



St. James's Children's Center

Preparing Young Hearts and Minds for Life

*We Love
We Teach
We Nurture
We Explore*



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Registration Packet

1205 W. Franklin Street
Richmond, VA 23220



HISTORY AND PHILOSOPHY OF THE PROGRAM

In order to provide a high quality and enriching program for a diverse population of children, St. James's Children's Center was founded in 1986 as a partnership between St. James's Church and the Center's founding director Geraldine Johnson. 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 a 501(c)3 nonprofit organization which began as an outreach program of St. James's Episcopal Church. Our mission, "Preparing Young Hearts and Minds for Life" expresses our commitment to creating a quality early childhood program that prepares young children for success in school and in life. We teach and uphold the values of building strong communities and curiosity for learning. Above all, we 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.

ADMISSIONS PROCEDURE

- ❖ Families obtain a registration packet from Ms. Giselle Dougan, Program Manager in the front office, or on our webpage at www.stjchildrenscenter.org.
- ❖ Registration requirements: Completed registration form, signed family income statement, current immunization record, copy of birth certificate, commitment contract, signed authorization form and annual \$60 registration fee paid. **Please note that your child is not registered until all paperwork is completed and registration fee is paid.**

FEES

- ❖ A non-refundable annual fee of \$60.00 is required at the time of registration.
- ❖ Weekly Tuition is \$225.00 per week
- ❖ Weeks that include a holiday or an emergency closure require full payment.
- ❖ We offer limited scholarships for families who demonstrate a financial need. This is determined on a first-come first-served basis. To apply for scholarships, you must return your previous year 1040 tax return with your completed registration packet.
- ❖ Tuition payments are due on the first day of the school week. A \$10 late fee is added to each week that payments are late. 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 current. If you choose to retain your child's slot during the 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 contact account representative at 804-898-9331 to discuss your options. This will be decided on a case-by-case basis.) In registering your child with our program, please understand that you are paying for a slot that cannot be filled by another child unless you withdraw your child. Therefore, parents pay for every week that the center is open, whether your child attends that week or not.

OPENING AND CLOSING

- ❖ During inclement weather, St. James will announce school closures and delays on **CHANNEL 6**. We are not able to announce on Channel 12.
- ❖ Operating hours are from 7 a.m. to 5:45 p.m., Monday through Friday. **Children will not be accepted after 9:30am.**
- ❖ There is a **late fee for children picked up after 5:45p.m.** The rate is \$5 per minute. Those fees must be paid in cash within a week after the late date. Late fee payments are given to office staff member and those who are habitually late may be withdrawn from the program for cause.

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).



Forms	Have Returned
Completed Registration Packet	
Birth Certificate (Copy)	
Completed Authorization Form	
Immunization Record (Copy)	
Completed School Physical Form	
Completed Allergy Action Plan (if needed)	
1040 Tax Return (Optional)	

Please make sure the supporting documentation accompanies your completed registration packet.



Thank You,

Diahann Whittington

Executive Director

1205 W Franklin Street

Richmond, VA 23220

(804) 358-9788

dwhittington@stjchildrenscenter.org



Online Payment Instructions

St. James Children's Center is pleased to offer **MyProcure**, a free online portal for you to access account information and easily pay tuition. MyProcure is safe, secure and created with your convenience in mind.

Log in today!

1. Go to MyProcure.com.
2. Enter your email address (the email you have on file with St. James Children's Center) and choose **Go**.
3. A confirmation code will immediately be sent to the email you have on file at the school. Enter the confirmation code sent to your email, choose a password, and press **Go**.
4. Then use the **Pay** button to make a payment with your card.



RELEASE OF MEDICAL INFORMATION AND EMERGENCY MEDICAL TREATMENT

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.

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

ANY KNOWN ALLERGIES: _____

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 to return to school.

() If your child is sent home with a fever or diarrhea, they must be out of the Center for 24 hours and symptom free for 24 hours prior to returning to school.

TRANSPORTATION

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

PHOTOS

I authorize () and/or do not authorize () the Center to take and use photographs of my child for publicity and advertising purposes. Your child's photograph will still appear on the classroom Shutterfly page because it is viewed by invitation only. We **encourage** you to accept the invitation sent by the teacher because it is also used for notifications, calendar updates, program activities, etc.

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.

I acknowledge () the Children's Center will make every effort to support the needs of my child. The Center reserves the right to terminate my childcare agreement without prior notice if my child/ren or family has difficulty adjusting to our program. The Children's Center makes an individualized assessment about whether it can meet the particular needs of a child without fundamentally altering its program. The Center is not required to accept children who would pose a direct threat or whose presence or necessary care would fundamentally alter the nature of the child care program.

I acknowledge () that I am required to attend the Children's Center Sunday Program as a part of my commitment to parent participation.

PARENTS/GUARDIANS' AUTHORIZATION:

Signature/

Date



Income Verification

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 \$20,000

_____ \$20,000 to \$25,000

_____ \$25,000 to \$30,000

_____ \$30,000 to \$35,000

_____ \$35,000 to \$40,000

_____ \$40,000 to \$45,000

_____ \$45,000 to \$50,000

_____ \$50,000 to \$55,000

_____ \$55,000 to \$60,000

_____ \$60,000 to \$65,000

_____ \$65,000 to \$70,000

_____ \$70,000 to \$75,000

_____ \$75,000 to \$80,000

_____ \$80,000 to 85,000

_____ Above \$85,000

Please print child's name: _____ Please print your name: _____

Parents Signature: _____ Date: _____

**Your child's registration at St. James's Children's Center will not be complete until all forms are completed and returned. Those wishing to apply for tuition assistance must submit a copy of most recent IRS tax filing form (Form 1040)*

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Date of Registration _____ Date enrolled _____	Tod 1__ Todd 2__ PreSch 1__ PreSch 2__ PreK__ (Pre-k must be 4 by September 30 th)	State: _____ Issue Date: _____ Verified by: _____ Date Verified: _____ BC# _____
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Child's Name	Nickname	Date of Birth	Sex
Street Address, City, Zip			Home Phone
Chronic Physical Problems/Pertinent Developmental Information/Special Accommodations Needed			
If Child Attends this Center and Another School/Program, Give Name of School/Program			

PARENT(S)/GUARDIAN(S)

Mother	Place Employed	Business Phone
Street Address, City, Zip		Home Phone
Email Address		County
Father	Place Employed	Business Phone
Street Address, City, Zip		Home Phone
Email Address		County
Person (s) or Agency Having Legal Custody of Child		Business Phone
Home/Business Address		Home Phone

EMERGENCY INFORMATION

Allergies or Intolerance to Food, Medication, etc., and Action to Take in an Emergency		
Name of Child's Physician		Physician's phone number
Two People to Contact if Parent(s) Cannot Be Reached	Address (Required)	Phone (Required)
1.	1.	1.
2.	2.	2.
Person(s) Authorized To Pick Up Child		
Person(s) NOT Authorized To Pick Up Child*		



- Appropriate paperwork such as custody papers shall be attached if a parent is not allowed to pick up the child.
- The Children's Center will make every effort to support your family. We reserve the right to terminate our agreement if your child/ren or family have difficulty adjusting to our program. The Center is not required to accept or continue to serve children who would pose a direct threat or whose presence or necessary care would fundamentally alter the nature of the child care program. We reserve the right to terminate this contract without prior notice.
- NOTE: Section 22.1-4.3 of the Code of Virginia states unless a court order has been issued to the contrary, other non-custodial parent of a student enrolled in a public school or day center must be included, upon the request of such non-custodial parent, as an emergency contact for events occurring during school or day care activities. The Children's Center agrees to notify the parent(s)/guardian(s) whenever the child becomes ill and the parent(s)/guardian(s) will arrange to have the child picked up as soon as possible if so requested by the center.
- The parent(s)/guardian(s) authorize the child day center to obtain immediate medical care if any emergency occurs when the parent(s)/guardian(s) cannot be located immediately. **
- The parent(s)/guardians agree to inform the center within 24 hours or the next business day after his child or any member of the immediate household has developed a reportable communicable disease, as defined by the State Board of Health, except for life threatening diseases, which must be reported immediately.

SIGNATURES

Parent(s) or Guardian(s)
Date

Administrator of Center
Date

Date Child Entered Care: _____ Date Left Care: _____

** If there is an objection to seeking emergency medical care, a statement should be obtained from the parent(s) or guardian(s) that states the objection and the reason for the objection.

OFFICE USE ONLY IDENTITY VERIFICATION

If proof of identity is required and a copy is not kept, please fill out the following.

Date of Notification of Local Law-Enforcement Agency (when required proof of identity is not provided): _____
Date

Proof of the child's identity and age may include a certified copy of the child's birth certificate, birth registration card, notification of birth (hospital, physician or midwife record), passport, copy of the placement agreement or other proof of the child's identity from a child placing agency (foster care and adoption agencies), record from a public school in Virginia, certification by a principal or his designee of a public school in the U. S. that a certified copy of the child's birth record was previously presented or copy of the entrustment agreement conferring temporary legal custody of a child to an independent foster parent. Viewing the child's proof of identity is not necessary when the child attends a public school in Virginia and the center assumes responsibility for the child directly from the school (i.e., after school program) or the center transfers responsibility of the child directly to the school (i.e., before school program). While programs are not required to keep the proof of the child's identity, documentation of viewing this information must be maintained for each child. Section 63.2-1809 of the Code of Virginia states that the proof of identity, if reproduced or retained by the child day program or both, shall be destroyed upon the conclusion of the requisite period of retention. The procedures for the disposal, physical destruction or other disposition of the proof of identity containing social security numbers shall include all reasonable steps to destroy such documents by (i) shredding, (ii) erasing, or (iii) otherwise modifying the social security numbers in those records to make them unreadable or indecipherable by any means.



Supply List

- 4 Boxes of Tissues
- 4 Boxes of baby wipes
- 3 Bottles of Hand Sanitizer
- 1 Box of Large Crayons
- 1 Box of Large Markers
- 3 Primary (Fat) pencils
- 1 pair of Fiskars Preschool Training scissors
- 2 Boxes of Gallon Ziploc Bags
- One Cushioned Rest Mat (yoga mats are not permitted)
- Crib sheet for rest mat
- A blanket for rest time
- 2 Black and White Composition Book
- 1 two-inch white binder
- 2 Liquid glue bottles
- 5 Glue sticks
- 1 Backpack or bag with handles
- 1 Two pocket folder

We may be asking families to help us replenish items in January. Feel free to donate additional items at any time!
Thank You!!



Child Transition Profile

This profile is to be completed by the sending provider and family member and given to the receiving teacher to support the child's transition. This information does not replace a formal child assessment.

However, it provides practical information that will help facilitate the child's ability to engage and adapt to the new setting.

Child's Name:

Date of Birth: _____ Age: _____

Parent/Guardian: _____

Parent contact phone number: _____

Person(s) Completing Profile

Name: _____ Relationship to Child: _____

Phone: _____

Name: _____ Relationship to Child: _____

Phone: _____

Name: _____ Relationship to Child: _____

Phone: _____

Date Completed: _____

General Questions

How did you hear from us?

How do you think children learn? _____

Child's Interests

What are the child's favorite activities, people, and places?



Has the child had opportunities to play with peers in community or other settings?

Communication

What is the child's primary language? _____

How does the child communicate with others (both adults and peers)? Check all that apply and explain.

- some words sign language communication boards and/or devices

Does the child ask for assistance/express needs and wants? yes no sometimes (please explain)

Does the child follow verbal directions? yes, 1-step directions yes, 2-step directions no sometimes

What strategies are effective if child exhibits frustration during communication?

List strengths and areas of focus for communication.

Classroom Skills

Do you feel this child will use or require any supports to participate in the classroom activities?



augmentative communication devices adaptive equipment other (e.g., pair with a friend or adult assistance)

Does the child show curiosity and enthusiasm for new activities? yes no sometimes (explain)

What helps the child adjust to new situations?

Social/Emotional

What comforts the child? (e.g., special toy, blanket, singing)

What frightens the child?

What types of play does the child engage in?

- individual – only plays alone
- parallel – plays next to a peer but does not interact
- cooperative – plays with another child, sharing toys or conversation

How do you correct behavior when the child acts up? How do you reward good behavior?



Motor/Health

Does the child participate in self-care? hand washing toileting eating dressing

What support(s) does the child need to be successful in self-care?

If applicable, what is your approach on potty training?

Will the child need help moving around the building, playground or the classroom? yes (explain) no

Additional Concerns

What is the family or guardian most concerned about regarding the transition to preschool?

Include any additional comments below:
