



Preparing Young Minds and Hearts for Life
2016-2017 Registration

Using natural materials



Telling the story of a drawing



Loving our work every day



Thinking about
what comes next



Creating a plan for a train



Inspiring Wonder, Curiosity, and Discovery!

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HISTORY AND PHILOSOPHY OF THE PROGRAM

St. James Children's Center was forged as a partnership between St. James Church and the founding director, Geraldine Johnson in 1986, in order to provide a high quality and enriching program for a diverse population of children. The goal of St. James Children Center is to offer children at risk or with developmental disabilities the opportunity to learn and play beside their typically developing peers, in an inclusive environment.

FROM THE BOARD OF DIRECTORS:

St. James's Children's Center is an outreach program of St. James's Episcopal Church and is governed by a Board of Directors. Our mission is to provide a quality early childhood program that prepares young children for success in school and in life. We teach and uphold values of the church, and above all, strive to create an environment in which love and respect are shown for each child as an individual so that they, in turn, learn to respect themselves and others, as adults around them model those values.

FROM THE DIRECTOR:

A child's early years provide a foundation for growth and development for the rest of his/her life. As children grow, they go through an orderly series of development stages that are basically the same for all children. However, the rate at which children progress varies dramatically from one child to another. The teachers and staff at St. James's Children's Center are well educated in the field of early childhood development, which provides each child with the support through those developmental stages in a positive manner.

St. James Children's Center places an emphasis on discovery and exploration in play, setting the stage for developing strengths and providing a foundation for school and life success. The curriculum provides children with experiences to facilitate development in language, pre-literacy and pre-numeracy skills, large and small motor development, and social and emotional skills. Children are provided ongoing experiences in art, music, movement, and science.

St. James's Children's Center also uses a 'curriculum within a curriculum', based on the CSEFEL program (Center for Social Emotional Foundations for Early Learning). This curriculum is designed to provide children with tools and strategies in order to enhance children's sense of self and support positive relationships. At St. James's Children's Center, we strive to create an environment that encourages a child's curiosity and opportunities to develop creative thinking in making decisions and choices within appropriate limits.



ADMISSIONS

- ❖ Care and education is provided to children ages 2 through 5 years of age for preschool and 6-9 for after school care and summer enrichment. All children are welcomed into this diverse environment.
- ❖ Two year olds are not required to be toilet-trained, but children 3 and above must be completely toilet trained to be in the 'preschool' program.
- ❖ Transportation is not provided through St. James's Children's Center , with the exception of after school pick-up for our school aged program.
- ❖ Applications for the fall program are ongoing as openings are available.
- ❖ Applications for the summer program are received from February – June, however, our summer camp generally fills up quickly.
- ❖ St. James Children's Center retains the authority to place children in the class in which he/she best functions developmentally.
- ❖ Enrollment implies a willingness and a commitment of parents and children to comply with policies, regulations, and activities

ADMISSIONS PROCEDURE

- ❖ Families contact our Early Childhood administrator, dwhittington@doers.org by email or call (804) 358-9788 to set up an appointment to tour the center.
- ❖ Families can choose to bring their child to the tour, if not a time is scheduled for the child to come in for a short play visit before registration will be complete.
- ❖ Families obtain a registration packet from Ms. Whittington
Registration Requirements (included in the packet): registration form, family income statement, current immunization record, copy of birth certificate, commitment contract, lunch form, and authorization forms should be completed along with the Registration Fee of \$60.00. **Please note that your child is not registered until all paperwork is completed and registration fee is paid.**

FEES:

- ❖ A non-refundable fee of \$60.00 is required at the time of registration
- ❖ Weekly Tuition is \$125.00 per week. We also have limited additional financial assistance in the form of a sliding scale for families who demonstrate a financial need: This is handled on a first-come first-served basis. Tuition is based on a weekly average rather than a daily fee. Weeks which have a holiday (such as Thanksgiving, Labor Day, etc.) or snow day will be charged as a regular payment
- ❖ Those wishing to be considered for financial aid must submit a copy of their most recent IRS form 1040 with their registration.
- ❖ Payment is due on the first day of the school week. Late payments will result in a reminder notice after one week. If payment is not brought up to date within the second week, your child will not be allowed to return to the center until your account is brought current. If you choose to retain your child's slot during that time that your child is out, you will continue to accrue weekly charges until payment is current. (If your account is delinquent and you need to set up a payment plan to become current, please see Ms. Caine. (This will be decided on a case by case basis)



- ❖ **Checks are accepted. There is a \$35 fee for returned checks. First returned check negates your right to write checks. Payments after that will need to be made in cash, certified check and/or money order*
- ❖ **In registering your child with our program please understand that you are paying for a slot that cannot be replaced unless you decide to un-enroll your child. Therefore, parents are expected to pay for every week that the center is open, whether your child attends that week or not. (Parents can take one week of vacation from payment each year if the center is provided prior notice)**
- ❖ Lunch is \$15.00 per week for those who elect to buy lunch.

OPENING AND CLOSING

- ❖ St. James's Children's Center operates a Fall Program from September through June as well as a Summer program.
- ❖ St. James's Children's Center is open 47 weeks per year. We are closed two weeks at Christmas, one week for Spring Break, one week for Professional development and one week for teacher vacation. We re-open for Fall on the day after Labor Day (September 6th 2016).
- ❖ An OPEN HOUSE will be conducted on September 1st from 4 -6pm and on the 2nd from 10:00 am thru 12:00 pm. All families are encouraged to bring your children in to meet the teachers and see their classrooms. Parents can bring supplies in on that day if desired.
- ❖ During inclement weather, St. James will announce school closures and delays on **CHANNEL 6 , we are not able to announce on 12 because of the size of our organization**
- ❖ Operating hours are from 7:00 am to 6:00 pm, Monday through Friday.
- ❖ There is a **late fee for children picked up after 6:00 pm** at the rate of one dollar per minute. After 6:10, or for recurring late pick-up, the fee reverts to \$5.00 per minute.

TERMINATION

- ❖ A child who fails to adjust to the environment/program to the extent that he/she makes it difficult for others to engage in a safe environment will be, in most cases, provided an opportunity to participate in a positive behavior plan. This plan consists of working with a team, which will include parents and other significant family members, the director, teachers, and the child. The center reserves the right to withdraw a child if these efforts are not sufficient to provide a safe environment for all children. In that case the center will make every effort to assist the family with outside referrals.



In order to keep your tuition costs as low as possible, each year the Children's Center raises over \$450,000 from the community. Many foundations and corporate donors require income data for student families. To provide this information, all families are required to complete this confidential income statement at the time of your child's enrollment.

Number of people in my family/household _____

My yearly family income is: (check one)

_____ Below \$15,000

_____ \$15,000 to \$25,000

_____ \$25,000 to \$35,000

_____ \$35,000 to \$45,000

_____ \$45,000 to \$55,000

_____ \$55,000 to \$65,000

_____ \$65,000 to \$75,000

_____ \$75,000 to \$85,000

_____ Above \$85,000

Please print your name: _____

Signature: _____ Date: _____

*Your child's registration at St. James's Children's Center will not be complete until this form is returned.
Families' requesting financial assistance MUST provide a copy of your most recent IRS Tax filing to verify income.*



ENROLLMENT DATA

Date of Registration _____
Date enrolled _____
Date withdrawn _____

2 yr. old _____
Preschool _____
5/6 yr. old _____
School aged class _____

REGISTRATION FORM
***Please print legibly**

Child's Name: _____ Male Female

Date of Birth: _____ Child's Nickname: _____

Address: _____ City _____ State _____ Zip _____

Primary Phone #: _____

Last Day Care/School Attended: _____

Parent/Guardian: A

Parent/Guardian: B

Name: _____

Name: _____

Relationship: _____

Relationship: _____

Address: _____

Address: _____

Employer: _____

Employer: _____

Work Phone: _____

Work: Phone: _____

Work Phone: _____

Work: Phone: _____

E-mail: _____

E-mail: _____

Primary Physician: _____ Phone: _____

Preferred Hospital in case of an emergency: _____

Does your child have any food allergies? If so, please list _____



Please list two persons other than parents to notify in case of an emergency:

1) Name: _____ Address _____
Phone _____ Relationship _____

2) Name: _____ Address _____
Phone _____ Relationship _____

Authorization to Pick Your Child

Please list person(s) (other than those above) who are authorized to pick up your child:

1) Name: _____ Address _____
Phone _____ Relationship _____

2) Name: _____ Address _____
Phone _____ Relationship _____

Please note any person who does NOT have permission to pick up your child.

Name _____

**Children will not be permitted to leave the Center without prior authorization from the parent. Person(s) picking up must have legitimate identification*



COMMITMENT CONTRACT

In signing this contract, I (we) understand that I (we) are committing to pay the agreed upon fee in the following manner: If receiving additional assistance, the weekly fee will be completed with the office staff

_____ Monday of each week _____ Every other week (pre-paid) _____ Once a month (pre-paid)

**Checks are accepted. There is a \$35 fee for returned checks. First returned check negates your right to write checks. Payments after that will need to be made in cash, certified check and/or money order.*

I (we) understand that all records and reports will be withheld if our financial obligation is not honored and/or account becomes delinquent. I (we) understand that I (we) may be asked to withdraw child from the Center if account becomes more than two weeks' delinquent.

I (we) understand that I (we) are responsible to pay the weekly fee when the center is open, regardless of whether my (our) child attends that week or not.

I (we) understand that the Center reserves the right to withdraw any child who fails to adjust to the environment and program of the Center to the extent that he/she makes it difficult for others to engage in a wholesome environment.

I (we) understand that failure to pay fees will result in my (our) account being forwarded to the Center's attorney's office for collection. I (we) understand that I (we) are responsible for all legal fees and that my (our) payment status might be reported to the credit bureau.

I (we) understand that assessments will be made to cover damage to the church and/or Center's property caused by my (our) child and that I (we) are responsible for paying for such damage.

I (we) authorize the Center to obtain immediate medical attention if an emergency should occur. I (we) understand that I (we) will be contacted and informed of the injury and where the child is being taken for treatment.

I (we) understand that I am expected to pick up my child immediately if he/she is vomiting or has a fever of 100 or over. I (we) also understand that our child must remain out of school for 24 hours after vomiting or running a fever of 101 or over.

In enrolling my (our) child, we recognize the importance of family involvement and understand that is an expectation that we will attend at least 2 family events held by the center

I (we) have read the above statements and understand them in its entirety.

Child's Name (please print)

Date



Parent/Guardian Signature

SPECIAL NEEDS AND ACCOMODATIONS:

All children have unique strengths and needs. Our goal is to serve each child to the best of our ability according to his/her strengths, needs and interests. The Children’s Center services a diverse group of children, including those with special needs. We ask parent to complete the information below in order to help us insure that each child is served according to his /her unique profile, regardless of ability.

I. SELF-HELP SKILLS

A. Does your child:

- | | YES | NO |
|---|-----|-----|
| 1. Dress/undress without assistance? | () | () |
| 2. Have independent toileting skills? | () | () |
| 3. Feed him/herself without assistance? | () | () |

*If answer is no, please describe feeding procedure/technique:

- | | | |
|------------------------------------|-----|-----|
| 4. Take a nap without any problem? | () | () |
|------------------------------------|-----|-----|

COMMENT SECTION: Please list any other comments which you think might help us better understand your child’s self-help skills.

II. MOTOR SKILLS

A. Does your child:

- | | YES | NO |
|---|-----|-----|
| 1. Walk independently? | () | () |
| 2. Uses adaptive equipment to move around his/her environment (e.g. wheelchair, walker, etc.) | () | () |

*If answer is yes, please describe: _____

- | | | |
|----------------------------------|-----|-----|
| 3. Play on playground equipment: | () | () |
|----------------------------------|-----|-----|

*If answer is no, please describe what device, if any, is used to help him/her hold things: _____

COMMENT SECTION: Please list any other comments which you think might help us better understand your child’s motor development.



III. COMMUNICATION SKILLS

A. Does your child:

- | | YES | NO |
|---|-----|-----|
| 1. Verbalize his/her needs and wants? | () | () |
| 2. Respond to specific questions such as 'go to your seat', 'come here', etc. | () | () |
| 3. Verbalizes or participates in group discussions. | () | () |

COMMENT SECTION: Please list any other comments which you think might help us better communicate with your child.

IV. SOCIAL INTERACTION AND PLAY

A. Does your child:

- | | YES | NO |
|---|-----|-----|
| 1. Interact with a variety of adults? | () | () |
| 2. Interact well with his/her peers? | () | () |
| 3. Interact mostly through telling you what he/she wants? | () | () |
| 4. Initiates interaction with adults? | () | () |
| 5. Initiates interactions with his/her peers? | () | () |

COMMENT SECTION: Please list any other comments which you think might better help us understand how your child plays.

V. OTHER INFORMATION

1. Describe any medical problem(s), allergies, etc. your child may have: _____

2. Is your child presently on medication? If so, what kind and how frequently does he/she need to take it?



3. Does your child display any challenging or inappropriate behaviors? *Check all that apply

- Inattentive, easily distracted Sensitive to sounds, textures, smells, foods, etc
- Interrupts or intrudes on others Tends to be aggressive when upset
- Impulsive Temper outbursts Inflexible with changes in routines

If any of the above are checked, please explain briefly what you notice or observe.

4. What behavioral management techniques have you found to be effective with your child?

5. What positive supports encourage desirable behavior in your child?

6. Does your child receive and/or has she received any of the following services?

- Preschool Development/Special Education Services (IFSP or IEP)
- Occupational Therapy
- Physical Therapy
- Speech Therapy
- Counseling
- Other: _____

If your child is receiving services, we ask that

- ❖ **You share any available assessment with our staff so that your child's needs are best met.**



- ❖ **A parent/teacher conference will be scheduled to assess what accommodations or modifications your child may need in order to function best in the classroom. It is our hope that the therapists or early childhood developmental specialists working with your child will attend this meeting as well.**
- ❖ **Parents are expected to be involved in the process of setting goals for development, accommodations and continuing progress**
- ❖ **We encourage professional intervention to be carried out in the natural environment of the classroom so that teachers can learn intervention strategies and carry those strategies out while working with the child.**
- ❖ **When children are moved to a different classroom a transition plan will be discussed with the parents and carried out by the staff. (see transitions in Parent Handbook)**



AUTHORIZATIONS

RELEASE OF MEDICAL INFORMATION

I authorize () and/or do not authorize () the Children's Center to obtain from child's physician any information concerning my child if needed in assessing his/her developmental functioning.

Signature of Parent/Guardian: _____

PERMISSION FOR EMERGENCY MEDICAL TREATMENT

I authorize () or do not authorize () the Children's Center to obtain all necessary emergency care for my child if needed.

Signature of Parent/Guardian: _____

ALLERGIES: _____

TRANSPORTATION

I authorize () and/or do not authorize () my child to participate in Center sponsored field trips and be transported for such activities.

Signature of Parent/Guardian: _____

PHOTOS

I authorize () and/or do not authorize () the Center to take and use photographs of my child for publicity and advertising purposes. I understand that I will be made aware of these opportunities as they arise.

Signature of Parent/Guardian: _____

STUDENT EXPERIENCES

I authorize () and/or do not authorize () my child to participate in selected professional student experiences (interns from the local colleges), as supervised by Center's staff.

Signature of Parent/Guardian: _____

ILLNESS

In the event of an emergency or illness, I will make arrangements for my child to be picked up from the Center **within one hour** after being notified. I will also notify the Center within 24 hours if my child and/or anyone in my family have a communicable disease and when the physician says that they will be released from it.

Signature of Parent/Guardian: _____ Date _____



LUNCH PROGRAM

A hot lunch program is catered into our center, which consists of a meat or protein substitute, a vegetable, fruit, grain and milk in portions according to USDA suggestions. Children are allowed seconds when requested.

_____ YES, I would like for my child to be enrolled in the lunch program. I understand that by enrolling in the program, I agree to:

1. Pay the weekly fee of \$15.00. (Unless your child is receiving free or reduced lunch)
2. Pay the cost whether my child is present or absent
3. Provide a two week notice if I choose to remove my child from the program.

_____ NO, my child will be bringing lunch

Please understand that we only order the number of lunches that have already been enrolled in the lunch program. If your child is not enrolled, it is imperative that lunch is provided daily by parents.

I have read the above and am in agreement as stated.

Child's Name (Please print)

Date

Parent's Signature