



Dear Parents,

The staff at F.F.L. are excited to begin another new year filled with many fun and exciting activities. Our primary goal is to create a nurturing environment in which your child can develop at his or her own pace in all areas: academic, social, emotional and physical. Experiential hands-on activities designed to foster self-esteem and a positive attitude about school, will continue to dominate our philosophy. Working together as a team, teacher-student-parents will ensure achieving these goals. Our program philosophy will continue to maintain current competitive standards.

Enclosed, you will find:

- Information regarding school wide transition
- Classroom placement for the fall
- Permission Slips

If you have any questions or problems, please do not hesitate to call us. We have an open door policy. We look forward to an exciting and productive year.

Sincerely,

FFL TEAM

Phone: 860.430.1665

Fax: 860.430.1673

Website: thefoundationforlearning.com

106 Griswold Street - Glastonbury - Connecticut - 06033



Our primary objectives are to see that each child gains an understanding of his/her own self worth and develops their innate gifts and talents. Our goal is to promote their growth academically, socially, emotionally and physically. We plan to work hand and hand with you during all phases of the school year to achieve these goals.

Please review this information and save these papers for future reference. If you have any questions or comments, do not hesitate to call the office.

EMAIL:

Our primary means of communication will be through email. Please make sure the office has your email address and please be sure to update us as necessary.

PAYMENT POLICY:

Payments are all processed electronically using a checking/savings account. There is a \$30 fee for any payments that are returned due to insufficient funds. Chronic late payments will result in the discharge of your child with no refund.

HEALTH REPORT:

Attached is a state mandated medical form which must be completed and signed by your physician. If we have an updated physical form already please keep the extra physical form for future use. Medical paper work is due on a yearly basis. Your physician should note special information about any condition of which we should be aware. In order to help us maintain a healthy school, please follow these health rules:

- a. If your child shows signs of illness, please keep him/her home.
- b. If your child becomes ill at school, you will be called so that he/she can be picked up. Please furnish us with the name and phone number of a person who can pick up your child if you cannot be reached.
- c. Please report any contagious illness immediately so that we may contact the parents whose children have been exposed. A doctor's note is required before your child can re-enter school.
- d. If your child is sick and has a fever they must be fever free for 24 hours before returning to school. If your child has a stomach virus, they must be free of vomiting and/or diarrhea for 24 hrs before returning to school.

SICK CALL:

If your child is going to be absent, please call the office to let us know.

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SCHOOL CLOSINGS:

If it is necessary to close during the winter months due to inclement weather we will send out an email, post the closing on Channel 3 WFSB, and send a text message by 5:30 A.M or possibly the night before. On some days, where road conditions make bus conditions hazardous or inadvisable, school may have a delayed opening.

In that case, you will receive an email by 6:00 AM and a text message advising you of the modified school hours. Under such conditions, there will be no reduction of tuition.

VAN TRANSPORTATION:

Foundations For Learning provides transportation to Naubuc Elementary, Hebron Elementary, Glastonbury/East Hartford Magnet School, and O'Connell Elementary School in East Hartford. Please note that the van can only pick students up after school has been dismissed and cannot accommodate pick-up after extra-curricular activities.

CLOTHING:

Children should be dressed for school in comfortable clothes. **Please label all coats, hats, tote bags etc.** We suggest you send in a full size back pack with your child each day in which he/she can carry a folder, projects and notices. **PLEASE SEND LUNCH IN A LUNCH BOX OR PAPER BAG LABELED WITH YOUR CHILD'S NAME. LUNCHESES WILL BE REFRIGERATED.**

PHOTOGRAPH AND WEBSITE NOTIFICATION:

Foundations For Learning has a secure photo album link on our website. (www.thefoundationforlearning.com) This link has a special password to access the pictures posted there. Only Foundation families will have access to this link.

The teachers at F.F.L. are consistently taking pictures to update the site. At the teachers option they will use these pictures to decorate the classrooms and create a special projects for our families.

Parent Signature:

Date:

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School-Wide Transition Schedule

Entering into Younger/Middle Toddlers:

- Child must be walking
- Child must be able to eat finger foods
- Child is able to recognize familiar adults
- Child is able to use sounds, gestures, or words to communicate

Entering into Older Toddlers:

- Child responds to verbal directions with either actions or speech (1 step directions)
- Child eats independently with a spoon
- Child speaks in two or three word phrases
- Child can jumping (using one or two feet)
- Child shows awareness that other's feelings are separate from own feelings
- Child participates in play encounters with other children
- Child uses hand-eye coordination for simple tasks
- Child can recognize some colors and shapes

Entering into Tweens:

- Child is able to use the toilet independently (Teachers can help with wiping)
- Child speaks in three or four word phrases
- Child eats independently with fork and spoon
- Child responds to verbal directions with either actions or speech (2 step directions)
- Child responds to other's feelings with caring behavior
- Child can hold writing utensil and make intentional markings
- Child participates in coordinated play with at least one other child
- Child participates in group experiences
- Child can recognize his/her name
- Child can identify colors, shapes
- Child can group objects by similarities
- Child can identify some numbers and letters

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Entering into Pre-K:

- Child can write his/her name
- Child can identify all letters in the alphabet
- Child can identify numbers 1 through 10
- Child speaks in four or five word phrases
- Child responds to verbal directions with either actions or speech (3 and 4 step directions)
- Child is able to share and respect the rights of others
- Child is able to kick, throw, and catch (doesn't have to be accurate)
- Child can classify some objects by color, shape, and/or size
- Child can participate in conversations with peer

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Classroom Placement

Name of Child: _____

Age of Child: _____

Classroom Teachers: _____

Room Location and location of individual storage spaces:

- ___ **Upstairs Classroom**
- ___ **Downstairs to the left (front room back room)**
- ___ **Downstairs to the right (front room back room)**
- ___ **Cubby in classroom**
- ___ **Cubby in hallway**

Transition Schedule (if appropriate)

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Child Information Sheet (2 pages)

Child's Name: _____ Age: _____

Is your child a good eater? Yes No

Are there any feeding restrictions? Yes No

If yes what are they? _____

Is your child toilet trained? Yes No

At what age was your child toilet trained? _____

If s/he is not trained are they on a schedule? Yes No

How often do you take them? _____

Has your child ever been in school before? Yes No

Where? _____

Have you ever been separated from your child
for any reason? e.g. medical, vacation? Yes No

If yes describe: _____

How old was your child at the time? _____

What time does your child go to bed? _____

Do they sleep in their own bed? Yes No

If no whose bed do they sleep in? _____

Does he or she go to sleep easily? Yes No

If no, how do you comfort him/her? _____

What is your child's favorite activity or game? _____

Does your child have a quiet space/area where he/she can read, write, do homework, etc.
_____?

What are your hopes for your child while he or she is here? _____

Describe your child's personality. For example, shy/outgoing, aggressive/passive, active, quiet
etc. _____

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Page 2: Child Information Sheet

Do you have any concerns about your child's development? Yes No

If yes what are they? _____

Brothers and Sisters How many? _____ Ages _____

Child's Primary Language: _____

Mother's/Guardian Name: _____ Place of Employment _____

Occupation: _____ Mother's Cell/Home _____

Employment Address: _____

Father's/Guardian Name: _____ Name of Employer: _____

Occupation: _____ Father's Cell/Home _____

Employment Address: _____

Who is allowed to Pick Up your child in the event you are unable?

Name: _____ Phone Number: _____

Name: _____ Phone Number: _____

Parent/Guardian's Signature

Date

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Permission Slip
CPR/First Aid

We must have parents consent to perform CPR or First Aid. Please circle and sign below.

I, parent of _____, DO give my consent to perform CPR or First Aid on my son/daughter if required. Only staff that are certified CPR/First Aid person will be allowed to perform this task, if necessary.

I, parent of _____, DO NOT give my consent to perform CPR or First Aid on my son/daughter if required.

Parent Signature _____

Date: _____

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Photograph & Website Notification

I, parent of _____, DO give my consent for the staff at Foundations For Learning to photograph on my son/daughter for the following purposes: decorate the classroom, graduation yearbook, post on our “password protected” photo gallery, post on our website, use for print and/or website advertisements and for press releases.

Please note: Foundations For Learning has a secure photo album link on our website (www.thefoundationforlearning.com). This link has a special password to access the pictures posted there. Only Foundations families will have access to enter this link.

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Class List and Holidays Celebrated

Child's Name: _____

Birth Date: _____

Major Holidays Celebrated: _____

Class lists are distributed to all families. If you wish to have your child's name included on the class list please check the appropriate box.

_____ I wish to have my child's name included on the class list.

_____ I DO NOT wish to have my child's name on the class list.

Parent Name: _____

Parent Signature _____

(Please note that classroom lists are given out for birthdays, holidays, and special occasions by request only)

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Permission to Transport Child(ren)

I, parent of _____ give permission for my child to travel on the F.F.L. van to and/or from
(Child's Name)

F.F.L. on route to a public school, private school, scheduled field trip.

*Parents are responsible for providing appropriate car seats and/or booster seats, when applicable.

Parent Signature

Date

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Internet Consent

The internet service in the Pre-K and School Age classroom has parental control. I, parent of _____, give consent for my child to use the internet at Foundations For Learning

Childs Name

Date: _____ Parent Signature: _____

I, parent of _____, DO NOT give consent for my child to use the internet at Foundations

Child's Name

For Learning.

Date: _____ Parent Signature: _____

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**Permission Slip
(For Children with Allergies Only)**

I, parent of _____, give my consent to have my
son's/daughter's name posted on the (Red Board) to alert staff of their allergies.

Date: _____

Parent Signature: _____

Please note:

This permission slip is only needed if your child has allergies.

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Emergency Treatment Consent

Child's Name: _____ Date of Birth: _____

Allergies: _____

Current Medications if any: _____

Chronic Conditions if any: _____

Child's Physician or Clinic: _____

Phone Number: _____

I hereby give my consent in the event of an emergency to have either the Program Director or Educational Director allow medical treatment for my child, as deemed appropriate by either my child's physician or emergency medical doctor.

Print Parent/Guardian's Name,

Parent/Guardian's Signature

Date

Witness

Date

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