



# WELCOME to Mountain Preschool

Please turn in all of the following paperwork between August 1<sup>st</sup>  
and the week prior to our school start date.

The health status form and the immunization form within this packet must be signed  
by your doctor. No other type of immunization form can be accepted.

Due to state mandates, your child will not be allowed to begin preschool  
without all the required and completed forms.

## We look forward to learning with you!



Gymnastics

Dance

Preschool

Swimming

Summer Day Camp

419 E Stuart St, Fort Collins, CO 80525

(970) 482-3118 Fax: (970)493-4095

[www.mountain-kids.com](http://www.mountain-kids.com)

# Preschool Enrollment Form

Child's Name \_\_\_\_\_ ☐ Male ☐ Female

What name do you want us to teach them to spell? \_\_\_\_\_

Child's Home Phone: \_\_\_\_\_ Birthdate: \_\_\_\_\_

Home Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

E-mail Address (required) \_\_\_\_\_

**\*\*ALLERGIES\*\*:** \_\_\_\_\_

Previous School Experience: \_\_\_\_\_

Developmental Observations: \_\_\_\_\_

**Guardian Name:** \_\_\_\_\_ **Home Phone:** \_\_\_\_\_ **Cell Phone:** \_\_\_\_\_

**Place of Work:** \_\_\_\_\_ **Work Address:** \_\_\_\_\_ **Work Phone:** \_\_\_\_\_

**Guardian Name:** \_\_\_\_\_ **Home Phone:** \_\_\_\_\_ **Cell Phone:** \_\_\_\_\_

**Place of Work:** \_\_\_\_\_ **Work Address:** \_\_\_\_\_ **Work Phone:** \_\_\_\_\_

Child Lives With: Guardian(s) (please specify) \_\_\_\_\_

## **Other Family Members Child Lives With:**

Name: \_\_\_\_\_ Age: \_\_\_\_\_ M/F Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_ M/F Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_ M/F Relationship: \_\_\_\_\_

## **Emergency Contacts (other than Guardians):**

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

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

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

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

**Doctor's Name:** \_\_\_\_\_ **Address:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Dentist's Name:** \_\_\_\_\_ **Address:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

If hospitalization is required-students will be sent to Poudre Valley Hospital, 1024 S Lemay, FTC, CO

If PVH is not your hospital of choice, please list hospital name: \_\_\_\_\_

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

## **AUTHORIZATION for EMERGENCY MEDICAL CARE:**

I, \_\_\_\_\_, hereby give my permission to Mountain Kids to call a doctor for medical care for my child, \_\_\_\_\_, should an emergency arise. It is understood that a contentions effort will be made to locate me before emergency action is taken, but if this is not possible the expenses of emergency treatment will be accepted by me.

**Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

# **Preschool Pick Up Authorization**

**Student's Name:** \_\_\_\_\_

**AUTHORIZED** to pick up the above student (a valid photo I.D. will be required)

Name: _____	Relationship: _____
Address: _____	Phone: _____
Name: _____	Relationship: _____
Address: _____	Phone: _____
Name: _____	Relationship: _____
Address: _____	Phone: _____

**NOT AUTHORIZED** to pick up the above student.

It is assumed that everyone except parents and legal guardians are not allowed to pick up your student unless they are on the above list. State below if there is anyone who has a restraining order against them in regard to your child.

Name: _____	Relationship: _____
Address: _____	Phone: _____
Name: _____	Relationship: _____
Address: _____	Phone: _____

**Guardian Signature for Pick Up Authorizations:** \_\_\_\_\_ **Date:** \_\_\_\_\_

## **Preschool Activities Authorization**

I, \_\_\_\_\_, hereby give my permission for my child, \_\_\_\_\_, to go on walking field trips away from Mountain Kids in the company of a responsible adult from Mountain Kids' facility.

(Previous notice will always be given and parent volunteers are always welcomed on such trips.)

**Guardian Signature :** \_\_\_\_\_ **Date:** \_\_\_\_\_

I, \_\_\_\_\_, hereby give my permission for my child, \_\_\_\_\_, to view video or TV programs which pertain directly to the curriculum being presented.

(This occurs very rarely.)

**Guardian Signature :** \_\_\_\_\_ **Date:** \_\_\_\_\_

## **Preschool Photo Waiver**

As the legal guardian of \_\_\_\_\_

I give Mountain Gymnastics Training Center, Inc. my permission to use pictures of the aforementioned student/s for use in advertising, brochures, website and other promotional materials. I understand any pictures are for private use only and are not to be sold or distributed outside of the use of Mountain Gymnastics Training Center, Inc. for promotional purposes.

**Guardian Signature :** \_\_\_\_\_ **Date:** \_\_\_\_\_

# Mountain Kids

## Participant Agreement, Release & Acknowledgement of Risk

Student name : \_\_\_\_\_

As legal guardian of the student listed above who are my children, I hereby give my consent for these students to participate in any of the Mountain Gymnastics Training Center Inc. programs. I fully understand that participation in any activity that involves motion including gymnastics, dance, tumbling, trampoline, swimming, summer day camp activities, sports acrobatics, parent shared gymnastics or and other related activities even under the best of conditions carries with it a reasonable assumption of risk. I recognize and understand that potentially severe injuries including permanent paralysis or death can occur. I understand that it is the express intent of Mountain Gymnastics Training Center, Inc to provide for the safety and protection of myself and my child. In consideration for allowing myself and/or my child to use the facilities, equipment, programs and participate in activities sponsored by Mountain Gymnastics Training Center, Inc., its officers, employees and representatives from any and all claims, demands or causes of action that are in any way connected with my or my child's participation in activities, program or related travel sponsored by Mountain Gymnastics Training Center, Inc.

Should it become necessary for Mountain Gymnastics Training Center, Inc, or someone on Mountain Gymnastics Training Center's behalf to incur attorney's fees and costs regarding my or my child's participation in this activity, I agree to pay Mountain Gymnastics Training Center, Inc. reasonable costs and attorney's fees if Mountain Gymnastics Training Center, Inc. is not held liable for my or my child's injuries or damages. I certify that I have adequate insurance to cover any injury or damage I or my child may cause or suffer while participating, or else I agree to bear the costs of such injury or damage myself.

This acknowledgement of risk and waiver of liability, having been read thoroughly and understood completely, is signed voluntarily as to its content and intent.

Parent/Legal Guardian/Adult Participant 18 years or older

Signature \_\_\_\_\_ date \_\_\_\_\_

Signature \_\_\_\_\_ date \_\_\_\_\_

### Permission for Medical Treatment

Primary Accident/Medical Insurance Carrier \_\_\_\_\_

Primary Doctor \_\_\_\_\_ Phone \_\_\_\_\_

**Please list any medical or social issues which we should be aware of for the aforementioned student:**

\_\_\_\_\_

In case of emergency, I give my consent to Mountain Gymnastics Training Center, Inc to seek medical care for the aforementioned student/child should it become reasonably necessary in the course of such activities.

I hereby give my permission to trained medical professionals to administer emergency medical treatment to myself or in my absence, my child, should sickness or injury occur. If hospitalization is required, the aforementioned student will be sent to **Poudre Valley Hospital** unless otherwise specified here: \_\_\_\_\_

Parent/Legal Guardian/Adult Participant 18 years or older

Signature \_\_\_\_\_ date \_\_\_\_\_

Signature \_\_\_\_\_ date \_\_\_\_\_



How did you hear about Mountain Kids? \_\_\_\_\_



# Child's Statement of Health Status

All child care facilities must retain a signed and dated statement of each child's current health status which indicates the child's abilities and/or limitations to participate in a regularly scheduled child care program. Preschoolers must have this form filled out and signed by a licensed health care professional. Parents of school aged children may fill out and sign this form, it does not need a health care professional's signature.

Child's Name \_\_\_\_\_ Sex \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address \_\_\_\_\_

Past Illnesses: Give approximate dates of when child had illness

_____ Chicken Pox	_____ Rubella	_____ Rubella	_____ Rheumatic Fever
_____ Asthma	_____ Hay Fever	_____ Diabetes	_____ Mumps
_____ Epilepsy	_____ Whooping Cough	_____ Poliomyelitis	_____ Other

Comments: \_\_\_\_\_

Date of tuberculin test (if given): \_\_\_\_\_ Date of chest x-ray (if taken): \_\_\_\_\_

Vision Normal or Requires Corrective Lenses \_\_\_\_\_ Hearing Normal or Requires Aid \_\_\_\_\_

Surgery/Accidents: \_\_\_\_\_

Illnesses/Chronic Health Problems: \_\_\_\_\_

Allergies: \_\_\_\_\_

Current Allergy Treatment(s): \_\_\_\_\_

Describe any physical condition requiring special attention: \_\_\_\_\_

Current Prescribed Medication(s): \_\_\_\_\_

\*IF PRESCRIPTION MEDICATION IS TO BE GIVEN AT CAMP/SCHOOL YOU WILL NEED TO FILL OUT THE **"INDIVIDUAL CHILD'S RECORD OF MEDICATION ADMINISTRATION" FORM.** (available at the front office).

This record must be signed by the parent authorizing staff to administer medication. All prescription medication must be given to your child's head camp counselor/teacher in it's **original prescription bottle** and must be labeled with written permission from your medical provider and the parent. This label must contain the child's name, physician's name, pharmacist, name of medication, dosage, frequency, starting date and expiration date, if applicable.

Date of last examination of child: \_\_\_\_\_

NAME OF HEALTH CARE PROFESSIONAL: \_\_\_\_\_

ADDRESS: (include street/city/zip): \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_

NAME OF CHILD'S DENTIST: \_\_\_\_\_

ADDRESS: (include street/city/zip): \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_

Signature(s) below verify that this information is correct and current with pediatric guidelines:

**PARENT Signature: X** \_\_\_\_\_ Date: \_\_\_\_\_

(Required for preschool and school age children)

**PHYSICIAN'S Signature: X** \_\_\_\_\_ Date: \_\_\_\_\_

(Required for preschool age children)

**\*NOTE:** Proof of immunizations is also required and must be on the Colorado State Department of Health standardized form.



## Child Care/Preschool/Head Start-required Immunizations for the 2019-20 School Year

Dear parents and guardians of students in Colorado child cares, preschools and Head Start programs:

- Colorado law requires students who attend a licensed child care, preschool or Head Start program to be vaccinated against many of the diseases vaccines can prevent. Your student must be vaccinated against:
  - diphtheria, tetanus & pertussis (DTaP, DTP)
  - polio (IPV)
  - measles, mumps, rubella (MMR)
  - hepatitis B (HepB)
  - haemophilus influenzae type b (Hib)
  - pneumococcal (PCV)
  - varicella (chickenpox)
- Vaccines are recommended for rotavirus, hepatitis A and influenza, but are not required.
- The number, timing and spacing of the required vaccine doses is set by the Centers for Disease Control and Prevention's Advisory Committee on Immunization Practices (ACIP). You can view a parent-friendly version of the current ACIP vaccine schedule for children 0 - 6 years of age at [www.cdc.gov/vaccines/parents/downloads/parent-ver-sch-0-6yrs.pdf](http://www.cdc.gov/vaccines/parents/downloads/parent-ver-sch-0-6yrs.pdf).
- Please take your student's updated vaccine record to school every time he or she receives a vaccine.
- If your student cannot get vaccines because of medical reasons, you must submit an official *Immunization Medical Exemption Form* to your school, signed by a health care provider licensed to give vaccines. You only need to submit this form once, unless your student's information or school changes. You can get the form at [www.colorado.gov/vaccineexemption](http://www.colorado.gov/vaccineexemption).
- If you choose not to have your student vaccinated according to the current ACIP schedule for personal belief or religious reasons, you must submit a non-medical exemption to your school. Non-medical exemptions must be submitted at ages 2 months, 4 months, 6 months, 12 months and 18 months. Multiple options are available at [www.colorado.gov/vaccineexemption](http://www.colorado.gov/vaccineexemption).
- Some parents, especially those with students who have weakened immune systems, may want to know which child cares, preschools and Head Start programs have the highest percentage of vaccinated children. Schools must report immunization and exemption numbers (but not student names or birth dates) to the state health department by December 1 every year. Immunization and exemption rates can be found at [www.colorado.gov/pacific/cdphe/school-and-child-care-immunization-data](http://www.colorado.gov/pacific/cdphe/school-and-child-care-immunization-data).
- You may want to talk to a health care provider licensed to give vaccines or a local public health agency (LPHA) about which vaccines your student needs or if you have questions. You can read about the safety and importance of vaccines at [www.immunizeforgood.com](http://www.immunizeforgood.com) and [www.colorado.gov/cdphe/immunization-education](http://www.colorado.gov/cdphe/immunization-education).
- If you need help finding a health care provider, or finding free or low-cost vaccines, contact your LPHA, or call the state health department's Family Health Line at 1-303-692-2229 or 1-800-688-7777. You can find your LPHA at [www.colorado.gov/pacific/cdphe/find-your-local-public-health-agency](http://www.colorado.gov/pacific/cdphe/find-your-local-public-health-agency).
- Please share Page 2 of this letter with your student's health care provider as it provides helpful information about vaccines required for school entry, per Colorado law.

Sincerely,

# COLORADO CERTIFICATE OF IMMUNIZATION

[www.coloradoimmunizations.com](http://www.coloradoimmunizations.com)



**COLORADO**  
Department of Public  
Health & Environment

This form is to be completed by a health care provider (physician (MD, DO), advanced practice nurse (APN) or delegated physician's assistant (PA)) or school health authority. School required immunizations follow the ACIP schedule. Note: Final doses of DTaP, IPV, MMR and Varicella are required prior to kindergarten entry. Tdap is required at 6<sup>th</sup> grade entry.

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

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

Parent/guardian: \_\_\_\_\_

## Required vaccines

	Immunization date(s) MM/DD/YY						Titer date* MM/DD/YY
<b>Hep B</b> Hepatitis B							
<b>DTaP</b> Diphtheria, Tetanus, Pertussis (pediatric)							
<b>Tdap</b> Tetanus, Diphtheria, Pertussis							
<b>Td</b> Tetanus, Diphtheria							
<b>Hib</b> <i>Haemophilus influenzae</i> type b							
<b>IPV/OPV</b> Polio							
<b>PCV</b> Pneumococcal Conjugate							
<b>MMR</b> Measles, Mumps, Rubella							
<b>Measles</b>							
<b>Mumps</b>							
<b>Rubella</b>							
<b>Varicella</b> Chickenpox							

Varicella - date of disease		Varicella - positive screen date	
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\*A positive laboratory titer report must be provided to the school to document immunity.

\*The shaded area under "Titer date" indicates that a titer is not acceptable proof of immunity for this vaccine.

## Recommended vaccines

Immunization date(s) MM/DD/YY

<b>HPV</b> Human Papillomavirus							
<b>Rota</b> Rotavirus							
<b>MCV4/MPSV4</b> Meningococcal							
<b>Men B</b> Meningococcal							
<b>Hep A</b> Hepatitis A							
<b>Flu</b> Influenza							
<b>Other</b>							

Health care provider signature or stamp: \_\_\_\_\_

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

Student is current on required immunizations for age (circle one): Yes No

OR

Immunization record transcribed/reviewed by school health authority:

School health authority signature or stamp: \_\_\_\_\_

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

(Optional) I authorize my/my student's school to share my/my student's immunization records with state/local public health agencies and the Colorado Immunization Information System, the state's secure, confidential immunization registry.

Parent/Guardian/Student (emancipated or over 18 yrs old) signature: \_\_\_\_\_ Date: \_\_\_\_\_

# MOUNTAIN KIDS PRESCHOOL HANDBOOK

The purpose of the MOUNTAIN KIDS PRESCHOOL HANDBOOK is to acquaint you with our goals, policies and values as well as provide you with a sketch of our curriculum through the school year.

## I. MOUNTAIN KID'S GOAL

Mountain Kid's goal is to provide a positive and enriching developmental learning environment for children three through six years of age. Our program is designed to encourage each child's growth in the following developmental areas: physical, mental, emotional and social, art, math, reading, sensory and science, music and rhythm, and gymnastics.

## II. MOUNTAIN KID'S POLICIES: The following list of policies will help you to better understand our program.

- ❖ **CLASS SIZE:** Our maximum enrollment is 18 students in each class with two instructors.
- ❖ **REGISTRATION:** To register your child you must sign and complete all enrollment forms and pay a deposit to hold your child's space. This deposit will be applied to your child's initial tuition. The registration fee is due upon enrollment for Mountain Kids Preschool.
- ❖ **REQUIRED FORMS:** All forms must be returned a week prior to the start of school. Children will not be allowed to begin in class if forms have not been completed and returned to us.
  - Mountain Kids Registration Form
  - Mountain Preschool Enrollment Form
  - Child's Statement of Health Status Form-signed by a physician
  - Immunization Form- signed by a physician and in the format included in the packet.
- ❖ **ILLNESS & MEDICATION**
  - **Sick Children-** No child who arrives noticeably ill, with a rash, vomiting, diarrhea, sore throat or fever will be admitted for that day. Should a child become ill during the day, he/she will go to the sick area and remain there under adult supervision until a parent or authorized person arrives to take the child home.
  - **Nonprescription Medications-** All medications are kept in a locked cupboard out of the reach of the children. Any medication to be administered at school, such as aspirin or cough syrup, must be accompanied by both the parent's and doctor's written permission and instructions for use.
  - **Prescription Medications-** All prescription medicines must be in the pharmacy labeled container with the appropriate forms and signed by a doctor. Staff with Medication Administration training will administer medications according to Larimer County Health Department's regulations.
- ❖ **HOURS and DATES-** Morning session hours are 8:30 am-11:30 am. Afternoon Session hours are 12:30 pm-3:30pm.
  - While children are in gymnastics class, they are under the physical and legal supervision of Mountain Kids gymnastics regulations and not the preschool license or regulations.
  - Classes are divided by age; three year olds attend Tuesdays and Thursdays, four and five year olds attend Mondays, Wednesday s and Fridays or Monday-Friday.
- ❖ **MISSED CLASSES-** Tuition is based on a 9-month year; therefore, we do not prorate during the school year for vacations, holidays and/or illness. If a gymnastics class day is missed, a make-up class may be scheduled through the front office.
- ❖ **INCLEMENT WEATHER-** We will be open during all hot weather days. The building is equipped with swamp coolers and the playground has shade. In case of inclement weather, any class closing will be announced via e-mail as well as on 1410 am radio.
- ❖ **LUNCH BUNCH-** We offer a "lunch bunch" option every day. Morning children may bring their lunch and stay until 12:15, afternoon children may come at 11:45 am to have lunch with their friends. You will be billed according to attendance after the end of each session for each "lunch bunch" attended.
- ❖ **FEES-** Fees are based on sessions outlined in the Mountain Kids calendar and include one hour of gymnastics per week. Please see our current price list for fees. Payments are due the first week of each session. Late fees and interest may be charged to accounts over 30 days past due.
- ❖ **CLOTHING-** Please dress your child appropriately depending on the weather and the planned activities of the day.
  - Please send an extra set of clothing in a backpack daily and clearly mark your child's name on each article of clothing.
  - Children should wear stretchy clothes that do not have zippers, large buttons, no jeans etc. for gymnastics. Please no jewelry and long hair should be pulled back and out of the face.



- ❖ **PERSONAL BELONGINGS**- Children need to leave their personal belongings (such as books, toys and money) at home unless it is a show-and-tell day, or a special occasion. We cannot be responsible for personal belongings or money.
- ❖ **KEEPING TRACK OF THE CHILDREN**- The children are under direct supervision by Mountain Kids staff at all times while at Mountain Kids.
- ❖ **VOLUNTEERS**- Mountain Kids does not use volunteers on a regular basis.
- ❖ **VISITORS**- Visitors are welcome at Mountain Kids as long as they have a viable reason for visiting, such as desiring to observe a class in progress when choosing a preschool for their own child. All visitors must check in at the front office and sign the visitor check-in sheet.
- ❖ **AUTHORIZATION**- All Individuals who intend to pick up a child must have prior consent of the parents or guardian.
- ❖ **SIGNING IN /OUT**- All children must be signed-in and out by the adult transporting them to and from school. The signature sheet is located inside each room.
- ❖ **LATE PICK UP**- Children left after preschool hours will be supervised until they are picked up. An effort will be made to contact the parents, and emergency phone numbers will be called if necessary. Children arriving or leaving more than 10 minutes before or after the scheduled school times will be charged a Lunch Bunch fee. If all emergency contacts are attempted and the child is still at Mountain Kids one hour after preschool is over, the police will be contacted. Preschool staff will remain with the child until the situation is resolved.
- ❖ **CHILDREN WITH SPECIAL NEEDS**- Children with special needs are welcome at Mountain Kids, based on interviews with the parents and a mutual agreement that Mountain Kids can meet and maintain the needs and requirements of the child and his/her parents. If diapering is needed, staff will follow state guidelines for diapering. It will occur in the south hallway's bathroom which is equipped with a "diapering table."
- ❖ **TOILETING**- Should a toileting "accident" occur, staff will help the child clean up and change clothes.
- ❖ **SAFETY**- The staff is informed of safety rules, special hazards, and commonly occurring accidents. They receive detailed instruction on evacuation procedures, fire extinguishers, and how to report an accident. No toys or equipment with easily removable small parts are allowed. All poisonous substances are stored in a cupboard out of the reach of children. All sharp objects are stored out of the reach of children. Such objects as scissors are used only under direct supervision. The classroom equipment is observed continually for stability, smoothness of wooden objects, and safe corners. All electrical outlets are capped.
- ❖ **DISCIPLINE POLICY**- The staff shall not use abusive, neglectful, corporal, humiliating, or frightening punishment under any circumstances. No child shall be physically restrained unless it is necessary to protect the safety and health of the child or others. Generally, a teacher will take a child aside and speak to him/her about the concern. Children may be asked to choose a different activity for a time, until materials can be used with more care. Children may be separated to reduce aggression. A "time-out" may be used by asking a child to sit on a chair briefly and observe. Prior to the time that a parent is asked to withdraw their child from preschool the following will have occurred: A variety of methods (decided upon by the teacher, director and parents in a joint conference) will have been used and results documented in an effort to change behavior. The teacher will have had continual communication with the parents throughout these efforts. The teacher and director will make the final decision about expulsion. What this means in practice is that reason and understanding underlie our dealings with children. It is imperative that the home and staff members cooperate with mutual goals for the good of each individual child.
- ❖ **LOST CHILDREN**- Should a child be missing, the staff will search the building and grounds thoroughly. If the child is still missing, the police and parent/guardian will be notified while staff begins searching the immediate area.
- ❖ **EMERGENCIES**- Every child has an authorized emergency care card signed by a parent or guardian. Emergency numbers for reaching the parent/guardian and other authorized persons are also on file. At least one staff member on duty at all times has first aid training through an accredited course. All other staff members are trained in emergency procedures through annual in-service training. In the event of a serious accident or illness requiring emergency care, the child's parent/guardian or authorized contact will be notified immediately. First aid will be administered by a qualified staff member. The local emergency responders will provide emergency transportation; the local hospital will provide emergency care. In the event that a child is transported to the hospital, his/her health summary and signed Permission for Medical Treatment will be sent along. A staff member will accompany the child until the arrival of a parent/guardian. An Accident Report will be completed for each accident except minor scratches and abrasions. The report is made immediately and filed in the Preschool Accident Log. Parents will always be notified when there has been an accident serious enough to require an accident report. The rest of the staff will also be notified and prevention will be reviewed and discussed.

- ❖ **FIRE/TORNADO PROCEDURES-** In case of a fire the children are escorted out the closest exit, attendance taken, and monitored by staff at least 50 feet from the building. In case of tornado warning children will be escorted into bathrooms and monitored by staff until warning ends.
- ❖ **CHILD ABUSE-** Any suspicion of abuse must be documented on the Documentation of Employment Problem form by staff members and reported immediately to the Director. The Director will confer with the staff member, and report to the local family services agency if the Director determines that abuse is a possibility. Procedures outlined by the Department of Human Services must be followed. The Larimer County Child Abuse line is (970) 498-6990.
- ❖ **WITHDRAWALS-** If you wish to discontinue preschool, communicate with the front desk personnel prior to the last class in the session. You are responsible for tuition for the next session unless a notification is received prior to the end of the current session.
- ❖ **COMPLAINT REPORTING-** Complaints should be voiced to your child's lead teacher; if you are unsatisfied with the result speak with the preschool director. If still unsatisfied, make an appointment to see the owner.  
If you have suspected licensing violations you can file a complaint with the CO Department of Human Services, Division of Child Care, 1575 Sherman St., Denver, CO 80203. Phone: 1-800-799-5876

### III. OTHER ACTIVITIES

- ❖ **SNACK-** Snack time is part of each day. Nutritious, non-sugary foods are preferred. Also, the Health Department asks that all snacks are to be store bought to reduce the potential spread of illness. A sign-up sheet is provided for parents to participate in providing a snack for their child's class. Napkins and cups are provided.
- ❖ **PARENT-TEACHER CONFERENCES-** Mountain Kids' teachers like to confer with parents to inform them of their child's progress and development, and are available to visit with parents during the year by setting up an appointment. Written reports will be sent out in the fall for each student and parent-teacher conferences will be scheduled in the spring for all preschoolers.
- ❖ **HOLIDAYS-** At Mountain Kids, we recognize these holidays with special activities and crafts: Halloween, Thanksgiving, Hanukkah, Christmas, Valentine's Day, and Easter.
- ❖ **TV/VIDEOS-** We do not watch TV or videos. If a video is planned for educational purposes, parents will be notified in advanced.

### IV. MOUNTAIN KIDS PRESCHOOL CURRICULUM

- ❖ **OPENING ACTIVITIES-** This will always occur first in your child's day. It may include arrival activities, calendar activities, songs or poems, review of skills already learned, that day's activities and schedules. It is very beneficial to have structure and an understanding of what their day will include. Lots of math skills take place during the calendar activities.
- ❖ **TABLE ACTIVITIES-** This typically lasts 45 min and is set up into three centers. Math, art, science, writing, and manipulatives will be included. This is where a large portion of academic learning takes place.
- ❖ **STORY TIME-** This will occur during opening activities and while snack is being prepared. It may include a story, a coordinating activity, song, finger plays, poems, etc. A great deal of language development occurs during this time, as well as comprehension development.
- ❖ **GYMNASTICS-** Classes for gymnastics are held for one hour per week in our gym, and are taught by professional Mountain Kids staff. The time your child is scheduled for gymnastics will be posted in your child's class schedule. The day and time of the gymnastics classes are subject to change. Large muscle control is greatly developed through gymnastics. Balance, coordination, and strength are just a few of the skills involved.
- ❖ **MUSIC-** There will be a 30 minute music class held weekly. Music is an important part of our curriculum and is incorporated into daily activities. Skills taught include beat, rhythm, pitch, and exploration of instruments and types of music.
- ❖ **SHOW-AND-TELL-** Show-and-tell is a day set aside for the children to bring something or someone special to school. We have a theme prearranged so the items brought correlate with our activities. The M/W/F and 5-day classes have show-and-tell weekly (see your child's class schedule). The T/Th classes have show-and-tell monthly. The opportunity to practice speaking in front of others enhances verbal skills and confidence.
- ❖ **OUTSIDE PLAY-** Mountain Kids Preschool has a fenced playground located on the south side of the preschool rooms. This is a great time for children to develop not only large muscle control, but also social skills. There is a great deal of peer interaction happening on a playground.

- ❖ **FIELD TRIPS**- One or two Field trips will be planned throughout the school year. Field trips expose children to the world in a very educational manner. They will involve lead-up activities as well as follow-up discussions and activities which help children gain more understanding of what was seen and heard. Our field trips are close enough to walk. We do not transport to field trips in vehicles. Children may not be dropped off at preschool if their class has left for a walking field trip. The parent must bring the child to the designated destination.
- ❖ **SPECIAL GUESTS**- We invite special guests to visit when they can augment our teaching theme. By utilizing people from our community, we are helping children learn that these are many different jobs as well as helpers in our community. It also brings in good role models for the children.

