



526 Poplar Drive  
Spring Creek, NV 89815  
(775)738-5178

Stephanie Moye cell (775)388-7904  
Shannon Bench cell (775)397-0424  
Shanae Matson cell (208)731-0444  
Amelia Moye cell (775)385-2749

### **Our Mission Statement**

Our philosophy is that children are miracles. We believe that children need to feel safe; safe to explore their world and try new things. They need to feel nurtured and they need to know that they are special and unique. They need to know that their hurt feelings count, their feelings are acknowledged, their joy is shared, and their accomplishments are praised. Children need to be stimulated academically by being exposed to age appropriate curriculum that will allow them to be successful. They need to have opportunities to express their creativity. Children are social and as they move from parallel play to cooperative play, they need to be guided towards socially acceptable behaviors. Children need to be children. They need to play and pretend and embrace this sacred time in their lives. This wonderful journey will begin here at Caring 4 Cubs Preschool!

We are always willing and ready to talk with you about any specific accommodations or special needs that your child may have.

Serving children ages 3 to 5 years of age  
Organized, structured and safe environment  
Art projects daily  
Healthy snacks  
Fun, educational and seasonal activities  
Professional staff (trained in childhood education)

### Class Sessions

M/W/F Morning 8:00-10:00

M/W/F mid-morning 10:15-12:15

M/W/F Afternoon 12:30-2:30

Tu/Thur Morning 8:00-11:00

Tu/Thur Afternoon 11:30-

2:30

### TUITION

\$200.00 per month with a \$80 non-refundable registration fee.  
\$25 supply restocking fee anytime during the month of December and another restock fee during the month of March.

If you are more than 5 minutes late to pick your child up from class, you will be charged \$10 for each occurrence. Our 15 minute breaks between classes are very precious! We will use this time to prepare for the next class scheduled. If you have any concerns that need to be addressed during this time, we will most definitely take the time to talk with you.

\*\*\*Tuition is due the first school session of every month. The new policy will be as follows:

After the 7<sup>th</sup> you will be charged an additional \$15 late fee.

After the 10<sup>th</sup> you will be charged a \$25 late fee.

After the 15<sup>th</sup> you will be charged a \$40 late fee.

After 30 days, the child will be dismissed from C4C.

\*\*\*Full tuition is due regardless of the days absent or holiday vacations. Any child that drops out of class after March 1<sup>st</sup>, will be required to pay the 60 days of the remaining tuition.

\*\*\*A snack schedule will be provided monthly. We would appreciate it if your child could bring a healthy snack on their scheduled day. This will also be their "special day" to bring a show-and-tell item. NO CUPCAKES OR JUICE. Water or milk preferred.

***All children MUST be completely potty trained before they are accepted into our preschool program! We understand that accidents do happen, but if it becomes a regular problem, the child will have to withdraw from the program!***

## Age Level Readiness

CONGRATULATIONS! Your child is about to begin one of life's great experiences in our preschool program. This represents a very significant step in your child's growth. It is the beginning of a program, which is designed to give your child a great opportunity for well-rounded growth and development.

One can be a child only once. What a child learns and what he/she accomplishes in the preschool years sets the pattern for a lifetime of learning. In these early years, a child learns how to learn; how to use his/her mind; how to begin to read, write, and speak; how to cooperate and take directions; and how to organize, calculate, and evaluate his/her own learning. He/she will learn moral standards and how to deal with others in a variety of relationships. Your child will acquire a fundamental grasp of the basic areas of knowledge, including art, language, literature, math, and social and physical sciences. These may well be the most formative years of your child's education. Our school and our parents will be partners the special responsibility of providing the best education for these children.

**AGE LEVEL#2 : 24 MONTHS TO 42 MONTHS**-At this age the children are beginning to develop special friendships. They will learn to interact with their peers rather than along side their peers. Group activities are extended and an introduction to academics will begin to take place. Activities are modified according to these children's unique level of creativity and self-expression.

**AGE LEVEL#3 : 42 MONTHS TO KINDERGARTEN**-Kindergarten preparation is emphasized at this level. The teachers prepare lessons geared toward academic readiness skills and self-expression. The following areas are promoted: reading and math readiness, art, science, and practical social skills.

**READING READINESS**-Oral language development; oral reading comprehension, discrimination of letter sounds; pattern recognition; identification of letters; ability to recognize rhyming words; ability to express stories and past experiences; and most importantly, the discovery that reading can be a great source of pleasure and fun.

**MATH READINESS**-Concepts of big and small, few and many, more than and less than; basic numbers 1-10 and 1-100; telephone numbers; addresses; simple addition and subtraction; calendars; and introduction to calculators and computers. A variety of learning activities are provided to make learning more fun.

**ART**-Primary and secondary colors; cutting, pasting and gluing; painting; mobiles; holiday projects; seasonal themes and personal creations. Not only is art a lot of fun, it also promotes visual motor coordination.

**SCIENCE**-Lessons consist of a variety of simple experiments and experiences. It involves investigating, listening, and manipulating. It also means asking questions. The children will be introduced to pets, plants, planets, the change of seasons, the five senses, night and day, and much more. The opportunities are endless!!!!

**MUSIC**-The children are introduced to songs and musical instruments. Concepts of rhythm (fast and slow), pitch (high and low), and volume (loud and soft) is experienced. Children are encouraged to participate during circle time and during large motor activities.

## Our School Discipline Policy

Our school is committed to the well-being of each and every child. In order to provide a safe, loving, and stimulating environment, we expect a certain degree of cooperation from each child and parent as well. Our means of disciplining unacceptable behavior on the part of a child is to separate the child from the rest of the group. This is referred to as a "time out" and is limited to 1 minute in duration per years of age. During this time, the child is kept under direct supervision and no snack or meal will be withheld from the child. Under no circumstances will the child be mistreated or mishandled. If "time outs" become a regular routine and appear ineffective, a parent/teacher conference should be held to discuss the situation. If there is little or no improvement and the child's behavior becomes a distraction to the rest of the group, termination of enrollment may become necessary. Corporal punishment is not part of our program and will not be tolerated on the part of any staff member.

## Enrollment Policy

**STATE REGULATIONS** require that each child have a health form completed and signed by a physician and kept on file at the center. This would also include an updated shot record and completed enrollment packet.

**RETURNED CHECK FEE**-There will be a \$40.00 service charge applied on all returned checks. After 2 returned checks, payments must be made in cash.

**REASONS FOR DISMISSAL**-The following are reasons that our school would be inclined to dismiss your child from our center:

- Frequent delinquent or non-payments
- On-going behavior problems that become disruptive to our program
- Failure to pick up your sick child within one hour of being notified
- 3 or more late pick-ups
- Continuous use of inappropriate language
- Biting

**WITHDRAWAL**-A 30-day written notice of withdrawal is required. If less than 30 days is given, full tuition will have to be paid. This policy will allow us to keep a full classroom and staff.

**FACILITY VIEWING**- Parents/Guardians have the right to view the facility before enrollment and any time after enrollment of the child. If there are ever any concerns, a staff member may be reached at (775)738-5178 or by the Contact Us link of our FB page. Caring 4 Cubs Preschool.

## **Reporting of Child Abuse and Neglect**

If any person suspects that child abuse or neglect is occurring in a facility, the person may immediately report his suspicions to the Division of Child and Family Services. Every licensee or employee of a facility who has reason to believe that child abuse or neglect is occurring in the facility, in the child's home or elsewhere shall report his beliefs to the appropriate authority as required in NRS 432B.220.

## **General Health Policy for Children**

**SICK POLICY**-In case of illness there will be no credit issued. When a child is dismissed from school because of a contagious illness, a 24-hour period after the start of medication is required before your child can return to school. Your child should remain at home until they are able to participate in a normal school day, including outdoor play.

If a child is sent home with a communicable disease, he/she can only return with a medical excuse from a physician stating that the child is no longer contagious and may be safely involved in group activities.

If your child has special medical needs, we will handle this on a case by case basis. Unfortunately, because of the length of time in class, we would prefer that you administer your child's medicine before coming to class.

If a child displays any of the symptoms listed below, he/she will be isolated from the other children and the parents will be contacted. If the parents cannot be reached, we will call one of the emergency telephone numbers listed on the application form. Arrangements must be made to have the child picked up within one hour. Symptoms of special concern are:

Diarrhea (more than one loose stool)

Severe coughing

Difficult or irregular breathing

Pink eye (eye does not necessarily have to be pink but may be discharging mucus)

Sore throat

Unusual spots or rashes

Vomiting

Severe itching of body or scalp

Fever of 100 degrees F. or more

~In the event of a pandemic our facility will follow all state health and CDC guidelines.

~In the event that we should have questions regarding the health of any child we may contact one, or more, of the following sources for information.

Dr. Celestine Hernandez- The Elko Clinic (775)738-3111  
Northeastern Nevada Regional Hospital- (775)738-5151

## Unacceptable Behavior Policy

We strive to redirect unacceptable behavior whenever possible, however, sometimes we need your help. There are all kinds of rights for children and parents of our facility (as we believe there should be). The purpose of this form is to protect the rights of our staff and those rights of other children who sometimes become victims of an aggressive child.

If a child deliberately inflicts physical harm to another child or to a staff member, the following procedure will occur:

### **1st Offense**

Parents notified (in writing) of the specific incident, at the end of the day.

### **2nd Offense**

Parents called and notified (in writing) of the specific incident at the end of the day.

### **3rd Offense**

Parents called and child must be removed from the facility as soon as possible. The child will have a one day suspension. Parents, child, and involved staff will have a meeting before the child is able to return.

### **4th Offense**

Child is not allowed to return to our facility.

We hope this policy does not offend anybody, but we must protect the staffs rights and the rights of other children in our care.

I have received a copy of the unacceptable behavior policy, and am aware of the procedures. If my child is suspended, I am aware that my tuition rates for that month remain the same.

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

## **What to Bring**

- Each child will need a backpack labeled with your child's name to carry home art projects, newsletters and memos. These items will be placed inside the backpack or on top of the cubby for you to take out at home.
- A favorite thing from home to share on their "Special" day (these days will be annotated on the monthly snack schedule).
- An extra change of clothes to keep in their backpack.

## **What to Leave at Home**

- Except for the toys that are used for "Show & Tell" we ask that you leave your child's toys in the car or at home. These special things may get lost during the preschool day.
- Guns, weapons, war toys or superhero toys are not allowed at school. Our Learning Center is a safe place for children and these toys do not agree with that belief. **Under no circumstances will tobacco products be allowed on the premises!**
- **Cupcakes.... They are messy and the kiddos only eat the frosting.** 😊

## **How to Dress**

- Parents are encouraged to dress their children in simple play clothes which are easily laundered.
- In the winter, please send coat, boots, snow pants, hats, and mittens that are labeled with your child's name.

## **Dropping Off & Picking Up Your Child**

**Please sign your child in and out daily on the form as you arrive and leave.** A child will only be released to the parent, guardian, or persons listed on the authorized release form. Additional names may be added to the list at any time during the school year; notify the head teacher in writing of any changes. If there is an occasional change in personnel to pick up or drop off your child, please notify the preschool's head teacher in writing, giving the name and date the person will be picking up or dropping off your child. This person may need to present identification if the learning center staff does not know them. A certified copy of any court orders regarding visitation or pick up of your child must be on file in case of a custody situation.

Please enter the driveway and park as far forward as you can. Remain to the right to allow for easier access to pull out of the driveway. Main entrance will be to the left of the house, down the side stairwell and through the back double doors.

**NO SMOKING ON THE PREMISES AT ANY TIME.**

**Your child must be accompanied by an adult when entering and leaving the building.**

**When your child comes home messy?!**

Red paint in hair? Blue paint on the jeans? Peanut butter on their favorite shirt? White socks that look brown? Sleeves a little bit damp?

**Your Child Probably**

Worked with a friend

Solved a problem

Created a masterpiece

Negotiated a difference

Learned a new skill

Developed new language skills

And had a fabulous day!!!!

**Your Child Probably Didn't**

Feel lonely

Become bored

Do repetitive tasks that are too easy

Do seat work that is discouraging

**You Probably**

Paid good money for those clothes

Will have trouble getting the red paint out and are not concerned that the teachers didn't pay enough attention to your child!

**The Teacher Probably**

Was aware of your child's needs and interests

Spent time planning a challenging activity for your child

Encouraged your child to try new things

Put a smock on your child

Was worried you might be concerned!

As a parent, you understand that accidents do happen. At Caring 4 Cubs Learning Center, we will try our best to be aware at all times. We know the saying, "kids will be kids", and for this, we are grateful!

We thank you for your support and understanding.

We have an open door policy and are open to suggestions or groans.

**Admission Application**

***\$80 Non-Refundable Application Fee (must be paid before position is secured)***

**Personal Information:**

Last Name \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_

Nickname \_\_\_\_\_ Student's Age \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_  M  F

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**Family Information:**

Parent's/Guardian's Marital Status:  Married  Separated  Divorced  Widowed

Father's/Guardian's Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone: (Home) \_\_\_\_\_ (cell) \_\_\_\_\_ (Work) \_\_\_\_\_

Occupation/Company Name \_\_\_\_\_

Mother's/Guardian's Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone: (Home) \_\_\_\_\_ (cell) \_\_\_\_\_ (Work) \_\_\_\_\_

Occupation/Company Name \_\_\_\_\_

**General Information:**

Names of Siblings and ages \_\_\_\_\_

Preschool last attended:(if applicable) \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

Has the student had a disciplinary/behavior problem?  YES  NO

If yes, please explain:

\_\_\_\_\_

How did you hear about Caring 4 Cubs Preschool?

Personal Referral \_\_\_\_\_  School Materials  Social Media  Other

I have read and agree to the above listed guidelines and regulations of Caring 4 Cubs Preschool.

\_\_\_\_\_

Parent/Guardian Signature

\_\_\_\_\_

Date

**Authorization for pick-up**

I, \_\_\_\_\_, give permission for the following individual(s) to pick my child up from school. I understand that a photo ID may be required of them.

<b><u>Name</u></b>	<b><u>Address</u></b>	<b><u>Phone #</u></b>	<b><u>Relationship</u></b>
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1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

4. \_\_\_\_\_

5. \_\_\_\_\_

6. \_\_\_\_\_

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

**Medical Form**

**Student Information**

Date of Birth \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Phone \_\_\_\_\_  
Name:(Last) \_\_\_\_\_ (First) \_\_\_\_\_ (Middle Initial) \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**Persons to call in an emergency IF a parent CANNOT be reached:**

Name \_\_\_\_\_ Relationship to child \_\_\_\_\_  
Phone \_\_\_\_\_  
Name \_\_\_\_\_ Relationship to child \_\_\_\_\_  
Phone \_\_\_\_\_

**If medical care is necessary and we are unable to contact parent or guardian, call:**

Doctor's Name \_\_\_\_\_ Phone \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_  
Hospital Name \_\_\_\_\_ Phone \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

Father's/Guardian's Name

\_\_\_\_\_

Phone: (Home) \_\_\_\_\_ (cell) \_\_\_\_\_ (Work) \_\_\_\_\_

Mother's/Guardian's Name

\_\_\_\_\_

Phone: (Home) \_\_\_\_\_ (cell) \_\_\_\_\_ (Work) \_\_\_\_\_

In case of emergency, please specify whom should be contacted first, etc.

\_\_\_\_\_

**Medical Information continued**

1. Does child have any known allergies? (If so, please list below and any procedures to follow if reaction occur.)

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- Additional Comments:

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I hereby give authority to any hospital or doctor to render immediate aid as might be required at the time for his/her health and safety. It is understood that I am responsible for the expense of such service. If emergency service involving medical action or treatment is required and neither parent nor guardian can be contacted, I hereby consent for the student named above to be given medical care by the doctor selected by the school. This might also include ambulance service.

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Parent/Guardian Signature	Date
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In an emergency, my child may receive first aid. Yes\_\_\_\_ No\_\_\_\_ Initials\_\_\_\_\_

All staff members on duty will be current and thoroughly trained in CPR and First Aid.

I understand that the time my child\_\_\_\_\_, is in the facility, that the staff may be asked for information regarding my child. I hereby give permission to release information to official persons only, who identify themselves, such as schools, health care personnel, welfare or other governmental officials.

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Parent/Guardian Signature	Date
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*A copy of your child's current shot record is required before his/her first day of class. If you are not sure of the shot's required, please contact your pediatrician or family physician.*

Subject: Child Care Licensing Information-NRS 432A.178

The Bureau of Services for Child Care is notifying all facilities within the Bureau's jurisdiction that NRS 432A.178 is now in effect. Child Care facilities must fill out the standardized form (attached) listing a summary of complaints that the facility has received in the last 12 months. This form will need to be given out to newly enrolled families upon request from parents who are considering enrolling their child in the facility. If a complaint requires disciplinary action all children enrolled in the facility need to be notified within 3 working days. The facility is required to include the following statement on their registration form in order for the Bureau to track this information and ensure that the facility is in compliance with the requirements listed under NRS432A.178.

Statement- I \_\_\_\_\_, am aware that I have the right to request and view any complaints the facility has received for the month my child(ren) enrolled in and the previous 12 months.

Parent/Guardian

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

WE HAVE NEVER HAD A COMPLAINT.

Caring 4 Cubs Preschool Physical Examination  
**Physical Exam for Physician/Authorized Provider to complete:**

Child's Name: \_\_\_\_\_ Birth date: \_\_\_\_\_

Height: \_\_\_\_\_ Weight: \_\_\_\_\_

Hearing: \_\_\_\_\_ Vision: \_\_\_\_\_

Normal=N                  Concern=C

Head: \_\_\_\_\_ Abdomen: \_\_\_\_\_ Eyes: \_\_\_\_\_ Ears: \_\_\_\_\_

Bowel: \_\_\_\_\_ Bladder: \_\_\_\_\_ Oral/Dental: \_\_\_\_\_ Skin: \_\_\_\_\_

Back/Spine: \_\_\_\_\_ Cardiac: \_\_\_\_\_ Respiratory: \_\_\_\_\_ Psycho/Social: \_\_\_\_\_

Any additional concerns not listed above? If yes, please explain \_\_\_\_\_

Any Immunizations given? Yes\_\_ No\_\_ If yes, please list \_\_\_\_\_

Any health, growth or developmental concerns/limitations that staff should be aware of? Yes\_\_\_ No\_\_\_

If yes, please explain \_\_\_\_\_

Any activity/participation restrictions preschool staff should be aware of?

If yes, please explain \_\_\_\_\_

Any medications/procedures required during the preschool day? Yes\_\_ No\_\_

If yes, please explain \_\_\_\_\_

This child has been examined and is released to attend preschool. \_\_\_\_\_

This child has been examined and IS NOT released to attend preschool. \_\_\_\_\_

\_\_\_\_\_ Date \_\_\_\_\_

(Name of Physician, P.A or R.N.)

## Evacuation Plan

In case of an emergency we have an illuminated exit light posted above the door at the main entrance. The second exit light is posted in classroom #2 and up the stairwell. We will then proceed out the illuminated double doors.

The main entrance/exit door is the preferred choice due to the staircase. The propane tank and electrical box are located on the south side of the house. These can be shut off when the children are safely evacuated from the facility.

When evacuating the building, a sign in/out sheet and cell phone will be brought along. We will do monthly fire and evacuation drills that will be kept on file for the licensing agency. We will also conduct a disaster drill quarterly.

In case of an emergency, the children will be evacuated from the building. We will relocate to the red and tan barn at the back of the preschool property. The lead teacher will have a list of all children in our care as well as their emergency contact information. If we are unable to access this location, our second designated location will be at the garage of the neighbor. This address is 520 Poplar Drive. All parents will have to pick their children up at one of these designated locations. We will once again have a sign in/out sheet and cell phone. If at any time there is a question on what our procedure is at that time, we can be reached at (775)388-7904 (Steph cell). We will always take the safest route in assuring that your child is in the best care, at all times.

In the event of an extreme emergency in our neighborhood, all children and staff will relocate to the Spring Creek Fire Department at 4 Licht Lane. (775)738-5382.

All staff on duty must be certified in cardiopulmonary resuscitation (CPR) and first aid.

[WWW.CARING4CUBS.COM](http://WWW.CARING4CUBS.COM)

Here at Caring 4 Cubs Preschool we use our website to inform, advertise and update. We will also post pictures of field trips and exciting school projects that your children do. This website is a way for others to view activities that happen in our facility. (ex. Grandparents, Aunts/Uncles and Spouses).

No names will be posted on this website.

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

Yes, I approve of my child's picture being posted on the facilities web page.

\_\_\_\_\_

No, I disapprove of my child's picture being posted on the facilities web page. \_\_\_\_\_

E-mail address \_\_\_\_\_

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

### **Checklist of information needed**

\_\_\_ Unacceptable Behavior Policy

\_\_\_ Admission Application/\$80 non-refundable application fee

\_\_\_ Copy of birth certificate \_\_\_Internet Form

\_\_\_ Authorization for pick-up \_\_\_Physician signed physical

\_\_\_Current shot record \_\_\_ Medical Form

\_\_\_Agreement Form

The physical exam for your physician to sign and shot records can be brought to class on your child's first day. All other forms, requiring a signature, must be returned as soon as possible.

Shot records are mandatory before your child can attend their first day of class.

The above listed forms can be mailed or dropped off to 526 Poplar Dr. Unfortunately, your child's enrollment cannot be secured until we receive the above information. If you have any additional questions, please call (775)738-5178. We are looking forward to sharing a fun-filled year with your child!

FYI- There will be times that we will take the children for a walk outside of our play area. Any further than this, will require a field trip permission slip. When a field trip is scheduled, we will send a permission slip home for you to sign before your child is able to attend.

**We do not transport children from our facility.**

Preschool Agreement Form

I have read and completely understand the information provided for me in the enclosed, 19 page, Caring 4 Cubs Preschool Facility packet. I am also aware that any changes made to this Facility Statement Packet will be reported to our parents and the Child Licensing Bureau.

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

Staff Signature \_\_\_\_\_  
Date