

OVER THE RAINBOW EARLY LEARNING CENTER

6765 BRINT ROAD, SYLVANIA, OH 43560

419-882-0734

Welcome to *Over the Rainbow Early Learning Center*. We are pleased you have chosen us! We would like your child's first experience with us to be positive and successful. For many, this is the first major separation from home. The following suggestions will help your child transition smoothly.

It is important for your child to visit the center, classroom and teacher prior to the first day.

- ◆ Your child's first day is_____.
- ◆ Your child's teacher is going to be_____.

TRANSITIONING:

- ◆ Prompt conversation with your child about the visit to the school and the things they liked and what they remember.
- ◆ Get your child excited by talking about the fun they're going to have and the things they're going to do. Reference the Parent handbook and talk about the schedule and planned daily activities.
- ◆ The first few days may be a little challenging, change is never easy. Be patient, your child is learning a new routine. This takes time and will naturally be reinforced with coming to school.

WHAT TO BRING:

- ◆ Bring a child size blanket, child size pillow and cuddly toy from home. This will help make nap time more comfortable
- ◆ Bring at least one change of clothes in a plastic bag with the name on the outside.
(If your child is not potty trained; diapers & wipes)
- ◆ Outerwear should be labeled with child's name. Appropriate shoes should be worn for safe play. Please Label, Label, Label.
- ◆ For more information, reference the Parent Handbook.

ON THE FIRST DAY:

- ◆ On the first day of school, we encourage parents to bring the child to the room and get personal belongings in place. Be sure to give hugs and kisses and reaffirm that you will pick them up at the end of the day.
- ◆ Our teachers will ease your child into the current activity; this will help to occupy their thoughts. If your child cries at drop off, continue to reassure them you will be back to pick them up.
- ◆ Giving a child purpose to come to school, such as bringing a book, show-n-tell or a special treat to share makes the introduction less anxious and less worrisome.
- ◆ Please feel free to call or email as much as you need to see how your child is transitioning.
- ◆ Your child's teacher will let you know what occurred on his/her first day. Communication between parents and teachers is important. Therefore, we support continuous conversations regarding your child.

***To help staff members understand your child as an individual,
Please complete and return the "Getting to Know Me" questionnaire.***

"Your Child Is Our #1 Concern"

“GETTING TO KNOW ME”

Child's name _____ Nickname _____

FAMILY

Who is in the child's family?

Mother _____ Occupation _____

Father _____ Occupation _____

Siblings _____

Who is in the household? Circle all that apply:

Father Mother Brother Sister Grandparent Step-Mother Step-Father Other _____

SOCIAL

Primary language spoken? _____

Is this the first experience away from home? Yes or No

Child care _____ Private home _____ Relative _____

Has your child had the opportunity to play with other children? YES or NO Older _____ Younger _____

What is your child's favorite activity? _____

Is your child Independent? _____

Does your child have difficulty with separation? _____

Child's Strengths _____

Child's Challenges _____

Self Help Skills _____ Language Skills _____

Motor Skills (coordination) _____ Comprehension _____

Social skills _____ Ability to express wants and needs _____

ROUTINES

Would you classify your child's eating habits as Good _____ Average _____ Poor _____

Does your child take a nap? _____ How much does your child sleep at night? _____

Can your child decide when he/she needs to go to the bathroom? _____

If your child needs to go to the bathroom what words, gestures or signs do they use? _____

GUIDANCE AND BEHAVIOR

Is your child Easily _____ Fairly easily _____ Difficult _____ to manage.

What management techniques work for you and your child? _____

Are there any special circumstances in the family? (divorce, death, new baby, hospitalization, recent move)

Do you have any concerns about your child's present behavior? _____

In what ways would you like to see your child develop throughout our program? _____

What might you and/or your child be anxious about starting this program? _____

*** THE FOLLOWING PEOPLE ARE
AUTHORIZED TO PICK UP MY CHILD:**

***This form is to be initialed and dated annually, after it
has been reviewed by the parent/guardian.***

Parent/Guardian initials: _____ Date: _____

Parent/Guardian initials: _____ Date: _____

Parent/Guardian initials: _____ Date: _____

Parent/Guardian initials: _____ Date: _____

TUITION POLICY ACKNOWLEDGEMENT/FINANCIAL RESPONSIBILITY STATEMENT

_____ is signed up for _____ days a week.
When the child is enrolled you have contracted for a number of days and fee. The fee for _____ days is _____.

- One week's tuition/or month's copay is due as a deposit upon enrollment.
- During the months of June, July and August a maximum of (10) days will be allowed as an excused absence for vacation. If more than (10) days are taken this is considered unreasonable and we cannot guarantee your child's spot.
- Part time students may not change days without a 7 day notice. Extra days and extra hours will be charged according to the rate sheet.
- Payment is due on Monday each week. Payment can be made up until Wednesday prior to close. Tuition may be paid ahead and not behind.
- A late fee of \$20.00 will be charged the 1st week of non-payment. If on the 2nd week no payment has been made, your child will be dropped from the enrollment. We cannot carry a balance.
- Families receiving financial assistance from LCJFS will not be able to start a new calendar month if a copay balance exists. Copays are due the 1st of every month.
- **You are responsible for the tuition for any absence without notification 7 days prior to the absence.** If your child has missed 5 consecutive days without notification, the child will be dropped from the enrollment and you will be charged for those first 5 days of absence. You are exempt from this policy if you have filled out an excused vacation slip 7 days prior to being absent. **NO EXCEPTIONS.**
- A \$20.00 fee will be charged for all checks that have to be re-deposited.
- A \$30.00 fee will be charged for all checks with "insufficient funds"
- Unpaid accounts that must be placed with a collection agency or attorney will be assessed a \$35.00 service fee.

PERSON/PERSONS RESPONSIBLE FOR TUITION:

****This Center cannot accept a 2nd party as financially responsible.****

Parents/Legal Guardians:

NAME: _____

Address: _____

Phone: _____

SS#: _____

Employer: _____

Address: _____

Phone: _____

NAME: _____

Address: _____

Phone: _____

SS#: _____

Employer: _____

Address: _____

Phone: _____

HOW DID YOU HEAR ABOUT OUR CENTER?

Friend/relative _____ Driving Past _____ Website _____ Advertisement _____ Community Event _____

I have received and reviewed written information from Over the Rainbow concerning the center's licensing, programming, policies, procedures and tuition policies from the administrator. I further give permission to Over the Rainbow staff to photograph my child during class events and post said pictures either within the classroom, on the office bulletin board or for informational events.

RESPONSIBLE PARENT/GUARDIAN

DATE