reports two times a year, fall and spring. The information on these progress reports can be very limited, so we will also have optional parent-teacher conferences twice a year, November and March, to review them. Please note that the progress reports are based on what your child shows us at school. It does not mean that they do not exhibit the skills at home. Experiences at school are different and materials are presented in different ways than at home. Parents and teachers are a team, working together to ensure the success of your child!

ADMISSION

The following are the requirements for registration and admission to Little Lions Preschool:

1. Children registering for preschool must be of age for the corresponding program prior to October 15th. (This would mean that any child entering into the program must be 3 years old prior to the date.)
2. All registrants must have appropriate paperwork filled out with our Advancement Director.
3. All registrants for preschool must present current immunization records prior to the first day of school. These records must be up-to-date according to the State of PA requirements and will be reviewed.
4. In the event that the child is from a separated family and lives with one parent, custody papers must be presented and will be kept on file with the student's paperwork.
5. All children need to be potty trained to attend our program.

APPOINTMENTS WITH TEACHER

Please let Mrs. Mohammed know if you would like to meet to discuss any concerns that you may have. You can reach Mrs. Mohammed at imohammed@sjrschool.com . Your questions and concerns are very important, so please do not hesitate to reach out!

ARRIVAL AND DEPARTURE

Our school day begins promptly at 9:00 am. We ask that students do not arrive before 8:50 AM.

Our full day 4-Year-Old program ends at 2:30PM.

At the end of the school day parents are to wait outside the building. Teachers will line students up and walk them out to the parents. Teachers will only dismiss children to ADULTS and teachers must recognize and know exactly who will be picking the students up daily. If there is any change in the pick-up person, please send a note to school or call the school office at 570-668-2757 to report the change. If there are any questions regarding the pick-up person, the teacher reserves the right to ask for identification and may retain the child until parents are contacted for verification.

We ask that the parents arrive a few minutes early for dismissal and be patient. We want to be sure the children have enough time to walk out at a safe distance and the parents can receive an update about the preschool day.

CHANGE OF ADDRESS/PHONE NUMBER/EMERGENCY CONTACT

It is important to report all changes of address, telephone, emergency contact, etc. as soon as possible to the teacher so that proper corrections can be made on school records.

Parents are asked to provide the school with emergency phone numbers where you can be reached or where someone who can substitute for you is available in case of illness or some other emergency.

DRESS CODE

Students at Little Lions Preschool are not required to wear a uniform. However, there are some rules for clothing as follows:

- Please no high heeled shoes or shoes without backing (no flip-flops, clogs, or wedged shoes)
- Students wearing snow boots or rain boots must bring an additional pair of shoes to wear during the school day.
- Students must wear comfortable clothing that is easy and manageable - preferably no overalls or buttons that are unmanageable for your child. Please keep in mind we will get messy sometimes!

** All students must have a spare change of seasonably appropriate clothing in their bags in case of accidents.

**Parents must understand that preschool gets messy and we are not responsible for ruined clothing due to paint and other materials.

SNACK AND LUNCH

All Children registered will need to pack a lunch. Children are also expected to bring a snack and a drink on a daily basis. Please pack the snack separate from the lunch to prevent confusion. Students eat in the classroom. We do not provide hot lunch or options to buy lunch in

preschool. Once we have received all paperwork, we will let you know of any allergies in the classroom.

EMERGENCIES

In case of an emergency, please let us know and we will have your child ready for you to leave early. Our school office phone number is 570-668-2757. In the case of an emergency at the school, every attempt will be made to contact the parent first and then emergency contact listed on your student emergency card. Students will participate in all safety drills with SJRS including, but not limited to: fire drills, tornado drills, and lockdown drills.

MEDICATIONS

Whenever it is necessary for a student to take medication in school the appropriate forms must be completed. These forms include a signed release form completed by the parents and the medication form completed by the physician. Medication may not be administered by school personnel unless both of these forms have been completed. We can only give prescribed medications to the children, no over the counter medications can be given.

Medication must be brought to school by the parent, not by the student. Medications must be contained in the original prescription bottle with the original label. Medications brought to school in plastic bags or in open bottles will not be administered to students. Students are not permitted to bring any over the counter medications to school, such as cough drops, cough medicines, nasal spray, etc.

All school personnel are required to learn how to administer Epi-pens in case of an allergic reaction.

ILLNESS POLICY

Parents will be asked to pick up their child from preschool if they exhibit any of the following:

- Fever of 100 degrees or higher

- Vomiting/Loose Bowel Movements
- Colored discharge from eyes, ears, nose (unless they have a doctor note stating that they are not contagious)
- Lice or eggs found in child's hair
- Injury or illness that requires medical treatment

** Parents will be notified immediately if any injuries occur at school. We will also call for nose bleeds.

SNOW DAYS/EARLY DISMISSAL/EMERGENCY CLOSINGS

School closings will be broadcasted under Saint Jerome Regional School. Little Lions Preschool WILL NOT be listed. In the event of hazardous weather conditions, information concerning the delayed opening or closing of school will be broadcast on WNEP and WBRE. It will also be posted on the school Facebook page. In the event of an early dismissal, parents will be called concerning the dismissal time.

- 1 hour delay - Class begins at 10AM
- 2 hour delay - Class begins at 11AM
- 3 hour delay - All students report from 12PM to 2:30PM

Inclement weather days will not be made up in person.

ABSENCES

If you need to report your child absent please call the school office at 570-668-2757 or e-mail Mrs. Mohammed at imohammed@sjrschool.com

DISCIPLINE POLICY

Our goal in Preschool is to be proactive when it comes to behavior problems. When we have a behavior problem in the classroom, we first look at ourselves and our environment to see if we could change something to stop a behavior from occurring. We also believe that

positive reinforcement on a daily basis helps to curb any behavior problems. We praise good behavior every chance we get rather than reinforce negative behaviors. Good behavior is contagious!

If there is a recurring behavior issue, parents will be notified in their child's folder, through email, or at pick up that day. As a team, we will meet to discuss the best way to deal with the behavior at hand both at home and school.

For safety reasons, Little Lions Preschool does reserve the right to dismiss any student that is a physical threat to themselves and others. Final determination of disciplinary action is up to the discretion of the director/teacher. Dismissal of a student from the program is agreed upon by the teacher and our principal.

CONFIDENTIALITY

The Little Lions Preschool follows the rule of teacher-parent confidentiality. Any conversations between the staff, parents, or guardians are kept confidential. Preschool staff will not share this information with any other individuals. However, there are times when it is necessary to share information with other parties who are involved with a specific child, i.e. their classroom teacher or principal of the school.