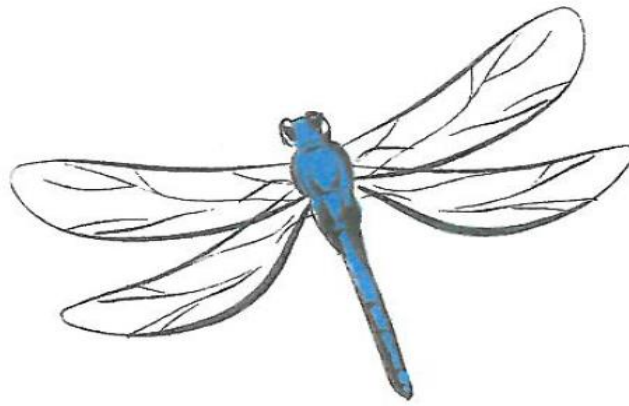


# Welcome



## Dragonfly Class

Teachers: Carissa Gascon and Ashley Nordell

Phone: 541-588-0451/909-908-1431

Emails: [carissa@sistersrecreation.com](mailto:carissa@sistersrecreation.com) &  
[ashley@sistersrecreation.com](mailto:ashley@sistersrecreation.com)

If you need to contact SPRD:  
541-549-2091



## Dragonfly PreK Schedule



### 8:45 - Calendar Circle

Calendar skills-days, months, counting, seasons, weather,  
music and movement,  
reading, listening and speaking skills

### 9:30 - Snack

Manners, social skills, body control

### 10:00 - Circle Time

Read and discuss books,  
discuss weekly theme, music and movement,  
listening skills

### 10:15 - Recess

Whole body movement, games, climbing, jumping,  
running, swinging, nature discovery, etc.

### 11:00am - Stations/Activity Time

Group and independent activities, games and art projects  
stations include: art, dramatic play, building,  
quiet reading, science, sensory, puzzles and games, social skills,  
fine motor skills, math and literacy preparation

### 12:00 - Circle Time

Working on listening and speaking skills,  
discuss our favorite part of the day

## Dragonfly Afternoon Schedule

### 12:15 - Lunch/Dismissal

Manners, social skills, body control  
(Half day students release at 12:15)

### 1:00 - Recess/Playtime

Classes will join together at this time

### 1:30 - 2:30 - Read & Relax Time

Listen to stories while resting our bodies

### 2:30 - 3:00 - Quiet Activities

Coloring, writing, journals, puzzles

### 3:00 - 5:00 - Wind down and pick-up

Projects, reading, puzzles, snack





## **Our Mission Statement**

**We educate the whole child. We plant the seed and start to grow the roots of a child's education.**

## **Our Philosophy**

Here at Sisters Park and Recreation Preschool at Sisters Elementary School, it is our philosophy to provide an enriching program that fits the needs of both the students and their families, we believe there should be a partnership between both. We also believe that children need both their social and emotional needs met, as well as readiness for their following year (Pre-Kindergarten and/or Kindergarten). Our preschool is an enrichment program. We include outdoor adventure, natural discovery, art, science, music, math, literacy preparations and motor skills in our curriculum. It is our goal for each student to grow and develop as an individual as well as learn what it means to be a part of a group.

## **Immunization & Food Policies**

### **IMMUNIZATIONS**

Oregon law requires all children that attend child care to participate in the Immunization program. The preschool teachers will confirm your child's immunizations. Parents are responsible to ensure their child is current. Current immunization records are kept on file at the preschool.



## **MEALS/SPECIAL HEALTH NEEDS**

We ask that the children bring in all their own snacks and lunches. We support parents with content and appropriate portions size, according to the USDA guidelines.

Snacks need to be a choice from two different food groups:

Lunch needs to have one choice from each of the following: 1) fluid milk; 2) breads and grains; 3) meat, fish poultry or meat alternatives (dried beans, peanut butter, yogurt or cheese). They also need two choices from fruits and/or vegetables. We hope this helps. Please let us know if you have any other questions.

We have a few parents ask us for snack and lunch ideas. We found a great website with lots of information: [www.choosemyplate.gov](http://www.choosemyplate.gov).

Teachers encourage and monitor good eating habits and manners; eating proteins, fruits and veggies first and enjoying sweeter treats afterwards, talking with peers, and encouraging them to engage in a conversation with children they might not always interact with daily.

***We accept children with special needs and food allergies. Please notify us of your child's needs so we can make the necessary accommodations.***

## **Screen Time Policy**

We are a no screen time preschool, which means movies and computer games will never be in our daily schedule or on a consistent basis. However, we will use our smart board as an educational tool in our regular schedule. We will listen to stories and music, along with pictures and videos, to support our themes.

## Drop off/Pickup/Sickness Policies

### **DROP OFF/PICK UP**

\*\*\*Parents will need to park in the elementary parking lot only.

***Please do not park along the curb!\*\*\****

We are open between the hours of 7:30 – 5:30. Our school day begins at 8:00 and ends at 12:15 for half day. **Parents will need to sign-in on the pink sign-in form and pick up a pink visitor pass at the front office during drop off and pick up.**

### **Drop off**

\*An adult will be required to walk students to their classrooms. Please be sure to connect with one of your child's teachers.

### **Pick up**

\*Half Day ~ Pick up will be promptly at 12:15.

\*An adult will be required to pick students up from their classroom. If you can't pick your child up as planned, or if someone else will pick up your child, please call your teacher to let them know. If a child is not picked up at the scheduled time our staff will begin calling the parent, and then the emergency numbers on your child's file. If we do not get a response, and your child is still here at 6:00 PM, the police department will be notified.

### **Sick Days**

We are unable to offer make-up days for any illnesses.

## Illness Policies

### ILLNESS

We are unable to admit or retain in our care, except with the written approval of the local health officer, a child who has one of the following symptoms, or combination of symptoms, of illness:

\*\*\*Fever over 100°F;

\*\*\*Diarrhea (more than one abnormally loose, runny, watery, or bloody stool);

\*\*\*Vomiting;

\*Nausea;

\*Severe cough;

\*Unusual yellow color to skin or eyes;

\*Skin or eye lesions or rashes that is severe, weeping, or pus-filled;

\*Stiff neck and headache with one or more of the symptoms listed above;

\*Difficulty breathing or abnormal wheezing;

\*Complaints of severe pain.

A child who shows signs of illness, as defined in this policy, shall be isolated and the family will be notified and asked to remove the child from the preschool as soon as possible.

If a child has mild cold symptoms that do not impair his/her functioning, the child may remain in the preschool and the family will be notified when they pick up their child.

\*\*\*Must be free and clear of symptoms for 24 hours before returning\*\*\*



## Billing Policy

We follow the Sisters School District calendar. Therefore, your contract will cover nine months for the 2019/2020 school year. School related closings due to inclement weather will be made up at the end of the school year consistent with Sisters School District policy.

A deposit of \$250 is due in order to register your child along with a \$100 supply fee. This deposit is held and can be used to offset your last full month's bill, or rolled over as a deposit to hold a spot for the following year's registrations. The District **may** use the deposit to cover late or unpaid registration fees.

Payment options:

1. Families have the option of paying for the full academic year upfront and receiving 5% off of the cost of the program.
2. Families can choose to sign up for a 9-month payment plan of nine equal payments starting in September 2019 and ending in May 2020.

Payments can be made in the following ways:

- a. Set up auto-pay for the 10<sup>th</sup> of the month via credit card (Visa/Mastercard)
- b. On-line by signing on to your account at [www.sistersrecreation.com](http://www.sistersrecreation.com)
- c. Call SPRD Coffield Center (541) 549-2091 and pay over the phone with a Visa or Mastercard
- d. Stop by our office at 1750 W McKinney Butte Road (same parking lot as Sisters High School) or mail your payment to SPRD, PO BOX 2215, Sisters, OR 97759

Payments received after the 15<sup>th</sup> of the month will be subject to a \$15 late fee.

If an account is behind more than one month, your child will not be able to return to preschool until the account is paid in full.

Any changes made to a child's schedule that affect the cost of the program will go into effective on the first of the next month.

Any questions regarding finances/billing should be directed to the staff at SPRD Coffield Center by calling (541) 549-2091.



## Discipline Policy

### DISCIPLINE

The emphasis of our discipline policy is to assist a child in learning to develop inner control of his/her own behavior. In order to achieve this purpose, we will use the following guidelines:

1. Make the child aware of behavioral expectations.
2. The staff is trained and spend a lot of time teaching the children proper and acceptable behaviors. Staff talk to children about best behavior responses and choices. Staff role model positive behavior.
3. Allow the child to accept the consequences of his/her behavior. This is done through the use of positive reinforcement and discussion. Occasionally think time is necessary.
4. The use of corporal punishment, restraining or denial of food is never used as a means of discipline.

**Involving Parents:** If a child is struggling with behavior, the following steps will be taken:

1. The head teacher will call parents and discuss the situation, ask for feedback and develop a behavioral plan for the child.
2. The child will be made aware of the behavioral plan in advance in a positive manner, "We have come up with a way to help you to have a better day".
3. The entire staff will have knowledge so that all can be working on behalf of the child together.
4. If the behavior continues, the teacher may request a meeting with the parent and try to develop strategies to help the child perform better.
5. If the meeting with the parent does not help, the staff may request permission from the parent to have the child assessed by a professional.
6. If the parent does not agree to the assessment, and the child continues the behavior, he/she may be asked to leave the preschool.



**Parents please sign below that you have received the following handouts, read them, accept their contents:**

**Billing Policy**

**Discipline Policy**

**Illness Policy**

Child's Name:

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Parent/guardian's Signature:

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Date:

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FY2019-20

**Pre-School Enrollment and Authorization Form**

**CHILD INFORMATION:**

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

Date Entered care: \_\_\_\_\_

Child's Nickname: \_\_\_\_\_

Age at entry to care: \_\_\_\_\_

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

ALLERGY ALERT: Does your child have allergies \_\_\_\_ Yes \_\_\_\_ No *If yes, list allergies on back.*

**PARENT/GUARDIAN CONTACT INFORMATION:**

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

Relationship: \_\_\_\_\_

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

City/Zip: \_\_\_\_\_

Cell phone: \_\_\_\_\_

Home phone: \_\_\_\_\_

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

Employer & work hours: \_\_\_\_\_ Work phone: \_\_\_\_\_

**REQUIRED EMERGENCY CONTACT INFORMATION**

**(other than parent/guardian that is authorized to pick up child):**

Contact 1 Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Home phone: \_\_\_\_\_

Cell phone: \_\_\_\_\_

Contact 2 Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Home phone: \_\_\_\_\_

Cell phone: \_\_\_\_\_

**NON-EMERGENCY CONTACT INFORMATION**

**(other than parent/guardian that is authorized to pick up child):**

Contact 1 Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Home phone: \_\_\_\_\_

Cell phone: \_\_\_\_\_

Contact 2 Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Home phone: \_\_\_\_\_

Cell phone: \_\_\_\_\_



**MEDICAL/DENTAL CONTACT INFORMATION:**

Insurance provider and policy information (if applicable): \_\_\_\_\_

\_\_\_\_\_

Primary physician name: \_\_\_\_\_ Phone: \_\_\_\_\_

Dental provider: \_\_\_\_\_ Phone: \_\_\_\_\_

**PARENT/GUARDIAN AUTHORIZATION**

**(Please list any restrictions to permission of the following):**

\_\_\_\_\_ My child may be taken on field trips or excursions by bus or private motor vehicle, as well as on neighborhood walking excursions under required supervision.

\_\_\_\_\_ My child may be photographed for publicity or news purposes that could be displayed in The Nugget or SPRD's program/event guides or flyers.

\_\_\_\_\_ In an emergency, the child care facility has my permission to call an ambulance or take my child to any available physician or hospital at my expense to obtain medical treatment. In most emergencies, 911 will be called and the child will be transported to the nearest hospital and treated by the on-call physician. The parent/guardian of the child will be notified as soon as possible.

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

\_\_\_\_\_  
Date



FY2019-20

### Pre-School Child Information Form

**CHILD INFORMATION:**

Child's Name: \_\_\_\_\_ Date Entered care: \_\_\_\_\_

Child's Nickname: \_\_\_\_\_ Age at entry to care: \_\_\_\_\_

Has your child previously been in childcare: \_\_\_\_\_ Yes \_\_\_\_\_ No

*If yes, what type of care and how long?* \_\_\_\_\_

\_\_\_\_\_

Reason for requesting care: \_\_\_\_\_

\_\_\_\_\_

**CHILD GENERAL INFORMATION**

**(Please include all information that will assist us in providing quality care for your child):**

Likes and dislikes: \_\_\_\_\_

\_\_\_\_\_

Eating habits and schedule: \_\_\_\_\_

\_\_\_\_\_

Sleeping habits and schedule: \_\_\_\_\_

\_\_\_\_\_

Play: \_\_\_\_\_

\_\_\_\_\_

Fears: \_\_\_\_\_

\_\_\_\_\_

Special words and their meanings: \_\_\_\_\_

\_\_\_\_\_



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

**OTHER CHILDREN IN THE HOME:**

Name (First and last): \_\_\_\_\_ Nickname: \_\_\_\_\_ Age: \_\_\_\_\_ M / F

Name (First and last): \_\_\_\_\_ Nickname: \_\_\_\_\_ Age: \_\_\_\_\_ M / F

Name (First and last): \_\_\_\_\_ Nickname: \_\_\_\_\_ Age: \_\_\_\_\_ M / F

Name (First and last): \_\_\_\_\_ Nickname: \_\_\_\_\_ Age: \_\_\_\_\_ M / F

**CHILD MEDICAL INFORMATION**

Has your child had chicken pox: \_\_\_\_\_ Yes \_\_\_\_\_ No

Does your child have allergies: \_\_\_\_\_ Yes \_\_\_\_\_ No

List all allergies or other health problems, including instructions for providing the best possible care in regard to stated conditions. Do any of the medical conditions restrict the child's activities? \_\_\_\_\_

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

\_\_\_\_\_  
Date