

Tel: +1 (631) 499-6948 Email: info@pumpkin-patch.org Website: www.pumpkin-patch.org

## **Personal Information**

The day nursery is prepared to offer only minor first aid care. In the event that your child becomes ill or has an accident, the following information is needed.

| Child's Name               |                          |   |         |
|----------------------------|--------------------------|---|---------|
|                            |                          |   | _       |
| Home Address               | Town                     | Phone   |         |
| E-Mail                     |                          |   |         |
| Wife's Place of Employment | t                        |   |         |
| Address                    | Town                     | Phone   |         |
| Husband's Place of Employr | nent                     |   |         |
| Address                    | Town                     | Phone   | _       |
| PERSONS TO CONTACT I       | <u>F EITHER PARENT C</u> | ANNOT BE REACHED:   |         |
| Name                       | Relationship to          | child   |         |
| Address                    | Town                     | Phone   |         |
| Name                       | Relationship to          | child   |         |
| Address                    | Town                     | Phone   | _       |
| Child's Physician          |                          | Phone   |         |
| Address                    | Town                     | Zip   |         |
| •                          | •                        | ntacted in an emergency, I hereby<br>Hospital to provide a Physician. | y grant |
| SIGNATURE OF PARENT OR G   | <br>JUARDIAN             | DATE  |         |



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# Personal History

| The following information is r<br>It is for her use only and is con | •                      | Director/Teacher be    | •                |
|---|------------------------|------------------------|------------------|
| Name  | Birthd                 | late                   | Male<br>_ Female |
| Name Child is called at home_                                       |                        |                        |                  |
| Mother's first name   | F                      | Father's first name    |                  |
| Brothers names and ages   |                        |                        |                  |
| Sisters names and ages  |                        |                        |                  |
| Other household members (given                                      | ve name and relation   | ship)                  |                  |
|   |                        |                        |                  |
| Language/languages spoken ir  | the home               |                        |                  |
| What other pre-schools has yo                                       | ur child attended?     |                        |                  |
| Which hand does child use mo  | st frequently?         |                        |                  |
| Does child play well alone?   |                        | What playthin          | g does child use |
| most often?   |                        |                        |                  |
| Playmates?  | Usual number           | Sex                    | Age              |
| Does your child tire easily?  |                        | _Become easily exc     | eited?           |
| Has your child had any serious                                      | s illness?             | Serious accidents      | s?               |
| Operations?   |                        |                        |                  |
| Do you understand your child  | when he/she speaks?    | ?                      |                  |
| Do other people understand yo                                       | our child when he/sho  | e speaks?              |                  |
| Is child toilet trained?  | Does he tell adult     | when he needs to go    | o in the toilet? |
| What are the child's request w                                      | ord(s) for toileting?_ |                        |                  |
| Does he/she have any special i                                      | nterests? (Music bo    | ooks, bugs, plants, et | tc)              |

\*PLEASE DO NOT SEND IN ANY PACIFIERS OR BABY BOTTLES WITH YOUR CHILD TO PUMPKIN PATCH.



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# Transportation Agreement

| I,                                 | , hereby assume full responsibility for my |  |  |
|------------------------------------|--|--|--|
| (Please Print)                     |  |  |  |
| child,(Please Print)               | , en-route to and from Pumpkin Patch       |  |  |
| Day Nursery.                       |  |  |  |
|                                    |  |  |  |
|                                    |  |  |  |
| Parent's Signature                 | Date                                       |  |  |
|                                    |  |  |  |
|                                    |  |  |  |
| SUNSCREEN APPLICATION              |  |  |  |
| I give permission for the staff at | Pumpkin Patch to apply sunscreen           |  |  |
| on my child                        | ·  |  |  |
|                                    |  |  |  |
|                                    |  |  |  |
|                                    |  |  |  |
| D 2 C                              |  |  |  |
| Parent's Signature                 | Date                                       |  |  |



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# Allergy / Special Needs

## IS YOUR CHILD ALLERGIC TO ANY OF THE FOLLOWING?

| BEE STINGS              | SEAFOOD       |
|-------------------------|---------------|
| ORANGE JUICE            | PEANUT BUTTER |
| APPLE JUICE             | FRANKFURTERS  |
| CHERRIES                | NUTS          |
| STRAWBERRIES            | MILK          |
| PORK                    | CHEESE        |
| CHOCOLATE               | EGGS          |
| BOLOGNA                 | BACITRACIN    |
| SPEECH/LANGUAGE THERAPY |               |
| PHYSICAL THERAPY        |               |
| OCCUPATIONAL THERAPY    |               |
| HYPERACTIVITY           |               |
| NOSE BLEEDS             |               |
| ASTHMA                  |               |
| WHEEZING                |               |
| TUBES / EARS            |               |



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| The following people are allowed | d to pick up my child if I am unable to:                     |
|----------------------------------|--|
| 1                                |  |
|                                  |  |
| 3                                |  |
|                                  |  |
|                                  |  |
|                                  |  |
|                                  |  |
|                                  | Parent's Signature   |
|                                  |  |
|                                  |  |
|                                  | Patch Day Nursery to seek emergency medical treatment for my |
| child                            | in the event that I cannot be contacted                      |
| immediately.                     |  |
|                                  |  |
|                                  |  |
|                                  |  |
|                                  |  |
|                                  | Parent's Signature   |



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## **Program Content and Curriculum**

Our curriculum at Pumpkin Patch Day Nursery is designed to offer a creative program to 2, 3, 4 and 5 year olds. Using a multi-sensory approach geared to the needs of the young child experiences are provided which foster the development of intellectual, social, emotional and physical capacities. We provide a structured program in a safe, flexible environment. We seek to develop in each child, habits for healthy living and attitudes that will enable him/her to get along with others.

A typical day would include any of the following:

Science ActivitiesLanguage ArtsWater PlayStorytimeAnimal CornerPuppet Play

Cooking Pre-reading Activities

Seasonal Activities Discussions

Environmental Studies Flannelboard Stories
Sand Tape Recorders
Computer

Creative ArtsPre-MathPaintingsMeasuringCuttingBlock PlayPastingSortingDrawingMatchingMobilesCounting

Collages Number Recognition

Play-dough Paper Mache

<u>Dramatic Play</u> <u>Social Studies</u> Housekeeping Corner Community Helpers

Dress-Up Holidays
Role Playing Transportation

Planets Globes, Maps

Senses

Music Physical Activities

RecordsClimbingSingingRunningDancingJumpingRhythm InstrumentsBalancing

Swinging Sliding Pedaling

(in our indoor or outdoor playground)



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## **Policy Statement**

#### Admission

Pumpkin Patch Day Nursery provides day care and early childhood education to children ages 2-6. Admission is granted to any child regardless of race, creed or ethnic background as long as age requirements are met and parent agrees to pay tuition fees. (see registration form for additional information)

#### Meals and Snacks

Pumpkin Patch Day Nursery will provide nutritious meals and/or snacks to the children depending upon the program in which they are enrolled.

Children in attendance during the following hours will receive:

7:30- 5:30 Breakfast, Lunch, 2 Snacks 10:00- 3:00 Lunch and 1 Snack 9:30-12:00 1 Snack 1:00- 3:30 1 Snack

The snacks and meals provided will be of adequate nutritive quantity and quality.

A nutritionist reviews menus, and are distributed monthly to parents. A copy will be accessible via the parents' bulletin board and any changes or substitutions will be posted 24 hours in advance. Parents are reminded to keep the school informed of any food allergies.

#### Open Door Policy

We have an "open door" policy at Pumpkin Patch. Parents may visit their children in our facilities any time they wish. We do ask parents who plan to visit their children frequently to follow the classroom routine, to avoid disturbing classroom schedules and activities. If you wish to meet with the Director or a staff member, please make an appointment so that arrangements can be made. Parents can visit as much or as little as their schedules (and children) will allow.

#### Pick-Up-Policy

Pumpkin Patch Day Nursery does not provide transportation. Parents are responsible for bringing and picking up their children.

Parents are reminded that children are to be picked up at the scheduled time. If a parent is going to be late, the school should be notified. Children will not be discharged to anyone other than those people whose names are on file in the office as having permission to pick up the child.

A \$5.00 fee will be charged for every fifteen minutes that the child is left at the center, past dismissal. In the event the center is not notified that a parent is not coming for the child, we will notify the person so designated by the parent to contact in an emergency. If this is not successful and after every reasonable effort is made to contact designated persons, the Child Protection Agency will be notified.

#### **Health Care Policy**

Pumpkin Patch will not provide care for ill children. (see attached)

#### <u>Disciplinary Policy</u> –

Pumpkin Patch creates an environment that leads children to self control. To resolve conflict, the staff will redirect a child to an alternate activity, encourage the child to talk about his/her feelings and encourage children to empathize and comfort others. (see attached behavior management plan).

| Parent's | Signature |  |
|----------|-----------|--|