

# WELCOME TO ASHWORTH ROAD BAPTIST CHURCH PRESCHOOL PROGRAM

5300 Ashworth Road, West Des Moines, IA 50266

515-223-0914

## Policies/Procedures

The mission statement at Ashworth Road Baptist Church Preschool is to provide a high quality preschool curriculum that incorporates Christian principles; to support parents by providing their children with a loving, nurturing environment in which staff are qualified and trained in early childhood development; and to be accessible to discuss with parents their children's academic/social developmental needs.

### REGISTRATION/TUITION FEES

Enrollment in the four day Four/Five Year-Old classrooms requires a tuition rate of \$180.00 per month.

Enrollment in the three day Four/Five Year-Old or the Three/Four Year-Old classroom requires a tuition rate of \$150.00 per month. Enrollment in the two-day, Two-Year-Old classroom requires a tuition rate of \$140.00 per month. In addition, each student registering will be required to pay a one time registration/supply fee of \$100.00. For families with more than one child enrolled in the preschool, the first child will be charged the full \$100.00 registration/supply fee; any additional sibling(s) will pay a \$40.00 registration/supply fee. \*\*\*In order to secure placement for your child for the upcoming school year the non-refundable Registration Fee of \$100 (\$40 is added for a sibling also attending) is required at the time of registration. Tuition is due by the first of each month. If tuition payment is received after the 10th of the month, a \$10.00 late fee will be assessed.

There will be no reduction of tuition for absences due to illness or extended family vacation. This policy of paid absences is necessary since our operating costs continue, and we save a space for your child in the classroom.

\*\*\*For students enrolling after the start of the school year, the registration/supply fee is required along with a pro-rated monthly tuition fee depending upon time of entry.

### PICK-UP/DROP-OFF POLICY

Children are to be dropped off at the East side of the building under the portico. A teacher will come out and greet your child at your car and take them into the preschool, you DO NOT need to get out of your car. The doors will be opened at 8:55 for the am session (classes run from 9:00-11:30 a.m.) and 12:25 for the pm session (classes run from 12:30-3:00 p.m.).

You are required to come into the building to pick up your child. You will line up in the hallway and wait for your child to be dismissed by his or her teacher. The doors will open at 11:25 in the morning session and 2:55 in the afternoon session. Please use the door on the South side of the building. If you have made arrangements for someone else to pick up your child, please notify the Director prior to pick up. That person should be listed on the permission pick up form and it may be necessary for them to provide photo identification such as a driver's license.

We ask that you be prompt in picking up your child. Emergencies occasionally occur and will be excused; otherwise, late pickups will incur a late fee of \$5.00 for every 15 minutes.

### ILLNESS POLICY

If your child is ill, please keep them home and call to report their absence. A child with a fever, diarrhea, in a nauseated condition and/or in contagious state (pink eye, impetigo, poison ivy, etc.) **should not** be brought to preschool. If your child has been diagnosed as having a contagious disease, please notify the teachers. Children who have temperatures of 100 degrees F should remain home for a 24-hour period after fever has subsided. If your child has a rash or any other undiagnosed condition, you will be asked to bring a doctor's statement clarifying the situation. When children become ill at preschool, we will isolate them and expect parents to make arrangements to pick them up as soon as possible.

### TRANSPORTATION POLICY

Ashworth Road Baptist Church Preschool **DOES NOT** provide transportation to or from the facility.

## **MEDICATION**

We are not able to administer medication here at ARBCP. If your child needs medication while they are here at Preschool we ask that a parent comes to the Preschool to administer it, or that your child stays home from school on that day.

## **INDEPENDENT USE OF THE RESTROOM**

A child must be completely toilet trained in order to be enrolled in our Preschool program. By “trained” we mean that your child will independently use the restroom (prompting is not required), and that he/she is able to undress his/herself in order to go potty, and can completely dress his/herself when finished going potty. (We recommend not using belts on pants while at Preschool because children often wait until the last minute before they get into the restroom!). Children should be able to clean themselves independently after their bodily functions, and they are expected to flush the toilet and wash their hands independently as well. We understand that accidents can occur even when a child has been “trained” for a period of time. We will take that into consideration if the occurrences are rare, especially when a child is new to the Preschool and has not yet adjusted to the classroom routine. If an accident occurs while at Preschool, whether it is a bowel movement or a urination accident, the parents will be called and are expected to come and change his/her child immediately. \*\*\*If a child is having potty related accidents frequently, we reserve the right to dismiss the child from Preschool until he/she is completely “trained”. We are not staffed to clean up and change toileting accidents, and they do cause a disruption to the classroom. \*\*\***Children in the Two-Year-Old program are not required to be completely toilet trained.**

## **SNACKS**

Each month the school will provide you with a snack calendar that indicates your child’s day to bring snack for the class. Your teacher will send home the snack bucket on the school day before your child’s assigned day. The bucket will be returned the following school day with the required amount of snacks depending on the classroom size. The bucket should include either 2 healthy snacks per child or one healthy snack and 100% juice, napkins, cups, and any utensils needed for each child.

## **FIELD TRIPS**

Instead of field trips we will have occasional special visitors come to the Preschool (fireman, dentist etc). We try to schedule special events throughout the year that will occur at the Preschool rather than transport the children to another location.

## **WITHDRAWAL**

We do require a 30-day notice if you plan to withdraw from the program otherwise tuition cannot be refunded.

## **UNLIMITED ACCESS**

Parents/legal guardians shall have unlimited access to their child (ren) and to the staff caring for their child (ren) during the preschool hours of operation or whenever their child (ren) are in the care of staff members, unless parental contact is prohibited by court order.

## **CURRICULUM**

We will be using the "Scripture Bites" curriculum as a guide for our study of units.

Units of study integrate a Bible story into various classroom-learning centers; such as math, language activities, cooking, art, science, etc. It is a developmentally appropriate program that helps prepare children for kindergarten experiences.

We will use positive guidance and redirection to guide children in their learning and behavior. The classroom will have short and appropriate lengths of group time. Plenty of time will be allowed for active hands-on learning. We will strive to meet your child's needs through unconditional love, acceptance, security, and protection.

## **Biting Policy**

Children biting other children is one of the most common and most difficult behaviors in group child care. It can occur without warning, is difficult to defend against, and provokes strong emotional responses in the biter, the victim, the parents, and the caregivers involved.

For many toddlers, the biting stage is just a passing problem. Toddlers try it out as a way to get what they want from another toddler. They are in the process of learning what is socially acceptable and what is not. They discover that biting is a sure-fire way to cause the other child to drop what they are holding so the biter can pick it up. However, they experience the disapproval of the adults nearby and eventually learn other ways of gaining possession of objects or expressing difficult feelings.

For other children, biting is a persistent and chronic problem. They may bite for a variety of reasons: teething, frustration, boredom, inadequate language skills, stress or change in the environment, feeling threatened, or to feel a sense of power.

No matter what the cause, biting in a group situation causes strong feelings in all involved. It does help, however, to be aware of the potential problem before it happens, and to form a plan of action if it does occur. The staff of the Center, after consulting child care experts and manuals, has developed the following plan of action to be used if and when biting occurs in any of our rooms.

When a child is bitten:

For the victim:

1. Separate the victim from the biter.
2. Comfort the child.
3. Administer first aid.
4. Write an accident report and notify parents of the victim (in writing).

For the biter:

1. The biter is immediately removed with no emotion, using words such as "biting is not okay - it hurts." Avoid any immediate response that reinforces the biting or calls attention to the biter. The caring attention is focused on the victim.
2. The biter is not allowed to return to the play and is talked to on a level that the child can understand. "I can see that you want that truck, but I can't let you hurt him. We don't put our teeth on people."
3. Redirect the child to other play.
4. Write an accident report and notify the parents of the biter.

If biting continues:

1. The biter will be taken to the Director's office.
2. The Director will either escort the biter back to the class room for apologies to the victim and teacher **OR** parents of the biter will be called to pick up the child for the day.
3. If behavior continues the Director and the parents will have a meeting to discuss the termination of the child from the center.

## **DISCIPLINE**

When discipline is necessary, we will use positive redirection first. Occasionally a two-three minute time-out may be necessary. We will discuss with the child how it is necessary to make appropriate choices while at Preschool in order to have a safe and secure environment for all students. Positive reinforcement of appropriate behavior is our best form of discipline. If circumstances arise in which a child must be disciplined while at Preschool, the parents will be notified and documentation will be made of the incident

## TERMINATION

We reserve the right to dismiss any child for failure to meet center policies. We will dismiss a child whose needs may be better met in a different environment. We will dismiss a child if he/she is exhibiting aggressive behavior towards his/her classmates after appropriate disciplinary means have been taken to correct the behavior. Forms of aggression would include hitting, kicking, spitting on, throwing objects, loud/imposing voice, scratching. It is our desire that all the children at Preschool will look forward to their school day and do not feel frightened or intimidated by any particular child because of his/her behavior.

## ACCESS POLICY

1. Any person in the center who is not an owner, staff member, substitute, or subcontracted staff or volunteer who has had a record check and approval to be involved with child care **shall not** have **“unrestricted access”** to children for whom that person is not the parent, guardian, or custodian, nor be counted in the staff to child ratio.
  - \***“Unrestricted access”** means that a person has contact with a child alone or is directly responsible for child care.
2. Persons who do not have unrestricted access will be under the direct **“supervision”** and **“monitoring”** of a paid staff member at all times and will not be allowed to assume any child care responsibilities. The primary responsibility of the supervision and monitoring will be assumed by the teacher unless he/she delegates it to the teacher assistant due to a conflict of interest with the person.
  - \***“Supervision”** means to be in charge of an individual engaged with children in an activity or task and ensure that they perform it correctly.
  - \***“Monitoring”** means to be in charge of ensuring proper conduct of others.
3. Center staff will approach anyone who is on the property of the center without their knowledge to ask what their purpose is. If staff is unsure about the reason they will contact their Site Manager or another management staff to get approval for the person to be on site. If it becomes a dangerous situation staff will follow the “intruder in the center” procedures. Non-agency persons who are on the property for other reasons such as maintenance, repairs, etc. will be monitored by paid staff and will not be allowed to interact with the children on premise.
4. A sex offender who has been convicted of a sex offense against a minor (even if the sex offender is the parent, guardian, or custodian) who is required to register with the Iowa sex offender registry (Iowa Code 692A):
  - a. Shall not operate, manage, be employed by, or act as a contractor or volunteer at the child care center.
  - b. Shall not be on the property of the child care center without the written permission of the center director, except for the time reasonably necessary to transport the offender’s own minor child or ward to and from the center.
    - i. The center director is not obligated to provide written permission and must consult with their DHS licensing consultant first.
    - ii. If written permission is granted it shall include the conditions under which the sex offender may be present, including:
      1. The precise location in the center where the sex offender may be present.
      2. The reason for the sex offender’s presence at the facility.
      3. The duration of the sex offender’s presence.
      4. Description of how the center staff will supervise the sex offender to ensure that the sex offender is not left alone with a child.
      5. The written permission shall be signed and dated by the director and sex offender and kept on file for review by the center licensing consultant.

## **IN CASE OF BAD WEATHER**

In case of snow, ice, or fog causing bad driving conditions, we may dismiss school. **If West Des Moines Schools close, we will close also.** Please use good judgment when driving or give us a call first.

West Des Moines  
School District

ARBC Preschool

1. Out all day
2. 2 hour delay
3. Early out due to weather

1. Canceled
2. Canceled
3. Morning session will remain in unless  
Parents feel they need to come to get their children early.

Afternoon session will be out if the parent's are notified before they drop their children off. If they do not announce the dismissal until after 12:15 p.m., then it is up to the discretion of the parents and teachers as to whether the parents pick up their children or the teacher's call to have the children picked up.

## TUITION POLICY

### **REGISTRATION /SUPPLY FEE**

ARBC Preschool has a \$100.00 registration/supply fee. For families with more than one child enrolled at the Preschool, the first child will be charged the full \$100.00 registration/supply fee; each additional sibling will pay a \$40.00 registration/supply fee. The fee is due only once per year and is non-refundable.

### **TUITION**

ARBC Preschool has a monthly tuition rate for the four day Four/Five Year-Old classroom of \$180.00 per month. The monthly tuition rates for the three day Three/Four and Four/Five Year-Old classroom is \$150.00 per month. The monthly tuition rate for the two-day, Two-Year-Old classroom is \$140.00. Tuition is due on the first of each month, September through May. For students enrolling after the start of the school year, the monthly tuition may be pro-rated depending on date of entry. Tuition received after the 10th of the month will be assessed a \$10.00 late fee. Any returned checks for non-sufficient funds will result in a fee of \$25.00 plus the amount of the monthly tuition due. \*\*\*There will be no reduction of tuition for absences due to illness or extended family vacation.

### **ENROLLMENT FEE**

In order to secure placement for your child for the upcoming school year a non-refundable enrollment fee of \$100 (\$40 is added for siblings that are also attending) is required at the time of registration.

Please make checks payable to ARBCP and submit to the Preschool Director or you may mail them to Ashworth Road Baptist Church Preschool, Ashworth Road Baptist Church, 5300 Ashworth Road, West Des Moines, Iowa 50266 (515) 223-0914 x104.

Please sign and return the form below if you agree to all of the terms described in the policies/procedures.

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I have read the policies/procedures and the tuition statement and agree to abide by these terms.

Signed: \_\_\_\_\_

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

# REGISTRATION FORM

## IDENTIFICATION INFORMATION:

Child's Name: \_\_\_\_\_  
Last First Middle

Nickname: \_\_\_\_\_ Date of Birth \_\_\_\_\_ Gender: \_\_\_\_\_

Parents/Legal Guardians: \_\_\_\_\_

Parents/Child's Address: \_\_\_\_\_  
Street Name Apt. #

\_\_\_\_\_ City State Zip

Home Phone Number \_\_\_\_\_ Cell number(s) \_\_\_\_\_  
\_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Father's Place of Employment, address and phone number:

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Mother's Place of Employment, address and phone number:

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## FAMILY HISTORY:

Marital Status of Parents: Married \_\_\_\_\_ Separated \_\_\_\_\_ Divorced \_\_\_\_\_ Deceased \_\_\_\_\_

Names and ages of other children in the home:

1. \_\_\_\_\_ 4. \_\_\_\_\_

2. \_\_\_\_\_ 5. \_\_\_\_\_

3. \_\_\_\_\_ 6. \_\_\_\_\_

**PHYSICAL ASPECTS:**

Does your child have any unusual eating problems or food dislikes? If yes, please explain. \_\_\_\_\_

Is your child accustomed to between meal snacks? \_\_\_\_\_

What is your child's usual bed time? \_\_\_\_\_ Usual Waking Time? \_\_\_\_\_

What is your child's attitude toward going to bed and taking a nap? \_\_\_\_\_

What words does your child use to indicate the need to do the following:

Urination

Bowel Movement

How dependable is he/she? \_\_\_\_\_

**\*It is our policy that your child can go to the bathroom independently while he/she is at Preschool with the exception of the Two-Year old students.**

**PLAY AND SOCIALIZATION:**

How would you describe your child's interaction with other children of his/her age?

Are his usual playmates girls? \_\_\_\_\_ boys? \_\_\_\_\_ younger? \_\_\_\_\_  
Older? \_\_\_\_\_ None? \_\_\_\_\_

What is the usual size of neighborhood play group? \_\_\_\_\_

Has your child had group experience in the following areas:

Nursery School? \_\_\_\_\_ Play Group? \_\_\_\_\_  
Sunday School? \_\_\_\_\_ Other? (Please explain) \_\_\_\_\_

**PERSONAL AND EMOTIONAL:**

Do you regard your child as affectionate? \_\_\_\_\_ To whom? \_\_\_\_\_

Does he/she accept new people easily? \_\_\_\_\_

What are your child's fears? \_\_\_\_\_

What type of personality would you use to describe your child's personality most of the time? (i.e. happy, quiet) \_\_\_\_\_

What nervous habits does he/she have? \_\_\_\_\_

Do you have any concerns regarding having your child in a preschool program? \_\_\_\_\_

\_\_\_\_\_

**DISCIPLINE:**

Please explain the type of discipline your child is familiar with at home: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Which parent usually disciplines your child? \_\_\_\_\_

**GENERAL INFORMATION:**

Please give us any addition information, which you believe will be helpful to enable us to understanding your child's unique and special personality.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

# Ashworth Road Baptist Church Preschool

\*\*\*To be filled out by Physician\*\*\*

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ MI \_\_\_\_\_

DOB: \_\_\_\_\_ Birthplace: \_\_\_\_\_ Sex: \_\_\_\_\_

Parent or Guardian: \_\_\_\_\_ Phone # \_\_\_\_\_

Date of Exam \_\_\_\_\_

## Physical Examination

= normal or negative

Appearance	Ears	Hernia
Posture	Nose	Back
Nutrition	Throat	Extremities
Development	Lymph nodes	Blood Pressure
Neurological	Thyroid	Urine Analysis
Speech	Heart	Hemoglobin
Skin	Lungs	Lead Screening
Hair/Scalp	Abdomen	Height
Eyes/Vision	Genitalia	Weight

Allergies \_\_\_\_\_

Medications \_\_\_\_\_

Chronic Disease \_\_\_\_\_

Remedial  
Defects \_\_\_\_\_

Physical Education Programs: Full \_\_\_\_\_ Limited \_\_\_\_\_ None \_\_\_\_\_

Reason for Limitation \_\_\_\_\_

Physician's Comments &  
Recommendations \_\_\_\_\_

Important Medical  
Information \_\_\_\_\_

Physician Signature \_\_\_\_\_ Date \_\_\_\_\_

# PARENTAL EMERGENCY MEDICAL CONSENT

ASHWORTH ROAD BAPTIST CHURCH PRESCHOOL  
5300 ASHWORTH ROAD  
WEST DEST MOINES, IOWA 50266  
(515) 223-0914

The following information gives permission for medical care in the case of parental absence and must be presented upon admission for treatment. Dated: \_\_\_\_\_

CHILD'S FULL NAME: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

NAME OF PARENT/LEGAL GUARDIAN: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_ WORK PHONE: MOTHER \_\_\_\_\_

CELL PHONE: MOTHER \_\_\_\_\_ FATHER \_\_\_\_\_

CELL PHONE: FATHER \_\_\_\_\_

In the event that my child may require emergency medical, dental and/or surgical care while I am out of the city or unable to be reached, I hereby give my consent to medical and/or surgical treatment to the \_\_\_\_\_ (hospital), \_\_\_\_\_ (doctor) and \_\_\_\_\_ (dentist), or his/her designee to provide this care. I agree to pay all costs and fees contingent on any emergency medical care and/or treatment for my child as secured or authorized under this consent.

CHILD'S PHYSICIAN: \_\_\_\_\_ PHONE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

HOSPITAL OF PREFERENCE: \_\_\_\_\_

DENTIST: \_\_\_\_\_ PHONE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

\*\*\*Person(s) to be contacted in emergency if parents are unavailable: (Please include name, phone number most readily available, and relationship to child)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Short medical history or problems, including known allergies and present medication:

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RELIGIOUS PREFERENCE: \_\_\_\_\_

INSURANCE: \_\_\_\_\_ POLICY #: \_\_\_\_\_

ADDRESS OF INSURANCE COMPANY: \_\_\_\_\_

Every effort will be made to notify parents/guardians immediately in case of a medical emergency. If parents and person(s) to be contacted in case of emergency are unavailable, a staff member will transport child to the nearest medical clinic, provided staff ratio at the time of the incident meets state requirements.

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This consent will be in effect beginning \_\_\_\_\_ and continuing while this child is enrolled at Ashworth Road Baptist Church Preschool.

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Father's Signature/Date

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Father's Social Security Number

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Mother's Signature/Date

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Mother's Social Security Number

# PHYSICAL ASSESSMENT & HEALTH FORM

**HEALTH STATEMENT** To be completed by parent/legal guardian **Dated:** \_\_\_\_\_

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Child's Full Name

Birth Date

Significant illnesses and surgeries child has had (give age at time of occurrence):

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Any special health-related needs of child (allergies, medications, injuries, etc.):

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## PHYSICAL ASSESSMENT

Is there any defect of vision, hearing or speech of which the child care program should be aware of? \_\_\_\_\_

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Is this child subject to any conditions which limit classroom activities or physical education? \_\_\_\_\_

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Is this child subject to any condition which may result in an emergency situation? \_\_\_\_\_

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Is this child subject to any mental or physical condition for which he/she should remain under periodic medical observation? \_\_\_\_\_

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Other information you would like to share regarding your child's health:

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# PICK UP PERMISSION

ASHWORTH ROAD BAPTIST CHURCH PRESCHOOL  
5300 ASHWORTH ROAD  
WEST DES MOINES, IOWA 50266

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CHILD'S FULL NAME: \_\_\_\_\_

We hereby give permission for our child(ren) to leave the center with the following persons named below. It is the responsibility of the parents to notify the center, in writing, of any changes.

_____ Mother's Signature	_____ Date	_____ Father's Signature	_____ Date
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NAME	HOME #	WORK#	RELATIONSHIP
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If there is a separation or divorce custody problem of which we should be aware, please explain.

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Names of person(s) who may NOT pick up the child:

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## TRAVEL & ACTIVITY AUTHORIZATION

**I hereby understand that ARBCP does not take field trips.** There will be special visitors during the year that will come and speak to the students.

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Signature of Parent/Legal Guardian

Date

## PICTURE RELEASE

I hereby give my consent for my child(ren) to be photographed for use by the Preschool, in newspapers or other media.

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Signature of Parent/Legal Guardian

Date