



THE LEARNING TREE PRESCHOOL

come grow with us

**PARENT HANDBOOK**

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## **MISSION STATEMENT**

Our mission is to assist in developing our student's self-awareness and knowledge of their environment. We strive to lay this foundation in an atmosphere that is loving, safe and which fosters positive self-esteem and a joy for learning. We provide a learning experience for your child that will respect him/her as a total person: emotionally, socially, physically, and intellectually.

## **PARENT INTERACTION**

The early years are of critical importance in a child's development. The family is the primary source of love and guidance in your young child's life as well as their first and most important teachers. We view parents as our partners in the education of their children.

We realize that you, as parents are especially sensitive to your own child's needs and that the decision to be a part of The Learning Tree Preschool has been carefully weighed.

The Learning Tree Preschool prohibits discrimination in its program and activities on the basis of race, color, national origin, gender, religion, age, disability, political beliefs, sexual orientation, or marital or family status.

Parents play an important role in the preschool experience. This hand book is a composite of a number of suggested topics. It is intended to facilitate further communication and to help provide a supportive, responsible environment for all of our children. Please read it thoroughly and keep it handy for further reference.

## **CONFIDENTIALITY**

Family and children's records are kept confidential at all times and shared only with Teachers and the Director of the preschool as required.

Written permission granting the preschool authorization to share a child's information is required prior to the release of any such information.

## **REGISTRATION PACKET**

Upon enrolling your child, you will be given a tour. During your tour of the center, we encourage you to share any concerns you may have about your child's needs or your expectations of the program with the Teacher of our facility. Your registration packet must be completely filled out and returned to the Director of the preschool prior to your child's first day.

## **PHOTOGRAPHS**

Children's pictures are often taken during spontaneous occasions. Therefore, there may be occasions when your child's picture may appear on publications or materials related to The Learning Tree Preschool.

We understand and are sympathetic to the desire for privacy for their child by some of our parents. If this is the case, please notify our Director that you wish not to have your child photographed or mentioned in any of our publications. You will be provided a form that must be completed and submitted to the Director's office for permission to photograph.

## **CURRICULUM**

We provide for the development of the whole child using theme-based curriculum and following the Early Learning Standards, all the while making sure all learning and activities are developmentally appropriate for each child.

Our staff continuously attends workshops and trainings to enable us to provide your child with the best learning environment. Our staff members are registered on the Montana Practitioners Registry.

## **DAILY SCHEDULE**

Monday - Friday 7:30 – 5:30

Our program is designed to be both consistent and flexible, predictable routines help children feel secure and increase their confidence. Lesson Plans are posted in each room for parents to check.

### **ATTENDANCE**

Please contact the school if your child will be absent from school by 9:00 A.M. or someone from the preschool may be contacting you.

### **FIRST DAY OF SCHOOL**

When a child begins his/her preschool experience, it is a big step in their young life, and they need the interest of their family.

It is best to talk with your child about the beginning of school only a day or two before they start. It is also a good idea to do a classroom visit before the first day, so your child can meet the teacher and visit the classroom they will be in.

We have found that it is easier for the children the first few days if when you drop off you give them one big hug a kiss and say you will see them after work. If the child knows you are comfortable with leaving them, it is easier for them. We have found in our experience that it is not unusual for it to take a few days for your child to become comfortable and accustomed to the routine of attending preschool, please allow your child these all important few days.

### **TRIAL PERIOD**

Occasionally, there are instances in which the program may not meet the needs of a particular child. In every case, each new student is allowed a two-week trial period in which the child's adjustment is observed.

If a child is not successfully adjusting to the preschool environment or if it is felt that the program is not successfully meeting the needs of the child, the parents will be contacted to assist them in finding an alternative program that will meet the child's needs.

## **SPECIAL DAYS**

### **BIRTHDAYS**

Many children enjoy celebrating birthdays by bringing cookies to school for a special party. If your child would like to do so, he/she may: we prefer cookies or similar types of finger food. If you are going to send a birthday treat, please let us know in advance.

### **HOLIDAYS**

Our preschool holds class discussions and conducts some degree of celebration of most of the traditional holidays. If your family has a special cultural occasion that they would like to share with the children, please contact our preschool Director with an outline of the event or holiday.

## **ARRIVALS AND DEPARTURES**

Our classrooms open at 7:30 AM and close at 5:30 PM please respect our hours by not dropping our child(ren) off before 7:30 AM and ensuring that they are picked up no later than 5:30 pm.

Parents will be charged One Dollar (\$1.00) per minute per child late fee for each minute that you are late in picking your child(ren) up. This fee will appear on your monthly billing statement.

Parents or guardians either dropping off or picking up the child **Must Sign the Child in And Out.**

No child will be released to any individual that is not on the child's pick-up list. Request for a child to be picked up by someone other than the parent must be performed as follows:

For a child being picked up by someone on your child's pick-up list:

Please call the preschool prior to your child's pick-up time and ensure the individual has proper identification.

For a child being picked up by someone not on your child's pick-up list:

Written request must be submitted to the preschool prior to your child's scheduled pick up time. - **NO Child** will be released without written authorization from their parent(s) or Guardian. Please ensure the individual has proper identification as it will be checked.

Entry into the preschool will be through the front gate, using the key pad code provided to the parents, please do not share the gate code with anyone not on your authorized pick up list.

## **FEES/PAYMENT SCHEDULE**

\$25.00 discount per month for first additional sibling enrolled, additional discounts are available for three or more siblings enrolled.

Make checks payable to:

**CAPNM**

We also have a card payment option thru PayPal on the web.

Monthly payment is due on or before the 5<sup>th</sup> of the current month. A late fee of \$25.00 will be added on the 10<sup>th</sup> of the month unless prior arrangements have been made. In all cases, the account must be paid in full by the end of each month. Accounts that are more than 30 days past due, without prior approval, will result in terminations of the contract.

Rates are reviewed at the beginning of each fiscal year and published as-an-Addendum to this Handbook. If you have questions concerning your rate, please contact the director. You will be charged even if your child misses a day.

For children who qualify for state assisted childcare, there will be an invoice issued at the beginning of the month to parents for a co-payment if one is due. The parent must make the co-payment before the state will make their payment. The amount must be paid by the end of the current month.

## **VACATIONS**

Two-week vacation is allowed per year at no cost. A 30-day notice is required prior to scheduled vacation. Unpaid vacation time must be schedule in one week or two-week blocks.

## **HOLIDAYS**

The Learning Tree has 13 scheduled holidays per year in which we are closed. The holiday schedule will be provided in December for the upcoming year. No tuition credit is given during the week the holiday occurs. In addition, two afternoons per year TLTP will close early for staff training.

## **The Learning Tree Preschool 2025 Holiday Closures**

January 1<sup>st</sup> New Year's Day

January 20<sup>th</sup> Martin Luther King Jr. Day

February 17<sup>th</sup> President's Day

May 26<sup>th</sup> Memorial Day

June 19<sup>th</sup> Juneteenth

July 4 Independence Day

September 1<sup>st</sup> Labor Day

Indigenous People Day- October 13<sup>th</sup>

November 11<sup>th</sup> Veterans Day

November 27<sup>th</sup> & 28<sup>th</sup> Thanksgiving

December 24<sup>th</sup> & 25<sup>th</sup> Christmas

Staff Training Days Early Closure at 3pm- June 25th and December 12<sup>th</sup>



## **COMMUNICATIONS**

We cannot over-emphasize the importance of open communication between our parents and our staff. Changes in your child's lifestyle (i.e. house guest, new baby, parent(s) on vacation, a move to a new home, separations of parents, death in the family, etc.) can be very unsettling to your child. If we are aware of this situation, we can be more responsive and more understanding of his/her behavior at school. We can then provide an extra dose of TLC (tender loving care). All information will be regarded as confidential.

Sometimes your child may come home and share something that happened at school, like a broken friendship. Please let a staff member know what is happening so it can be handled at school. If things do not get better, please let us know so we can find a solution.

We welcome your suggestions! The most effective communication is that which we can have directly between you and the Teachers or the Director.

We print a monthly newsletter with information about what we are doing in each class and different things going on at the preschool. A copy is posted on the parent board and we will provide a personal copy in your Childs Cubie.

## **PARENT INVOLVEMENT**

We welcome parents at any time.

Families are encouraged to participate in program activities and provide input on a regular basis. Parents and Grandparents can help their child by expanding on school learning at home. A family's involvement can include many options, including: volunteering in a classroom, accompanying children on field trips, collecting materials for children's projects, donating books or toys, contributing to the newsletter, fundraising projects, or helping to prepare for special events.

## **ASSESSMENT POLICY**

Each child is assessed by observation following the Montana Early Learning Standards. The observations are on-going; these observations are used for the teachers to create weekly lesson plans. The children's assessments are kept confidential between staff and parents. If staff notices a concern a parent meeting will be scheduled.

## **PARENT TEACHER CONFERENCE**

We will have a parent teacher conference in once per year (open house) to go over what your child has been working on and the progress they are making. If you would like you may schedule a parent/teacher conference with your child's teacher at ANY time.

If you wish to speak with the teacher in private, feel free to at any time. Just let the teacher know what time works for you.

## **PARENT SURVEYS**

We send home parent surveys throughout the year; this helps us to improve our program. Parents are encouraged to return the survey to help the Preschool program.

## **CALLING THE SCHOOL**

Parents and Guardians are free to call the school at 752-6565 extension 5490 at any time during the day, however, you may need to leave a message if we are unable to come to the phone.

## **DISCIPLINE**

We feel that discipline is correction with education. Helping the children understand how others may feel, when upset or hurt by others. We walk the children through problem solving steps to help them start to understand how to work on differences between friends; Redirection is used often. We focus on promoting the social emotional development and school readiness of young children, we believe in redirector to help the children learn appropriate behavior.

If a child's behavior seems overly aggressive we will work with the parents to find a solution.

## **HEALTH**

Children should be kept at home when they are ill, have a temperature, or have other signs of illness.

For your child and the other children to get the most out of their day they need to be in good health. They need to be able to participate fully in all the indoor and outdoor activities.

The following are the state rules and regulations we must follow.

## **GENERAL HEALTH AND ILLNESS**

### **37.95.139 DAY CARE FACILITIES, HEALTH CARE REQUIREMENTS.**

The Parents of each child admitted to the day care facility shall provide the name of the physician or health care facility the parent wishes to have called in case of an emergency. If, while in care, a child becomes ill or is suspected of having a communicable disease reportable to the health department while in care, the parent shall be notified by the provider. The parent is responsible for arranging to have the child taken home.

The director, owner, manager, or person-in-charge of the day care facility must designate a staff member to check daily the health status of each child immediately upon that child's entry into the day care facility, and to exclude any child showing symptoms of illness, under the following guidelines:

## **GENERAL HEALTH AND ILLNESS (continued)**

Children must be without fever 101° F or greater for 24 hours before they return to the day care facility, except that children with immunization-related fevers need not be excluded if they are able to participate in the routine of the day care facility.

Children must be without vomiting and diarrhea for 24 hours before they return to the day care facility. Vomiting includes 2 or more episodes in the previous 24 hours. Diarrhea is defined as an increased number of stools, and /or decreased form to the stool that cannot be contained by a diaper or clothing.

Children with any bacterial infections listed below must be treated with antibiotics for 24 hours before they can return to the day care center:

Strep throat;

Scarlet fever;

Impetigo;

Bacterial conjunctivitis (pinkeye); and

Skin infections such as draining burn or infected wounds or hangnails;

Generalized rashes, including those covering multiple parts of the body, must be evaluated by a health care provider to determine their cause before the child can return to the day care facility;

Children with chickenpox may not be admitted to the day care facility until their sores dry up, which usually takes 5 to 7 days. Day care providers must not purposefully expose susceptible children to chickenpox, even with the permission of the susceptible child's parents;

Children who are jaundiced must be excluded until a health care provider evaluates the cause and authorizes the child to return to the day care facility;

Children with symptoms of severe illness, such as uncontrolled coughing, breathing difficulty or wheezing, stiff neck, irritability, poor food or fluid intake, or a seizure, must be evaluated by a health care provider before they can return to the day care facility;

A child need not be excluded for a discharge from the nose which is not accompanied by a fever.

If a child develops symptoms of illness while at the day care facility and after the parent or guardian has left, the day care facility must do the following:

Isolate the child immediately from other children in a room or area segregated for that purpose;

Contact and inform the parent or guardian as soon as possible about the illness and request the parent or guardian to pick up the child;

Report each case of suspected communicable disease the same day by telephone to the local health authority, or as soon as possible thereafter if no contact can be made the same day.

## **GENERAL HEALTH AND ILLNESS (continued)**

When a child is absent, the day care provider shall obtain the reason so the interest of the other children may be properly protected. If a reportable communicable disease is suspected, the provider shall inform a health officer. No child shall be re-admitted after an absence until the reason for the absence is known and there is an assurance that the child's return will not ham that child or the other children. Disease charts that identify the reportable diseases are available from the department.

The day care facility may readmit a child excluded for illness whenever, in its discretion:

The child either shows no symptom of illness;  
The child has been free of fever, vomiting, or diarrhea for 24 hours; or  
The child has been on antibiotics for at least 24 hours for bacterial infections.

The parent or guardian may also provide the day care facility with a signed certification of health from a licensed physician, except that the following restrictions must be followed:

If a child is excluded for shigellosis or salmonella, the child may not be readmitted until the child has no diarrhea or fever, the child's parent or guardian produces documentation that 2 stools, taken at least 24 hours apart, are negative for shigellosis or salmonella, and the local health authority has given written approval for the child to be readmitted to the day care facility;

If a child is excluded for hepatitis A virus infection, the child shall remain excluded until either 1 week after onset of illness or jaundice, if the symptoms are mild, or until immune globulin has been administered to appropriate children and staff in the day care facility as directed by the local health authority.

## **BASIC FIRST AID**

In case of minor injury or accident, the staff will administer basic first aid. All injuries or accidents not requiring immediate parental notification will be documented and reported to the parents when the child is picked up at the end of the day.

In case of medical injury or accident requiring immediate professional care (emergency) 911 will be called. Parents will be notified immediately.

If any poisonous or toxic materials are ingested Poison Control will be notified immediately

All Learning Tree Preschool staff are trained in First-Aid and CPR.

## **MEDICATIONS**

Only staff that is specifically trained in the dispensing of medication may dispense medication. We believe that children should be given medication, when needed, in the safest possible way for the child, parent, and providers. Administering medication is based on parent consent and the child's health care provider recommendations. We will only give medication that must be given at times when the parent's work schedule prevents them from giving it.

Non-prescription or prescription medication will ONLY be administered when we have the parent's signed consent and a health care provider's prescription or written recommendation that a specific medicine is given to a specific child. A medication log sheet will be kept in each child's chart where a parental signature is required each time a medication is needed. Parents will be notified if your child has any side effects or reactions to the medication.

## **ABUSE POLICY**

All Learning Tree Preschool staff are Mandatory Reporters.

Child abuse and neglect will be reported in accordance with Montana State law: 401-3-201 Reports.

The Learning Tree Preschool staff receives training on abuse and neglect reporting. All instances of suspected child abuse and neglect are reported directly to Child Protection Services (CPS) as required by law.

## **CLOTHING**

Comfortable play clothing is needed as the children often work on the floor and with materials that can result in dirty, messy clothing.

Please be sure your child is dressed appropriately for the weather. We will go outside every day weather permitting. During winter months we ask that you bring indoor shoes as well as boots for your child to wear.

It's a great help for us all if your child's clothing is clearly marked with their name, in permanent marker. Please bring an extra set of clothes which will be kept for them in their cubby at school.

## **POTTING TRAINING/TOILETTING**

All children must be potty training to enroll in The Learning Tree Preschool. In case of an accident we will use the extra set of clothes available and send home the soiled clothing in a plastic bag. All children and staff must wash their hands after using the bathroom.

## **NAPPING**

Our nap time is from 12:30 PM to 2:30 PM. A Story is read to the children and they relax on their cot. Children that do not sleep, need to rest for 30 minutes, then they can do quiet work. They can bring one blanket to sleep with them. Each child has their own cot and all children's blankets are stored separately and sent home weekly for washing. Blankets will be placed in the provided Learning Tree back pack and sent home each Friday.

## **MEALS**

The Learning Tree Preschool serves a nutritious breakfast, lunch and an afternoon snack. Our menus are posted on the parent board. If your child has any special dietary needs please let staff know and we can make accommodations for them. A form called the "*Medical Statement to Request Special Meals and/or Accommodations*" will need to be filled out. The Director can help you with any questions or concerns. This center participates in the Federal USDA Child and Adult Care Food Program and receives reimbursements for meals served which meet certain nutritional requirements.

"In accordance with Federal law and the 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 to USDA, Director, Office of Civil Rights, 1400 Independence Avenue SW, Washington, D.C., 20250-9410 or call (800) 795- 3272 or (202) 720-6382 (TTY). USDA is an equal opportunity provider and employer."

## **BRINGING THINGS TO SCHOOL**

Your child is more than welcome to bring special books to school for the teachers to read, please make sure it has their name in it.

## **IMMUNIZATION**

We follow Montana State Licensing 37.95.140

Before a child under the age of five may attend a Montana day care facility, the facility must be provided with the documentation required (4) that the child has been immunized as required for the child's age group against measles, rubella, mumps, poliomyelitis, diphtheria, pertussis (whooping cough), tetanus, Hemophilus influenza type B and varicella.

## **FIRE EVACUATION PLAN**

Each room has an escape route posted by each door.

All classrooms will exit through the classroom door and proceed to the front end of the playground.

Classroom teachers will calmly guide the children to the designated fire exits with the assistance of remaining staff.

There will be a class list posted by the door and used for fire exit, which the teacher will pick up on the way out. Once the group has met at the appointed meeting area, the children will be counted and checked against the attendance sheet.

Upon leaving the building, the last adult in the room will quickly check bathrooms. Monthly fire drills are held.

## **EMERGENCY PLAN**

The Learning Tree Preschool has a disaster plan in place should any emergency situation require an evacuation. Our disaster plan is posted in the office, and evacuation routes are posted in each classroom. In case of an emergency, the staff will act in the best interest of your child(ren).

## **OPPORTUNITIES FOR PARENTS TO GET INVOLVED!**

*The Learning Tree Preschool has an open-door policy, parents are welcome to stop by or call to check in whenever they would like.*

### **Classroom Parties ~**

Parties will be at 3:30, Parents may provide treats, set up games, or help in the class

- ❖ **Valentine's Day**
- ❖ **Halloween Party**
- ❖ **Christmas Party**

### **Birthdays ~**

You may bring in treats to share with the class and join us if you can.

You are also welcomed (and encouraged) to make a "poster" of your child to hang in the class for the week.

### **Show us your talent ~**

Parents are ALWAYS welcome to come in and show the kids something cool! Anything from playing a musical instrument, magic tricks or just to read a story.

### **Parent/Teacher Conferences ~**

Parent / Teacher Conferences will be offered in May.

If you would like one at any other time just ask your teacher and we can set something up.

### **Donations ~**

Donations of clothes, books and old toys are always amazing.



# FORMS





THE LEARNING TREE PRESCHOOL  
come grow with us

## PARENT/ GUARDIAN ACKNOWLEDGEMENT OF RECEIPT OF PARENT HANDBOOK

I hereby acknowledge that I have received and read my copy of The Learning Tree Preschool's Parent Handbook and agree to abide by to the policies, procedures, and rules of the preschool.

I further understand that Rocky Mountain Preschool may find it necessary to modify or change the policies, procedures, or rules described in the Parent Handbook and that the preschool will make every effort to ensure that parents are notified of these changes.

Print Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_



## **The Learning Tree Preschool New Family Checklist**

\_\_\_\_\_ Received a tour.

\_\_\_\_\_ Have met your child's teachers.

\_\_\_\_\_ Received all forms.

- Parent Handbook
- Registration form
- Preschool Contract
- Permission to photograph
- Immunization forms
- Emergency Contact
- "Tell us about your child" form
- Non-ingestible Medication form
- Opportunities for Parents



## The Learning Tree Preschool Center Registration Form

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

Mothers Name: \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Email: \_\_\_\_\_

Work Place: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Fathers Name: \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Email: \_\_\_\_\_

Work Place: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Child's Name: \_\_\_\_\_ Birthdate: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Date you wish to start care: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Has your child attended preschool or childcare before? Please briefly describe how your child did:

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Questions: Please feel free to call, email, or stop by.

# Child Care Contract



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

Parent(s): \_\_\_\_\_

\_\_\_\_\_

Address: \_\_\_\_\_

Social Security Number: (Mother) \_\_\_\_ - \_\_\_\_ - \_\_\_\_ (Father) \_\_\_\_ - \_\_\_\_ - \_\_\_\_

Name of Child: \_\_\_\_\_ Birthdate: \_\_\_\_\_

Name of Child: \_\_\_\_\_ Birthdate: \_\_\_\_\_

Name of Child: \_\_\_\_\_ Birthdate: \_\_\_\_\_

I, the parent:

- Will give two-weeks written notice before discontinuing care for any reason. Understand there is no credit for time missed.
  
- Will pay monthly fee on or before the fifth day of the month, unless arrangements are made to do otherwise.
  
- Will pay a late pick-up fee of one dollar (\$1.00) per minute after 5:30 p.m.
  
- Will pay a late fee of twenty-five dollars (\$25.00) if monthly tuition is not paid on or before the tenth of the month.
  
- Understand that the preschool opens no earlier than 7:30 a.m. and closes no later than 5:30 p.m.
  
- Will participate in open communication with my provider.
  
- Will read the handbook so that I am informed of school policies.
  
- Understand there will be 13 annual holidays on which the school will be closed, and two shorten days per year, noticed will be provided 6 months in advance.
  
- Understand that non-payment will result in termination of the contract and an immediate end of child care services.

**Child Care Contract (continued)**

**We, the child care provider:**

Will not employ any form of corporal punishment as a form of discipline.  
Will not discriminate against any child based on his/her **sex**, race, ethnic origin or religious beliefs.

The Learning Tree Preschool agrees to provide child care services to the above-named child{ren) and we:

Will give you prior written notice before discontinuing care for any non-payment reason, excepting emergencies.

Will provide breakfast, lunch and an afternoon snack.

Agree to accept the state assistance with parents making up the difference in preschool rates

Will allow parents to have unlimited access to the child during child care hours - Open Door Policy.

Unless otherwise mandated by Section 41-3-201, MCA, all information pertaining to this family shall be kept confidential.

Agree to participate in open communication with parents.

Signature of Provider: \_\_\_\_\_

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

Signature of Parent(s): \_\_\_\_\_

\_\_\_\_\_

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





## **Photograph Consent**

The Learning Tree Preschool Facebook page will be a place for parents and family members to see what's going on with the kids, not a page for public viewing. That being said, a few photographs will be public or used on CAPNM public page, but we will ask permission for each instance. You may view the photograph and decide if you're comfortable with RMPC using the image on the website, public Facebook profile photo or other specific use. We respect your children's privacy above all, so rest assured that we will take the utmost care in dealing with this issue.

Please take a moment and sign and date the bottom of this form, either giving permission to post photos of your child or declining.

**Please contact us with any questions or concerns.**

I \_\_\_\_\_ give permission to The Learning Tree Preschool to take and post pictures around the preschool.

I \_\_\_\_\_ give permission to The Learning Tree Preschool to post pictures/videos of my child:

\_\_\_\_\_ their website at [www.capnm.net](http://www.capnm.net) and private Facebook page \_\_\_\_\_.

I \_\_\_\_\_ **DO NOT** give permission to The Learning Tree Preschool to post pictures/videos of my child: \_\_\_\_\_ online.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

# STATE OF MONTANA— CHILD CARE FACILITY/SCHOOL CERTIFICATE OF IMMUNIZATION

Complete immunization requirements and penalties for those who fail to meet the requirements are referenced in Section V. This form is required for ALL persons attending school or child care. See the reverse side for information about EXEMPTIONS and INSTRUCTIONS.

## SECTION I

**PLEASE PRINT CLEARLY**

Child/Student's Name	Birth Date	Sex	Primary Provider	
Name of Parent/Guardian	Address		City	Telephone Home  Work

## SECTION II

### IMMUNIZATION HISTORY

Valid only when filled out by School, Child Care or Medical Personnel (NOT to be filled out by the parent).

Required Vaccines (CC= Child Care Requirement; SR=School Requirement)	Month, Day & Year of Each Dose				
	1	2	3	4	5
Diphtheria/Tetanus/Pertussis (DTaP)					
Booster Dose Tdap required prior to 7 <sup>th</sup> grade entry					
Haemophilus Influenzae Type B (Hib) (Only children less than 5 years)					
Measles/Mumps/Rubella (MMR)					
or					
Measles vaccine only					
Mumps vaccine only					
Rubella vaccine only					
Polio (IPV or OPV)					
Varicella (Chickenpox) [VZV or VAR] Check here if child has documentation of disease					
Hepatitis B					
Pneumococcal Conjugate vaccine (PCV13)					

ACIP* Recommended Vaccines <small>*Advisory Committee on Immunization Practices, U.S. Centers for Disease Control and Prevention</small>	Month, Day & Year of Each Dose				
	1	2	3	4	5
Hepatitis A					
Human Papillomavirus (HPV) - for adolescents					
Influenza- recommended annually for all over 6 mos.					
Meningococcal Conjugate Vaccine (MCV4) (Ages 11-12 & later)					
Rotavirus					

**NOT A COMPLETE IMMUNIZATION RECORD- CONTACT YOUR PROVIDER OR PUBLIC HEALTH AGENCY FOR MORE INFORMATION**

**If filled out by health department or health care provider:**

**If filled out by school or child care personnel:**

To the best of my knowledge, this child has received the above immunizations.

I CERTIFY this information has been transferred from supporting documentation as stated in the Administrative Rules of Montana:

Signed: \_\_\_\_\_  
*(Health Department/Health Care Provider) Date*

Signed: \_\_\_\_\_  
*(School or Child Care Official and title) Date*

Signed: \_\_\_\_\_  
*(Health Department/Health Care Provider) Date*

Signed: \_\_\_\_\_  
*(School or Child Care Official and title) Date*

Signed: \_\_\_\_\_  
*(Health Department/Health Care Provider) Date*

Signed: \_\_\_\_\_  
*(School or Child Care Official and Title) Date*

Signed: \_\_\_\_\_  
*(Health Department/Health Care Provider) Date*

Signed: \_\_\_\_\_  
*(School or Child Care Official and Title) Date*



## SECTION III

## INSTRUCTIONS

### Health Department or Physician

1. For medical exemption purposes, a physician is a person licensed to practice medicine in any jurisdiction of the U.S. or Canada. This does not include chiropractic or naturopathic doctors, nurse practitioners or physician assistants.
2. In Section II, please include vaccine doses with month, day and year for each administered dose. Immunization dates, as specified in the administrative rules, are necessary. Please sign and date the form.
3. **If the child is completing a vaccine series**, a Conditional Attendance form can be used. The physician or health department will determine the date of each dose to be administered and put the schedule on the Conditional Attendance form. Please sign the Conditional Attendance form, and return to the school or child care facility.
4. Immunization forms can be obtained directly from the local health department or the Montana Immunization Program at [www.immunization.mt.gov](http://www.immunization.mt.gov).

### School and Child Care Official

1. **Prior to attending**, all students and child care facility attendees must have either **a)** the required immunizations **and documentation** or **b)** have completed the appropriate exemption or conditional attendance documentation. This includes transfer students.
2. **Documentation** must meet the criteria of the Administrative Rules of Montana. This is **limited** to other school health records and certain documents from health departments and physicians.
3. **Transferring information from supporting documentation to this form** must be done by a school or child care official. The school or child care official must then sign and date the form (Section II) and attach the supporting documentation.
4. **Conditional Attendance** form, once completed and attached to this document, allows attendance so long as immunization continues as scheduled.
5. **School Transfer Students.**

**There is no transfer period allowed.** Transfer students must provide adequate documentation of immunization **PRIOR** to attending school.

- a) **Transferring In:** Students who transfer into Montana from out of state must have their immunization information recorded on this form (*See number 2 above regarding acceptable documentation.*) Students must meet Montana immunization requirements.
- b) **Transferring Out:** If students transfer out of your school, a **copy** of this record should be maintained for one year following the transfer. The Montana law requires schools to forward the original Certificate of Immunization to the school to which students transfer.
- c) **Homeless Students:** All homeless students must be immediately enrolled in a Montana school to ensure compliance with the McKinney-Vento Act. Students should be assigned a liaison who can assist them in obtaining either appropriate documentation of immunization or in obtaining the required immunizations.

### Parent

1. Montana law requires immunization information be recorded on this document for persons to attend Montana schools, preschools and child care facilities.
2. **ONLY school, child care and health officials can complete this form.** School and child care officials need documentation from physicians or health departments as described by the Administrative Rules of Montana (*examples: A completed Montana Certificate of Immunization; A signed Immunization record card*). **It is the parent's responsibility to provide these documents to the school or child care facility.**
3. **Religious exemption and conditional attendance** may be used in accordance with the Immunization Law and Administrative rules. The Religious Exemption may be used in school settings and must be renewed annually. Religious exemption for child care only applies to Haemophilus influenzae type b (Hib), and must be renewed annually.
4. Montana law prohibits children from attending any Montana school or child care facility **prior** to meeting immunization requirements.
5. If your child transfers to another Montana school, a copy of this completed form will allow your child to enter that school. However, the original Certificate of Immunization must be provided to the new school within 30 days of transfer in order for the child to attend.

## SECTION IV

## EXEMPTIONS

Please refer to the form HES101A at  
<https://dphhs.mt.gov/assets/publichealth/Immunization/HES101A.pdf>

## SECTION V

## LEGAL REFERENCES

**Montana Codes Annotated**  
20-5-101 - 410: Montana Immunization Law  
52-2-735: Day Care Certification

**Administrative Rules of Montana**  
37.114.701-721: Immunization of K-12, Preschool and  
Post secondary Schools  
37.95.140: Day Care Center Immunizations  
Group Day Care Homes – Health  
Family Day Care Homes – Health

If you have any questions about: 1) the use of this form; 2) obtaining copies of immunization forms, laws, or rules; or 3) whether or not a person meets attendance requirements, please contact your local health department or the Montana Immunization Program, DPHHS, Cogswell Building, Helena, MT 59620. Phone (406)444-5580.

<https://immunization.mt.gov>

FORM No. IZ HES101 (Revised 06/2018)

# NON-INGESTIBLE OVER THE COUNTER MEDICATION AUTHORIZATION FORM

## TO BE COMPLETED BY PARENT

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

Program Name \_\_\_\_\_

\*\*\*\*\*

**I give permission for the administration of the following non-ingestible over the counter medications  
(mark all that apply):**

Diaper Rash Cream/Ointments \_\_\_\_\_

Insect Repellent \_\_\_\_\_

Sunscreen \_\_\_\_\_

Cortisone/Anti-Itch Creams/Ointments \_\_\_\_\_

Medicated Lip Treatments \_\_\_\_\_

OTC Antibiotic Creams/Ointments \_\_\_\_\_

Burn Creams/Sprays \_\_\_\_\_

Other Non-Ingestible OTC's: (Please Specify) \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**To administer a non-ingestible over the counter medication:**

- The medication must be brought to the day care facility from the parent;
- The medication must be in its original container, with a legible label, and expiration date of medication;
- The child's name must be on the original container

Special handling/storage Instructions \_\_\_\_\_ Refrigeration? \_\_\_\_\_

Parent/Guardian Signature (required) \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

**\* This document must be updated on an annual basis.**

**Unused Medication:** (check one) Returned to Parent Y    N            Discarded appropriately Y    N

By: \_\_\_\_\_

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

**\*Keep in the child's file when medication is finished.**

# Emergency Contact and Consent



This form must accompany staff when children are away from the childcare site

<b>Child's Name (First, Last)</b>		
<b>Date of Birth</b>		
<b>ALLERGY ALERT</b> Does your child have allergies? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, list all allergies in required box.		
<b>Parent or Guardian Contact Information</b>		
<b>Name (First, Last)</b>		<b>Relationship</b>
Home Address (Street, City, Zip)		
Primary Phone	Email Address	
Address (Street, City, Zip)		Work Phone
<b>Name (First, Last)</b>		<b>Relationship</b>
Home Address (Street, City, Zip)		
Primary Phone	Email Address	
Address (Street, City, Zip)		Work Phone
<b>Required Emergency Contact Information</b> – person other than parent or guardian that is authorized to pick up child		
Name (First, Last)	Phone	Relationship
Name (First, Last)	Phone	Relationship
Name (First, Last)	Phone	Relationship
<b>Required Medical Information</b>		
<b>Primary Medical Care Provider</b>		<b>Phone</b>
<b>Health Concerns</b> (Please explain)		
<b>Allergies</b>		
<b>Parent or Guardian Authorization</b>		
In an emergency, the child care facility has my permission to provide or obtain emergency medical treatment including transporting child by ambulance or vehicle if necessary. The parent/guardian of the child will be notified as soon as possible.		
<b>Parent/Guardian Signature</b>		<b>Date</b>
<i>(This form must be completed and signed annually)</i>		



## Getting to Know My Child

Name: \_\_\_\_\_

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

IMAGE

About My Child: (Describe you child as a student)

My Child's Diagnosis: (List or explain syndromes, conditions or learning disabilities)

CURRENT MEDICATIONS/DOSAGES:

ALLERGIES:

My Child's Strengths: (Skills, talents, behaviors, personality, etc.)

My Child's Challenges: (Communication, mobility, mealtime, social, energy, behavior, etc.)

My Child learns best when:

Other things I'd like you to know about My Child:

Ways you can be helpful to My Child:



THE LEARNING TREE PRESCHOOL  
come grow with us