

# LIL' EINSTEINS PRESCHOOL

MOLDING THE MINDS OF TOMORROW

## PARENT HANDBOOK 2020-2021



3369 E. Queen Creek Rd., Ste 104, Gilbert, AZ 85297 480-558-4551

## **FACILITIES SERVICES/DIRECTORS**

Early childhood education offered is part-day preschool classes for children ages two to five years old. Children must be potty trained.

All of our teachers are Arizona certified teachers who hold a teaching certificate in the state of Arizona. Our directors/owners hold Masters degrees. Each classroom has an instructional aide.

**Bridgett Greenberg** has been an early educator for the past 16 years. She has her Masters in Education and Curriculum. Bridgett also has a BA in Psychology with a focus on early childhood development. Prior to teaching, Bridgett worked as a social worker developing a repoire with children catering to the task of lowering child drop out rate and raising school attendance. Bridgett lives nearby with her husband Donald, their 14-year-old son Ethan, 11-year-old son Jackson, and 9-year-old son Gavin.

**Kendra Hall** has been teaching early education for 20years and has her Masters in Early Childhood Education, with a Reading Endorsement. She has the reputation of a highly-qualified teacher in local districts. Her qualifications consist of teacher of the year, a mentor teacher, and curriculum leader in her school district. Kendra and her husband Chris are also nearby our school. She has a daughter Taylor, who is 18 and a 15-year old son whose name is Parker.

**Lisa Campo** has been an early educator for 17 years and has her Masters in Leadership with a reading endorsement. She has been a cheer coach, developed and created early childhood curriculum, along with being a team leader in local districts. She resides nearby with her husband Frank and two sons Caden, who is 17, a 15-year-old son Carter, and her 12-year-old daughter Ava.

## 2020-2021

Registration is a nonrefundable \$125.00 fee to be paid at time of enrollment. First and last month's tuition will be due by the first day of class. A 30 day written notice is required to withdraw your child from school. Please make note that classes are subject to change based upon enrollment.

### **2-3-year-old program (children must be potty trained)**

T/Th 8:30-11:30 \$275.00/mo

### **3-4 year-old program (3 by September 1st)**

T/Th 8:30-11:30 \$275.00/mo

T/Th 11:45-2:45 \$275.00/mo

T/Th 8:30-2:45 \$385/ Full Day

### **4-5 year old 3 day and 2 day program (4 by September 1st )**

MWF 8:30-12:30 \$360.00/mo

T/Th 8:45-11:45 \$275.00/mo

T/Th 11:45-2:45 \$275.00/mo

### **4-5-year-old 2 day FULL DAY**

T/Th 8:45-2:45 \$375.00/mo

### **4-5-year-old 3 day FULL DAY**

MWF 8:45-2:45 \$485.00/mo

Lunch bunch offered daily MWF 12:30-1:30 T/Th 11:30-12:30 \$5.00/day

## **CHILD ENROLLMENT AND DISENROLLMENT PROCEDURES**

All enrolled children must be at least two years old and completely potty trained. Diapers and disposable training pants are not allowed as we are not licensed for diapering children.

Before attending the facility, a child must have a completed emergency Information and Immunization Record Card and proof that the child's Immunizations are current. The registration fee of \$125.00 is due at enrollment.

**First and last month tuition is due on the first day of class.** This will apply to August and May's tuition.

When a child withdraws parents must provide at least a one month written notice.

Management reserves the right to withdraw a child when monthly tuition is two weeks past due.

All effort is made to accommodate every child who enrolls. However, when a child's behavior becomes dangerous to others or disruptive to classroom environment a child may be withdrawn by management without notice.

### **TUITION AND FEES**

Registration/Materials Fee: \$125 upon registration.

Late Payment Fee: Tuition received after the 5<sup>th</sup> of the month will incur a 10% late payment fee.

Disenrollment for non-payment: If a child's tuition accounts are not current by the 15<sup>th</sup> of the month, management reserves the right to disenroll the child. Any unpaid balance may be sent to collections.

Disenrollment Notice: Parents must give one month written notice. Failure to do so will result in the family being charged next months tuition.

Returned Checks: The parent will be charged any bank fees incurred by Lil' Einsteins Preschool and a \$25.00 penalty. Money orders or cash are required after two bounced checks.

Late Pick-Up Fees: To keep the flow of traffic we are strongly enforcing pick up times. Children must be picked up at the end of class. Late pick-up fees will be charged at a rate of \$1.00 per minute starting 5 minutes after the end of class.

There are no discounts for sick or vacation days. Your tuition payments hold your child's enrollment spot. All tuition and fees are non-refundable.

### **CHILD ADMISSION AND RELEASE REQUIREMENTS**

Children are released only to adults who are listed on their child's Emergency Information and Immunization Record Card as an authorized pick-up. Parents may authorize a pick-up not listed on the information card by written notice.

All children must be signed-in and signed-out each day on the child's sign-In and out sheet. Date, time of day, and the adult's signature must be entered correctly.

### **DISCIPLINE AND POSITIVE REINFORCEMENT**

Having consistent expectations both at home and school is very reassuring to children. We will implement positive reinforcement in the classroom while trying to redirect behaviors that affect the learning environment. Your classroom teacher will hand out their discipline policies the first week of school. Please contact the teacher if you have any questions regarding this.

### **PARENTS PARTICIPATION**

Parents are always welcome. There are also opportunities for parents to volunteer at school. We encourage you to be a part of your child's school experience. If at any time you would like to join our class you are welcome to do so.

### **EMERGENCIES/MEDICATIONS**

We do not store or administer medications. In case of an emergency where immediate medical treatment is required paramedics will be called first. Parents and/or emergency contacts will be called as soon as possible after paramedics are notified.

# **POLICIES/PROCEDURES**

## **SICK CHILD POLICY**

Please keep your child home if he or she exhibits any of the following symptoms: Diarrhea, fever, severe coughing, redness of eyelids with discharge (pink eye), unusual spots, rashes, infected skin, patches, sore throat, vomiting, or lice.

A child must be fever free for 24 hours without the aid of fever reducing medication before attending.

If a child becomes ill while at the school parents will be notified using the phone numbers provided. Once parents are notified the child must be picked up.

## **LICENSING AND INSURANCE**

Lil' Einsteins Preschool is licensed and regulated by the Arizona Department of Health Services. Reports are available upon request at 150 North 18<sup>th</sup> Ave., Suite 400, Phoenix, AZ 85007-3244; (630)364-2539. Liability insurance is carried as required by the state.

## **INSPECTIONS**

Inspection reports are located at 150 North 18<sup>th</sup> Ave., Suite 400, Phoenix, AZ 85007-3244; (630)364-2539 and at Lil' Einsteins Preschool.

## **IMMUNIZATIONS**

Arizona law requires all children to be immunized. Please provide us with a copy of your child's current immunization record if you have not already done so.

## **PERSONAL BELONGINGS**

Please make sure that your child's personal belongings are labeled with their first and last name. Also include a child's extra change of clothing that is labeled in a Ziploc bag. The children will keep their extra change of clothes in their backpacks in case needed. Please do not send toys to school as we cannot accept responsibility for lost items. We also ask that you send your child with a water bottle that is labeled with their name on it.

## **PESTICIDE PROCEDURE**

Monthly pesticide services are performed. Postings prior and after service are located on the front door. Files are maintained regarding history. (R9-5-302)

## **SAFETY**

For your child's safety our doors remained locked at all times. Codes are chosen by parents. Please do not share your code with anyone else or let anyone else into the building while picking up or dropping off. Parents must sign their child in and out of their assigned classroom. Children will not be released to anyone other than those listed on the emergency card. Bathroom breaks are given during classroom times. Only one child at a time is permitted in the bathroom. Teachers cannot assist a child with toileting.

## **FIELD TRIPS**

Throughout the year we will have at least one field trip scheduled off the premises. However, parents are required to accompany their child and drive them to the facility. We will also have field trips come to us! Additional information will be provided throughout the school year.

## **TRANSPORTATION**

No transportation will be provided by Lil' Einsteins Preschool.

## **SNACKS**

We have a small and nutritious snack break. The children socialize and work on table manners. Through out the year we will be scheduling snack donations. We ask parents to please donate a nonperishable, healthy snack or juice to school on your scheduled day. The snack bag is sent home the week prior with the parent with suggestions that coincide with classroom curriculum.

## **BIRTHDAYS**

Birthdays are a special time for young children. If you wish to bring a treat to add to that days snack please let us know.

## **SCHOOL CALENDAR**

Our school year begins the first full week of August and ends in May on the Friday before Memorial Day. Other than these start and end dates the school follows the

Chandler Unified School District Schedule. Please see the current year calendar for details.

## **EXTRACURRICULAR ACTIVITIES**

**Lunch Bunch**-additional fees apply

**Music**-Taught once a week in our class curriculum

**Ipad Instruction**-Taught once a week in our class curriculum

**Summer Camps**

**Spanish Enrichment** included in classroom curriculum

**Program performances for winter and graduation**

## **DISCOUNTS**

We provide a 5% discount for siblings.



## PARENT HANDBOOK RECEIPT

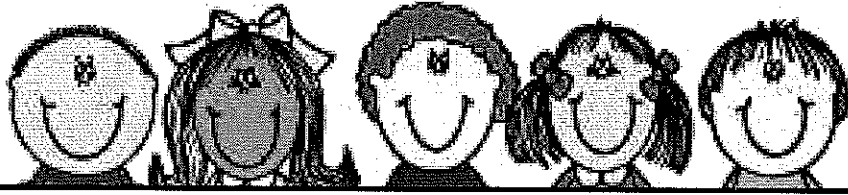
I have read and understand the policies and procedures of the Lil' Einsteins Preschool Parent Handbook. I agree to comply with all current and future policies and procedures. I understand that I will be informed of policy or procedure changes as they occur.

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Parent/Guardian Signature

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Parent/Guardian Signature



**LIL' EINSTEINS PRESCHOOL**

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

Parent/Guardian Name: \_\_\_\_\_

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

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

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

Emergency Contact(s) (Name & Phone #):  
\_\_\_\_\_  
\_\_\_\_\_

Is this your child's 1<sup>st</sup> experience in Preschool? If no how long have they gone and where? \_\_\_\_\_

**First Choice:**

Child's Name(Last): \_\_\_\_\_ (First) \_\_\_\_\_

Date of birth: \_\_\_\_\_

Days: \_\_\_\_\_

Time: \_\_\_\_\_

Fee: \_\_\_\_\_

**Registration Fee: \$125.00**

Attach Copy of immunizations

Total Paid \$ \_\_\_\_\_ check # \_\_\_\_\_



CDC/SGH# or name: \_\_\_\_\_

**Arizona Department of Health Services  
Bureau of Child Care Licensing**

**Emergency, Information and Immunization Record Card**

Child's Name:		Date Enrolled:	Updated:
Home Address (#, Street, City, State, Zip Code):			Date Disenrolled:
Home Phone:	Date of Birth:	Sex: <input type="checkbox"/> male <input type="checkbox"/> female	
Parent or Guardian Name:	Home Address (#, Street, City, State, Zip Code):		
Cell Phone (optional):	Contact Telephone Number:		

Parent or Guardian Name:	Home Address (#, Street, City, State, Zip Code):
Cell Phone (optional):	Contact Telephone Number:

**I authorize the following individuals to collect my child from the facility in case of emergency or if I cannot be contacted: (Pursuant to R9-5-304.B, at least two contact persons are required.)**

Name:	Contact Telephone Number:
Name:	Contact Telephone Number:
Name:	Contact Telephone Number:
Name:	Contact Telephone Number:

If Medical care is necessary, call:

<b>Health Care Provider*</b>	Name:	Contact Telephone Number:
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\*A Health Care Provider is a physician, physician assistant or registered nurse practitioner.

I hereby give authority to any hospital or doctor to render immediate aid as might be required at the time for his/her health and safety.

<b>In case of injury or sudden illness, I request that this individual be called first:</b>
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The following individual(s) may NOT remove my child from the facility:

Name(s):
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Custody papers have been provided and are on file at the facility.     yes     no

Telephone Authorization Code (optional): \_\_\_\_\_

**Immunization Information**

(A licensee shall attach an enrolled child's written immunization record or exemption affidavit to the enrolled child's Emergency, Information and Immunization Record card.)

For information regarding current immunization requirements go to: [www.azdhs.gov/phs/immun/index.htm](http://www.azdhs.gov/phs/immun/index.htm) or contact the Arizona Immunization Program Office at (602)364-3630.

One of these items must accompany the EIIR card at all times:

<input type="checkbox"/>	Copy of current official documented immunization record attached
<input type="checkbox"/>	Religious Beliefs exemption form signed by parent/guardian attached
<input type="checkbox"/>	Medical Exemption form signed by physician and parent/guardian attached
<input type="checkbox"/>	Signed Laboratory Proof of Immunity form attached
Notification of immunizations needed sent to Parent(s) or Guardian(s):	mo /day/ yr      mo /day/ yr      mo /day /yr
Updated immunizations received and attached:	mo /day/ yr      mo /day/ yr      mo /day /yr

**Medical Information**

<p>Is child allergic to food or other substances? <input type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>If yes, describe symptoms, name foods or substances to be avoided, and the procedure to follow if reaction occurs:</p>
<p>Is child usually susceptible to infections and if so, what precautions need to be taken? If yes, list precautions: <input type="checkbox"/> No <input type="checkbox"/> Yes</p>
<p>Is child subject to convulsions and what should be our procedure if one occurs? If yes, specify procedure: <input type="checkbox"/> No <input type="checkbox"/> Yes</p>
<p>Is there any physical condition that we should be aware of and what precautions should be taken (heart trouble, foot problem, hearing impairment, hernia, etc.)? If yes, list precautions: <input type="checkbox"/> No <input type="checkbox"/> Yes</p>
<p>Additional comments:</p>
<p>Other special instructions:</p>

This Emergency Information and Immunization Record Card is accurate and complete, front and back, and was provided by:

Parent/Guardian PRINTED Name:	SIGNED Name:	DATE:
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# INTERNET USE AGREEMENT

The aim of this Acceptable Use Policy is to ensure that students will benefit from learning opportunities offered by Lil' Einsteins Academy Internet resources in a safe and effective manner. Internet use and access is considered a school resource and privilege. Educational software will also be used to reinforce curriculum.

The school employs a number of strategies in order to maximize learning opportunities and reduce risks associated with the Internet. These strategies are as follows:

- \*Internet sessions will be supervised by a teacher
  - \*Filtering software and/or equivalent systems will be used in order to minimize the risk of exposure to inappropriate material
  - \*Students and teachers will be provided with training in the area of Internet safety
  - \*Uploading and downloading of non-approved software will not be permitted
  - \*Virus protection software will be used and updated on a regular basis
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Please review the above Internet Use Policy, sign and return this permission form to the school's Director

Name of Student \_\_\_\_\_

Date \_\_\_\_\_

Parent/Guardian

As the parent or legal guardian of the above child, I have read the above information and grant permission for my son or daughter or the child in my care to access the Internet. I understand that the Internet access is intended for educational purposes. I also understand that every reasonable precaution has been taken by the school to provide for online safety.

I accept the above paragraph

I do not accept the above paragraph

In relation to the school website, I accept that, if the school considers it appropriate, my child's schoolwork may be chosen for inclusion on the website. I understand and accept the terms of the Acceptable Use Policy relating to publishing children's work on the school website.

I accept the above paragraph

I do not accept the above paragraph

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

Dear Parents:

We will be taking pictures of activities as the year progresses. However, we cannot publish these pictures unless we have signed authorization from parents. We will be posting some of the pictures on our school website along with school directories and albums in the future. Please mark below your preference and return to your child's teachers.

Thanks in advance for your help!

The Lil' Einsteins Preschool Team

I **DO** give permission for Lil' Einsteins Preschool to publish my child's picture and/or name.

I **DO NOT** give permission for Lil' Einsteins Preschool to publish my child's picture and/or name.

\_\_\_\_\_  
Child's name

\_\_\_\_\_  
Parent's printed name

\_\_\_\_\_  
Parent's signature

\_\_\_\_\_  
Date

# Lil' Einsteins Preschool

3369 E. Queen Creek Rd. Suite 104  
Gilbert, AZ 85297  
480-558-4551

## Recurring Payment Authorization Form

Schedule your payment to be automatically deducted from your bank account, or charged to your Visa, MasterCard, American Express or Discover Card. Just complete and sign this form to get started!

### Recurring Payments Will Make Your Life Easier:

- It's convenient (saving you time and postage)
- Your payment is always on time (even if you're out of town), eliminating late charges

### Here's How Recurring Payments Work:

You authorize regularly scheduled charges to your checking/savings account or credit card. You will be charged the amount indicated below each billing period. A receipt for each payment will be emailed to you and the charge will appear on your bank statement as an "ACH Debit." You agree that no prior-notification will be provided unless the date or amount changes, in which case you will receive notice from us at least 10 days prior to the payment being collected.

### Please complete the information below:

I \_\_\_\_\_ authorize Lil' Einsteins Preschool to charge my credit card  
(full name)

indicated below for \$ \_\_\_\_\_ on the \_\_\_\_\_ of each month for payment of my  
(day or date 1<sup>st</sup>-5<sup>th</sup> of the month)

Monthly Tuition.

Billing Address \_\_\_\_\_

Phone# \_\_\_\_\_

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

Email \_\_\_\_\_

### Credit Card

<input type="checkbox"/> Visa	<input type="checkbox"/> MasterCard
<input type="checkbox"/> Amex	<input type="checkbox"/> Discover
Cardholder Name _____	
Account Number _____	
Exp. Date _____	
Security Code on back _____	

SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_

I understand that this authorization will remain in effect until I cancel it in writing, and I agree to notify Lil' Einsteins Preschool in writing of any changes in my account information or termination of this authorization at least 15 days prior to the next billing date. If the above noted payment dates fall on a weekend or holiday, I understand that the payments may be executed on the next business day. For ACH debits to my checking/savings account, I understand that because these are electronic transactions, these funds may be withdrawn from my account as soon as the above noted periodic transaction dates. In the case of an ACH Transaction being rejected for Non Sufficient Funds (NSF) I understand that Lil' Einsteins Preschool may at its discretion attempt to process the charge again within 30 days, and agree to an additional \$25 charge for each attempt returned NSF which will be initiated as a separate transaction from the authorized recurring payment. I acknowledge that the origination of ACH transactions to my account must comply with the provisions of U.S. law. I certify that I am an authorized user of this credit card/bank account and will not dispute these scheduled transactions with my bank or credit card company; so long as the transactions correspond to the terms indicated in this authorization form.

