

# ENROLLMENT APPLICATION CHECKLIST

No application is complete until all documents are received from the list below:

- ABC Child Application
- ABC Well Child Screening Form
- Birth Certificate or Hospital Record
- Immunization Record (with catch up schedule if necessary)
- Free/Reduced Lunch Form
- Proof of Income: Total Family Income
  - 30 days current pay stubs
  - Income Tax Form
  - W2
  - Other \_\_\_\_\_
- If unemployed:
  - Current school schedule
  - Notarized statement signed by the parent stating that there is no earned income.

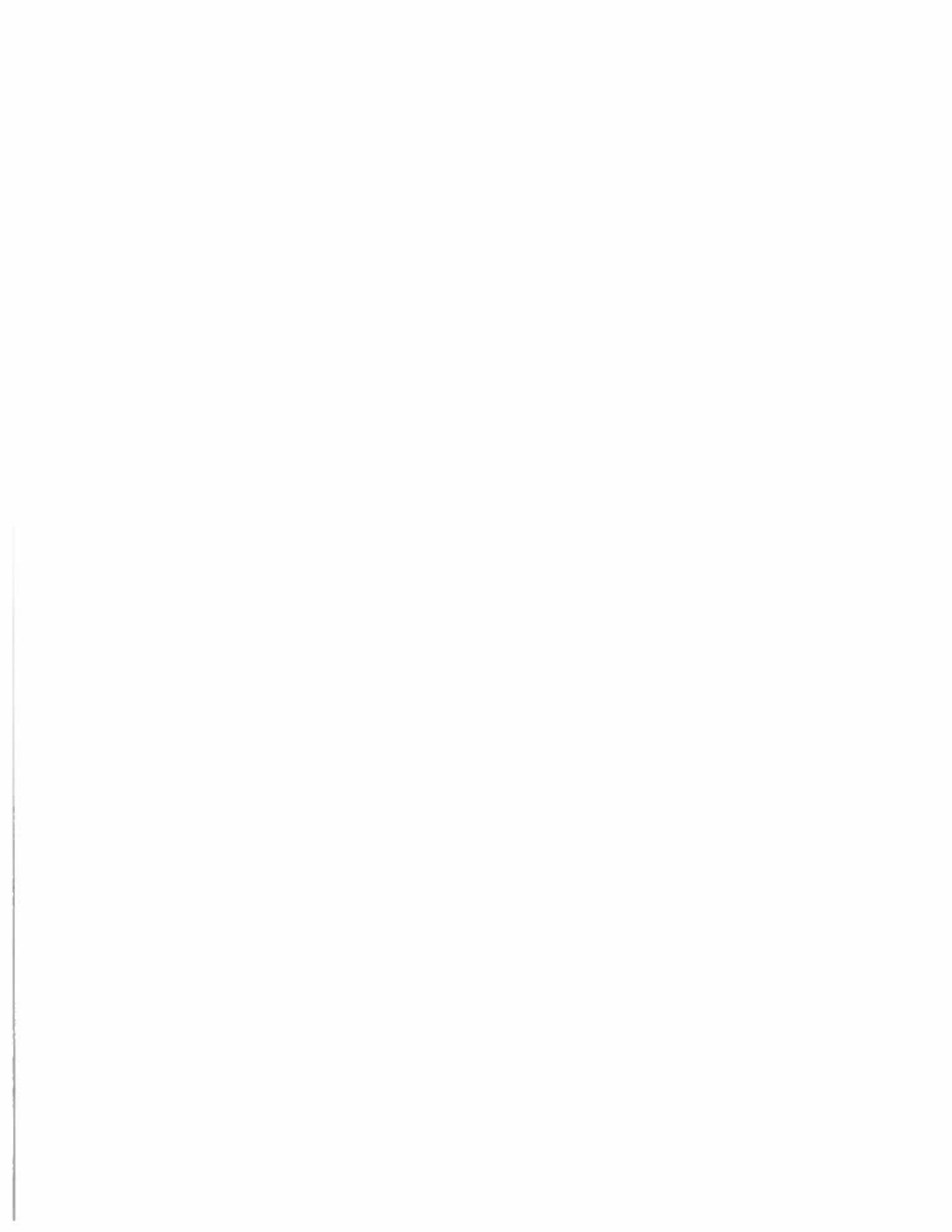
\* Copy of child's social security card

With the signature(s) below, I agree that the above requirements are completed and that all information is accurate. I understand that the submission of false documentation to receive ABC services may result in exclusion from participation in any DHS program (including Medicaid) and referral for criminal prosecution.

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

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Program Staff: \_\_\_\_\_ Date: \_\_\_\_\_



2019-2020

## NAPC/Flippin Preschool Application

145 School Lane, Flippin, AR 72634  
Phone: (870) 453-7445, Fax (870) 453-2411

PRIMARY CAREGIVER INFORMATION			
(Parent or guardian with whom child lives)			
Name(First/Middle/Last):			Gender:
Date of Birth:	Home Phone:	Work Phone:	
Current address:			
City:	State:	Zip Code:	County:
Employment Status (FT/PT):		Employer Name:	
Address:	State and Zip Code:	#of hours per week:	
If attending school, where:		#of semester hours:	
Education Level (HS, GED, college, etc.):			
Ethnicity:	Race:	Social Security Number:	

SECONDARY CAREGIVER INFORMATION			
(2 <sup>nd</sup> Parent or guardian in household with child and used for determining eligibility)			
Name(First/Middle/Last):			Gender:
Date of Birth:	Home Phone:	Work Phone:	
Current address:			
City:	State:	Zip Code:	County:
Employment Status (FT/PT):		Employer Name:	
Address:	State and Zip Code:	#of hours worked per week:	
If attending school, where:		#of semester hours:	
Education Level (HS, GED, college, etc.):			
Ethnicity:	Race:	Social Security Number:	

CHILD INFORMATION		
Name(First/Middle/Last):		
Date of Birth:	Gender:	Social Security Number:
Ethnicity:	Race:	Primary Language:
Has this child attended a state-funded pre-K (ABC) program before?	If so, where?	
Will this child be concurrently enrolled in a HIPPY or PAT program?	If so, which? HIPPY or PAT?	
List any allergies:		
Does the child have any special dietary needs?		
Does the child receive any special education services?		
U.S. Citizen?	Primary Language:	Speaks English at home?

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



**Household Information**

Has family moved within past 24 months? \_\_\_\_\_

Previous Housing (own, rent, homeless, other): \_\_\_\_\_

Date moved into current housing: \_\_\_\_\_ Current housing (rent, own, homeless, other): \_\_\_\_\_

Description of Parents/Guardians: (mother, father, grandparent, foster parent, relative other than grandparent, other: \_\_\_\_\_ Family structure: (single parent, two parent) \_\_\_\_\_

Number in Family (#of IMMEDIATE family members living in the home (parent, guardian, siblings) \_\_\_\_\_

Number in Household (#of ALL people living in the home): \_\_\_\_\_

Current School District where child resides at least 50% of the time: \_\_\_\_\_

**List the name and relationship to the child enrolled of all family members in the household:**

Name:	Relationship:

**Child Health Information**

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

Child's Insurance Number: \_\_\_\_\_

Name of Emergency Contact if parent/guardian cannot be reached:	Emergency Phone:	
Relationship to child:		
Physician Name:		
Physician Address:		
City:	State:	Zip Code:

**I declare under the penalty of perjury and the rules and regulations of the Arkansas Better Chance program that the information supplied is true and correct at the time of application. I understand that the information I supplied may be independently verified by the Arkansas Division of Child Care and Early Childhood Education and that any false statements may result in exclusion from DHS programs and criminal prosecution.**

Signature of Primary Caregiver:	Date:
Signature of Secondary Caregiver:	Date:



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**List all other adults who ARE AUTHORIZED to take the child from the center:**

1.	_____	_____	_____	_____	_____	_____
	Name	Address	City	State	Zip code	Phone
2.	_____	_____	_____	_____	_____	_____
	Name	Address	City	State	Zip code	Phone
3.	_____	_____	_____	_____	_____	_____
	Name	Address	City	State	Zip code	Phone
4.	_____	_____	_____	_____	_____	_____
	Name	Address	City	State	Zip code	Phone

I do agree that the person(s) on this list are authorized to take my child from the center. If I want to remove anyone from the list I must remove them through the classroom Teacher and the Preschool office prior to not allowing them to take my child.  
Children will not be allowed to be picked up by anyone on the list until they are able to provide proof of ID when they come to pick up the child.

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

\_\_\_\_\_  
Date

<b><i>List ALL Custody Restraints/Person(s) Who MAY NOT Pick up Your Child</i></b>	
1.	_____
	Name Relationship to child
2.	_____
	Name Relationship to child
3.	_____
	Name Relationship to child

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**Consent for Emergency Treatment, Transportation and Release of Information**

Child's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
First Name Last Name

**I hereby give consent for my child, named above to receive Emergency Medical or Dental Treatment while he/she is in the care of Flippin Preschool.**

**I hereby give consent for transportation of my sick/injured child by a duly appointed representative of Flippin Preschool to and from emergency treatment.**

**I hereby give my consent for release of Medical/Health History if needed by the doctor. The emergency care may include examination and any tests deemed necessary or advisable by the attending physician or dentist. This does not include the right to perform surgical operation(s) without my further consent, except when an extreme emergency exists that threatens my child's life and when after an effort has been made to locate Parents/Guardians as listed on this sheet and contact was not possible.**

**In the event my child needs emergency care, please contact the following persons in the order listed, until someone is reached and notified of the nature of the emergency.**

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

Name	Relationship to child	Home#	Cell#	Employer	Phone#
------	-----------------------	-------	-------	----------	--------

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

Name	Relationship to child	Home#	Cell#	Employer	Phone#
------	-----------------------	-------	-------	----------	--------

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

Name	Relationship to child	Home#	Cell#	Employer	Phone#
------	-----------------------	-------	-------	----------	--------

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

Name	Relationship to child	Home#	Cell#	Employer	Phone#
------	-----------------------	-------	-------	----------	--------

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

Name	Relationship to child	Home#	Cell#	Employer	Phone#
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**Child's Medical, Health and Dietary Needs:**

Physical or emotional problems the child might have \_\_\_\_\_

\_\_\_\_\_

**\*Child's Special Medical, Health, or Dietary Needs:**

Diabetic: Yes or No

Allergies: Yes or No If yes, list allergies: \_\_\_\_\_

Special Dietary Needs: \_\_\_\_\_

Daily Medication Needed: \_\_\_\_\_

Special Medical Needs: \_\_\_\_\_

\*Must also complete an Allergy Emergency Plan, Healthcare Plan and/or a Specialty Dietary Needs form to be completed by a physician.

Is Child Toilet Trained? Yes or No

Words used in Toileting: \_\_\_\_\_

Any other important information about your child: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



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**Permission to Photograph/Videotape and Post to Social Media**

I give permission for my child \_\_\_\_\_, to be photographed and/or videotaped in connection with his/her participation in the Flippin Preschool Program. I understand that the photographs and/or videotape may be used for child find and publicity activities for the preschool as well as for informational purposes, educational use and public presentations regarding the preschool program. Pictures may be posted to District Website and/or District Facebook page. **\*Please be advised that this also includes school pictures and yearbook\***

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

\_\_\_\_\_  
Date

I do **NOT** give permission for my child \_\_\_\_\_, to be photographed and/or videotaped or posted to social media as described above.

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

\_\_\_\_\_  
Date

**Permission to Transport**

I give permission and my consent for my child \_\_\_\_\_, to be transported by duly appointed representatives of Flippin Preschool, whenever they find it necessary to do so.

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

\_\_\_\_\_  
Date

**Permission to Take Walks**

I give permission and my consent for my child \_\_\_\_\_, to be taken on designated walks, picnics, etc. that are within walking distance of the school by duly appointed representatives of Flippin Preschool.

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

\_\_\_\_\_  
Date



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**Discipline Procedures**

1. Whenever possible, a child involved in inappropriate behavior will be redirected to a more appropriate activity.
2. Continued misbehavior may result in the child being placed in “time out.” Time out is a short period away from the group. The child will be under the supervision of a staff member at all times.
3. Severe and continued misbehavior may result in a conference with Parent/Guardian.
4. Physically restraining children from hurting themselves or other staff members may be used when necessary.
5. Physical punishment shall not be administered to children (Minimum Licensing Requirements for Child Care Centers 500.2)

**Notice of Licensing Regulation**

All children may be subject to interviews by licensing staff, child maltreatment investigators, and/or law enforcement officials for determining licensing compliance or for investigative purposes. Child interviews do not require parental notice or consent. This is in accordance with Minimum Licensing Requirements: DCCECE/Child Licensing Unit: Section 201

**Parent Acknowledgement**

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

\_\_\_\_\_  
Date

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



**NAPC/Flippin Preschool**  
**145 School Lane, Flippin, AR 72634**  
**Phone: (870)-453-7445 Fax: (870)-453-2411 AND**  
**Ozark Unlimited Resources Educational Cooperative**  
**Mountain Home (870) 424-0187, Harrison (870) 741-2625**

**Screening Permission Form**

As a service to preschool children, Flippin Preschool and O.U.R. Educational Cooperative will provide screenings for vision, hearing, speech, and developmental (motor, communication, cognition, adaptive, and self-help skills). Information about your child may be shared between O.U.R and your child's preschool program.

I, as parent/guardian of \_\_\_\_\_ give my permission for participation in these procedures. I understand that I will be notified of the results and I also give O.U.R. permission to bill Medicaid for eligible services. I understand that no further action will be taken without written parental consent.

Please **PRINT** following:

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

Circle: Male Female Race: \_\_\_\_\_ Nickname? \_\_\_\_\_

Preschool Name: \_\_\_\_\_ Teacher: \_\_\_\_\_

Home Address \_\_\_\_\_  
Street City State Zip Code

School District: (Circle)  
Mountain Home Cotter Flippin Yellville Ozark Mountain Valley Springs

Parent(s)/Guardian(s): \_\_\_\_\_

Home Phone # \_\_\_\_\_ Work Phone # \_\_\_\_\_

Best Time to Call \_\_\_\_\_

Medicaid/AR Kids Insurance card? No \_\_\_\_\_ Yes \_\_\_\_\_ # \_\_\_\_\_

Child's Social Security # \_\_\_\_\_

The Child's Primary Care Physician: \_\_\_\_\_

Has this child ever received speech or developmental services: No \_\_\_\_\_ Yes \_\_\_\_\_  
If yes, Where? \_\_\_\_\_

\_\_\_\_\_  
Parent/Guardian Signature Relationship to Child: \_\_\_\_\_





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**Parent Handbook Receipt and Acknowledgement**

I have received a copy of the Flippin Preschool Parent Handbook. The handbook contains policies and rules, which apply to me, and/or my child. I agree to read the handbook and abide by the school policies and procedures.

**Receipt of Kindergarten Readiness Indicators Checklist**

I have read and received a copy of the Kindergarten Indicators Checklist.

**Special Needs**

I have been informed in writing that all child care facilities are required by IDEA to refer a child with any suspected delays or disabilities to the appropriate lead agency (As determined by the child's age). Children ages birth to 3 years old should contact the Division of Disabilities Services at 870-933-8060 and ask for Donna Parsons. Children ages 3 years to 6 years should contact Arkansas Department of Education, check with your Child Care Licensing Specialist for the agency in your area. Child Care facilities do not need parents' permission to make a referral to the appropriate agency. This is in accordance with Minimum Licensing Requirements: DCCECE/Child Care Licensing Unit: Section 1400

**Shaken Baby Syndrome**

I have received information on the prevention of Shaken Baby Syndrome in accordance with Carter's Law. This is in accordance with Minimum Licensing Requirements: DCCECE/Child Care Licensing Unit Section 400  
dontshake.org

**Medical Homes**

I have received information of medical homes for children from my provider. This is in accordance with Minimum Licensing Requirements: DCCECE/Child Care Licensing Unit: Sections 1104

**Application of Sunscreen**

I give permission for the use of suntan lotions/sunscreen for my child as needed to prevent overexposure to the sun. Permission must be obtained yearly. This is in accordance with Minimum Licensing Requirements: DCCECE/Child Care Licensing Unit: Section 1100

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Parent/Guardian Signature

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Date





**Arkansas Department of Human Services  
Division of Child Care and Early Childhood Education**



**ARKANSAS BETTER CHANCE PROGRAM  
WELL CHILD SCREENING (EPSDT) FORM**

**To Parent or Guardian:**

In order to provide the best learning experience for your child, teacher must understand your child's health needs. State regulations require any child enrolled in the Arkansas Better Chance Pre-K program to have a well child check-up. In addition, the child must be current on all required immunizations. Please complete this page of the form, sign it and give it to your child's physician or licensed nurse practitioner. Once form is completed and signed on both sides, return the form to your Pre-K program.

<b>Child's Name (Last, First, Middle)</b>	<b>Child's Date of Birth</b>	<b>Sex</b>	<b>Parent/Guardian Name</b>

**Address, City and Zip Code**

<b>Name of Pre-K Program Where Enrolled</b>	<b>Pre-K Program Phone Number</b>

<b>Type of Health Insurance</b>	
D AR Kids A	D Private Insurance
D AR Kids B	D Other:

**Part II – To be completed by parent or guardian before well child screening.**

Check answers to the following questions. Explain any "yes" answers in the space provided.

- |     |     |    |   |
|-----|-----|----|---|
|     | Yes | No |   |
| 1.  | D   | D  | Do you have any concerns about your child's general health?                                       |
| 2.  | D   | D  | Has your child been diagnosed with any chronic disease (such as asthma or diabetes)?              |
| 3.  | D   | D  | Does your child have any allergies (like to food, medicine, dust)?                                |
| 4.  | D   | D  | Does your child take any medications (daily or occasionally)?                                     |
| 5.  | D   | D  | Does your child have any problems with vision, hearing or speech?                                 |
| 6.  | D   | D  | Has your child had any hospitalization, operation, major illness or injury?                       |
| 7.  | D   | D  | In the past 12 months, has your child experienced any difficulty with wheezing or night coughing? |
| 8.  | D   | D  | In the past 12 months, has your child experienced excessive weight loss or weight gain?           |
| 9.  | D   | D  | Has your child had a dental examination in the last 12 months?                                    |
| 10. | D   | D  | Would you like to discuss anything about your child's health with the health care provider?       |

If you answered "yes" to any question, please explain below. For illnesses or injuries, include your child's age at the time.

<b>Question #</b>	<b>Explanation</b>

**Parent/Guardian Permission and Release:**

I give my permission for the information on this form to be used in meeting my child's health and educational needs while enrolled in the Arkansas Better Chance program.

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

\_\_\_\_\_  
Date

Child's Name (Last, First, Middle)	Child's Date of Birth	Sex	Parent/Guardian Name

**To Health Care Professional:**

This child is enrolled in the Arkansas Better Chance Pre-K program. State regulations require a comprehensive well child screening for all enrolled children. The Division of Child Care and Early Childhood Education recommends an Early Periodic Screening and Diagnostic Treatment (EPSDT) which is age-appropriate. For children enrolled in AR Kids, the cost of the EPSDT may be billed to AR Kids A or B using the procedure codes below:

Patient Type	AR KIDS A		AR KIDS B	
	1-4 years	5-11 years	1-4 years	5-11 years
New	99382 EP U1	99383 EP U1	99382	99383
Established	99382 EP U2	99383 EP U2	99382	99383

**Part II - To be completed by Health Care Provider. Complete all sections and sign at the bottom.**

Weight		Height		BMI	Temp	Blood Pressure
lb.	%ile	in.	%ile	%		/

**History Update**

D Yes D No Any changes in patient health since last visit? Explain: \_\_\_\_\_  
 D Yes D No Any family history of heart disease for anyone under 55 years of age?  
 D Yes D No Any family history of abnormal cholesterol?

**Health**

D Good appetite D Picky or variable eater  
 D Drinks lowfat milk D Brushes teeth, sees dentist  
 D Encourage diet of fruit and vegetables  
 D Limits fast food

**Social and Behavioral**

D Parents discipline appropriately D Praised for good behavior  
 D Dresses self, helps at home D Has friends and playmates  
 D TV and video games are limited

**Screening and Laboratory Results**

Test	Result	Date	Comments if abnormal
Vision	L _____ R _____		
Hearing			
TB			
Risk: Yes / No			
Hemoglobin			
Risk: Yes / No			
Cholesterol		mg/dL	
Risk: Yes / No			

PHYSICAL EXAM		
	Norm	Abnormal
General	D	D
Head	D	D
Neck	D	D
Eyes	D	D
Ears	D	D
Nose	D	D
Throat	D	D
Mouth	D	D
Teeth	D	D
Lungs	D	D
Heart	D	D
Femoral		
Pulses	D	D
Genitals	D	D
Extremities		
Gait	D	D
Spine	D	D
Skin	D	D
Neuro	D	D

**Immunizations**

D Yes D No All immunizations are current.  
 D Yes D No Child has had all immunizations possible at this time.  
 Child needs: D DTaP D IPV D HepB D HiB D MMR D Varivax D PCV-7 at \_\_\_\_\_ years / \_\_\_\_\_ months

**Referrals**

D Follow up visit needed in \_\_\_\_\_ weeks / months  
 D Return check at \_\_\_\_\_ years \_\_\_\_\_ months  
 D Needs to see dentist. Referral to be made by physician or nurse practitioner.

**Impressions**

D Well child, normal growth and development  
 D \_\_\_\_\_

\_\_\_\_\_, MD / DO / NP  
 Date \_\_\_\_\_

CLINIC INFORMATION (or stamp)	
Name	_____
Address	_____
City	_____
Zip Code	_____ Phone _____

## Kindergarten Readiness Indicator Checklist for Parents

Arkansas's Definition of School Readiness: School ready children have the social and academic knowledge, skills and behaviors for school success and lifelong learning. School readiness occurs when families, schools and communities support and serve ALL children, so they are successful in school and in life.

This list of indicators identifies skills, knowledge and behaviors that will help your child be prepared for that special day, going to kindergarten. The checklist is NOT a test. It is a tool that you can use to help your child make the transition to kindergarten.

### The Kindergarten Readiness Indicator Checklist

#### Social & Emotional Development

- Separates from caregiver to another trusted adult
- Shares, takes turns and plays cooperatively with other children
- Expresses basic emotions such as happy, sad, mad, or scared
- Responds sympathetically to others' distress with words and actions
- Recognizes similarities and differences in self and others (for example, boy or girl, hair and skin color)

#### Cognitive Development

- Is curious, interested and willing to try new things
- Completes a task such as working a puzzle
- Adapts to new situations
- Focuses and pays attention during an activity such as, during story time
- Engages in memory games such as, "What's Missing" and simple memory matching card games
- Uses number and letter like forms and/or drawings to represent ideas or feelings

#### Physical Development & Health

- Gallops, slides, hops, leaps and skips
- Steers a tricycle, balances on beam or sand-box edge
- Catches ball with both hands
- Tosses or throws balls
- Kicks moving ball while running
- Pours liquids without spilling and builds with Legos® or blocks
- Uses a 3-point finger grip on pencil, crayon or paint brush
- Makes a variety of lines and shapes such as O, \_\_, +, □ and △
- Uses scissors correctly to cut simple shapes and pictures
- Buttons, zips, laces and buckles
- Names a variety of foods and begins to classify food items as either fruits or vegetables
- Is aware of safe behavior and follows basic safety rules and routines
- Takes responsibility for personal self-care routines such as handwashing, brushing teeth, dressing and toileting
- Can express own health needs such as, "I'm hungry", "My head hurts", "I'm tired."

#### Language Development

- Understands an increasing number and variety of words for objects, for actions, and to describe things
- Comprehends who, what, why and where questions
- Performs up to three-step directions
- Uses four to six word sentences
- Tells increasingly detailed stories or ideas
- Communicates clearly enough to be understood by most people
- Takes turns in conversation with others
- Responds to the English language
- Speaks and expresses self in English

### Emergent Literacy

- Listens, tells and engages in story being read
- Participates in singing songs and saying rhymes
- Retells stories from favorite books and personal experiences
- Decides if two words rhyme for example, cat and bat
- Holds books right-side up, turns pages one at a time from front-to-back
- Recognizes print they see in their everyday life (for example, stop-signs and logos for Wal-Mart and McDonald's )
- Recognizes and names some letters of the alphabet, especially in their own name
- Produces the correct sounds for some of the letters of the alphabet
- Writes some letters correctly, especially those in own name

### Mathematical Thinking

- Counts in sequence up to 20
- Understands and uses terms such as first, second and last
- Counts objects using one number for each object
- Recognizes four objects in a group without counting
- Recognizes numerals 1-10
- Sorts objects by color, shape and size
- Recognizes and repeats patterns such as triangle, square, triangle, square
- Measures and compares height of objects
- Arranges objects from shortest to longest, (for example, shoe sizes or different lengths of yarn)
- Recognizes and names familiar shapes such as square, triangle, circle, and rectangle
- Understands and uses words such as inside, outside, up, down, over and under

### Science & Technology

- Asks questions about the world around them (for example, "What do plants need to grow?")
- Recognizes that living things change over time (for example, babies grow and become adults and seeds grow and become plants.)
- Recognizes and names these five colors: red, blue, yellow, green and black
- Uses simple technology devices such as touch screen, e-book reader or digital camera

### Social Studies

- Knows own first and last name, age, and knows names of family members
- Understands and talks about today, yesterday, tomorrow, after lunch, day and night
- Is aware of familiar buildings and special places in the community such as, home, school, grocery store, and park

### Creativity & Aesthetics

- Enjoys singing and moving to the beat and speed of music
- Explores drawing with crayons and markers
- Enjoys pretend play (for example, rocking a baby doll, driving a truck or pretending to talk on a toy telephone)

# **NAPC/Flippin Preschool**

**(Forrest & Nina Wood Preschool)**

**145 School Lane**

**Flippin, AR 72634**

**Phone: 870-453-7445**

**Fax: 870-453-2411**



## **Bobcats C.A.R.E.**

**Committed to Achievement, Respect and Excellence**

### **2019-2020 Parent Handbook**

## **Purpose & Objectives**

Flippin Preschool (Forrest & Nina Wood Preschool) is located on the campus of the Flippin School District. It is an enhanced child-centered learning program. Our focus is to provide age appropriate activities for children and to provide opportunities for parents to enhance their parental skills. It is our goal to provide a positive learning experience for both children and adults. We strive to create a partnership with the children and families and encourage parents to be advocates for their children by participating in the program and freely communicating with the preschool staff. Children attending preschool are provided with a safe, caring, nurturing, relaxed and developmentally appropriate environment. We strive to provide an atmosphere for growth-physically, emotionally, socially, and cognitively by encouraging children to be curious, ask questions, and discover their own ideas and responses to their world. Children will be provided a well-rounded daily schedule, which includes:

- Child-directed free play (indoors & outdoors)
- Songs, stories, rhymes and games
- Opportunities to explore, create and be successful through conversations, learning materials, and engaging activities
- Time to practice self-help skills
- A relaxed and respectful social atmosphere
- Rest and Relaxation

## **Hours of Operation**

Flippin Preschool is open Monday-Friday from 7:30 am to 3:00 pm. We adhere to the same calendar as the Flippin School District, we are open when the district is in session and closed on days the district is closed. It is very important that children arrive on time in the mornings and are picked up on time in the afternoons. When children are not brought to school or picked up in a timely manner it disrupts the children and the classroom routine.

## **Enrollment Requirements**

Flippin Preschool is a grant recipient of the Arkansas Better Chance for School Success Program and Level III Better Beginnings. Before your child can be accepted and attend the following documents must be submitted for review:

- A completed enrollment packet
- Copy of child's birth certificate or hospital record
- Copy of child's current immunization record
- Proof of parent income, both if married, one if single (either one month of pay stubs, previous year's income tax return, proof of full time student enrollment, or a notarized affidavit of unemployment)
- Child's health screening record, completed by a physician.
- Free & Reduced lunch form

The above documents are required before school starts and NO application is complete until all documents are received.

Flippin Preschool also has a tuition based classroom which requires the same enrollment process with the exception of proof of income. Parents do not have to provide proof of income for our tuition based slots.



### **Before and After Care Program**

Flippin Preschool also offers before and after school care. We are open from 5:30 a.m. - 7:30 a.m. and 3:00 p.m. - 5:30 p.m., based on the need of our families for the current school year. This program is tuition based. Please see the Preschool Director for additional information, contract and fees.

### **Child Care License**

Flippin Preschool is licensed annually through the Arkansas Division of Child Care and Early Childhood Education. A copy of the current license is displayed in the Preschool office. A copy of the minimum license requirements for Child Care Centers (Pub-002) Rev. 04/01/2019 is located in the Preschool Office for public review. Flippin Preschool has met the requirements for the State Approval Accreditation. The division of Child Care and Early Childhood Education assess child care programs that have demonstrated quality education programming in their facilities and recommend the approval of the facility on an annual basis.

### **Child Abuse Reporting Requirements Or Licensing Issues**

No staff member, substitute, volunteer, or anyone connected with Flippin Preschool may subject a child to abuse, neglect, or injurious treatment. Any staff member who has reason to believe that a child has been abused or neglected in the preschool or outside of preschool is mandated by law to report that belief directly to the Child Abuse Hotline at 1-800-482-5964. Your child may be subject to interviews by licensing staff, child maltreatment investigators and/or law enforcement officials for investigative purposes. If you suspect a licensing issue you may call the Child Care Licensing number at (501) 682-8590.

### **Behavior Guidance Policy**

Flippin Preschool uses Conscious Discipline, a comprehensive classroom management program and a social-emotional curriculum. This program is based on current brain research, child development and developmentally appropriate practice.

### **Open Door Policy**

Parents of enrolled children are welcome to visit, we would like you to be a part of your child's world at the preschool so that you can know "first hand" what we do each day. Please stop by the office to check in and receive a visitor's badge.

Our staff encourages parents to be sensitive to their child's issues related to separation from the parents. Also, if visiting during rest time, please enter the classroom quietly so not to disturb the children.

### **Separation of Church and State Policy**

At Flippin Preschool we adhere to the Establishment and Free Exercise Clauses of the First Amendment under the U.S. Constitution. "Due to our State funding we assure that no religious activity is paid or subsidized by public funds or occurs in any manner suggesting governmental endorsement of any religion or message: (a) ABC funds must be used exclusively to support allowable ABC program costs incurred to provide non-religious instruction and activities during the ABC day; and (b) No religious activity may occur during any ABC day regardless of the source of funds used to support the activity."

## **Signing in & Signing Out Requirements**

Children must be signed in upon arrival and signed out at departure. The person signing a child out at departure must be at least 18 years of age, provide identification and be on the child's pick up list.

Preschool children will only be released to adults authorized on their pick up list unless the preschool is given advance written permission by the parent who enrolled the child to release the child to another adult. Staff members will ask for verification of identity, usually a driver's license, if the person authorized to pick up the child is unknown to the staff member.

Parents must provide the Preschool with legal documentation in the event that a child is not to be released to a parent/guardian. A copy of the legal document outlining the conditions of the situation must be on file at the Preschool.

The police department will be notified if a child is not picked up or no one on the emergency pick up list is available at closing time. Every attempt will be made by the Preschool Staff to contact authorized persons prior to calling the police department. No child will be left unsupervised.

## **Attendance & Tardy Policy**

Consistency is very important at this stage of your child's development. Full time attendance is required for each child enrolled in the ABC program at Flippin Preschool. A maximum of six (6) absences are allowed per semester unless the condition(s) causing such absences is of a chronic or recurring nature, is medically documented, and approved by the director. At any time a meeting may be scheduled with the preschool director to discuss attendance. Excessive absences will result in termination from the program, more than twelve (12) unexcused absences in a semester, so that another child can utilize the slot. It is also very important that your child be on time each day. We must give the cafeteria a lunch count in the mornings and those children arriving late, after 8 a.m. without a phone call will be counted as tardy. If your child is tardy more than six (6) per semester, a meeting will be scheduled with the preschool director. Being frequently tardy, more than twelve (12) tardies may also result in termination from the program so that another child can utilize the slot.

## **Clothing**

Each child must keep at least one complete change of weather appropriate clothing in their cubbie. In the event that your child has an accident or gets their clothing soiled or wet, we will change them into the extra set of clothing. Soiled or wet clothes will be sent home at the end of the day and an extra set of clothing will need to be sent to school with the child the following day. In the event that your child does not have clean or appropriate clothing to change into, you may be called to bring some. All clothing and items should be labeled with the child's name. We play outside at least one hour each day, children should be dressed in clothing that is comfortable and appropriate for the weather conditions of that day. Also, when dressing your child, please keep in mind that we do many fun, and sometimes messy activities. Children should also wear comfortable shoes that fit and stay on their feet throughout the day. Please no cleats.

## **Backpacks/Additional Items**

**NO** backpacks are permitted at preschool. If your child has a favorite toy they wish to bring for naptime, please make sure that it is a soft toy, and small enough to fit into their cubbie. **NO OTHER TOYS SHOULD BE BROUGHT TO SCHOOL.** The preschool provides cot covers which have a built in blanket for each child's cot. Pillows, if necessary must also be small enough to fit into the child's cubby however, they are strongly discouraged.

## Field Trips

There are several places within walking distance that we might visit throughout the year. Some of these include visits to the fire department, the police department, and so on. A form will be sent home with your child prior to these walking trips giving all of the details. The parent/guardian must sign and return that form on or before the date of the field trip in order for their child to participate. The children are well supervised and extra staff accompanies them on these visits. Parents are always encouraged to join us as well.

## Practices Concerning Sick Child

Children will inevitably be exposed to germs carrying disease and illness. Flippin Preschool cannot prevent the spread of disease however, measures will be taken to reduce the spread of disease whenever possible. This includes requesting children exhibiting signs or symptoms of illness to stay at home. When sick children come to school, they jeopardize the health of every person in the building. Please make arrangements to have a backup person available to care for your child on days when your child is sick. We are not licensed to provide child care for sick children. Specific examples of communicable diseases or conditions include, but are not limited to: chicken pox, measles, scabies, conjunctivitis (Pink Eye), impetigo/MRSA, strep throat, Hepatitis A, rubella, pertussis, mumps, measles, vomiting, diarrhea, fever (100.4 degrees F when taken orally or 99.4 degrees F under the arm), and head lice.

**NOTICE: If your child is sent home from school due to illness, they must remain out of school until they are free of fever (without a fever reducer) and/or other symptoms for 24 hours.**

**Under some circumstances, a letter may be required from a health care provider.**

If the child becomes ill at Preschool, the parent will be notified and asked to pick up the child immediately. If the parent is not available, emergency contacts will be notified.

Any medication brought to the school shall be given to children only with signed parental permission.

Medications must be in the original container and be properly labeled with the student's name, the ordering health care provider's name, the name of the medication, the dosage, frequency, and instructions for the administration of the medication (including times). Additional information accompanying the medication shall state the purpose for the medication, its possible side effects, and any other pertinent instructions (such as special storage requirements) or warnings, and with a child resistant cap.

Children with special health care needs, (ex. Asthma, seizures, diabetes, allergies, etc.) who required scheduled daily medications or medications to be given on an emergent basis (Benadryl, EpiPen, rescue asthma medications, etc.) shall have a care plan. Care plans shall have clearly stated parameters, directions, and symptoms for giving the medications. Care plans must be provided by the child's health care provider. Food allergies must also be outlined by the child's health care provider and proper forms submitted to the preschool and our food service so that proper substitutions can be made.

## Parking

Parent parking is located in front of the preschool building in designated and marked parking spaces. Park only in clearly marked spaces, **DO NOT** park in front of the building or at any curb or in other areas designated as No Parking. The parking in front of the preschool building should be utilized while dropping off children, picking up children, or coming to visit. Please drive slowly and yield at the crosswalk area. This road is open to areas where students from other buildings are dropped off and picked up. Local law enforcement officials will be monitoring this area.

## Parent Involvement Plan for Flippin Preschool

We would like parents to know and understand that we have an open door policy and that they are welcome to stop by at any time. Please make sure to check in with the preschool office to sign in and receive your visitor ID badge. We are fortunate to have Parents/Guardians signing their children in each morning and signing them out each day so we have lots of opportunity to discuss any issues that you may have. We have two parent/teacher conferences during the year for communication of our Work Sampling System, behavior concerns, or any additional issues you or your child's teacher may wish to discuss. If at any time you have concerns, please do not wait until the parent/teacher conference, the preschool director or your child's teacher can arrange a meeting or conference via phone. Each month we have activities that involve our parents participation, some of these include: classroom parties, family game nights, family information nights, literacy nights, field day, graduation, etc.

### Preschool Transition Plan from Preschool to Kindergarten

Every year teachers assess each student and their individual needs to be met in order to transition easily to Kindergarten. Lesson plans are built to incorporate individual needs of students. Each category is covered during the school year. The categories are Literacy, Arts, Mathematics, Science, Social Studies, Personal/Social, and Physical Development. Each teacher plans her lessons to form a solid foundation in order to prepare each child for kindergarten. Preparation for an easy transition from preschool to kindergarten include:

- Lesson Plans, developmentally appropriate curriculum
- Annual parent meeting with the Elementary School Counselor to discuss future needs and expectations for parents and students.
- Tour of the Elementary Kindergarten classrooms,
- Tour of the Elementary library and playground.
- Students meet Elementary administration, staff, and kindergarten teachers.
- Students tour the Elementary Cafeteria and meet their new Kindergarten lunch staff.
- End of Year Graduation

#### Flippin Preschool Daily Schedule

##### Classrooms B and D

<u>Times</u>	<u>Schedule</u>
7:30-8:00	Welcome/Centers
8:00-8:30	Breakfast
8:30-9:30	Outdoor Gross Motor Play
9:30-11:00	Centers
11:00-11:45	Lunch
11:45-1:45	Nap/Quiet Time
1:45-2:00	Snack
2:00-3:00	Centers

##### Classrooms A and C

<u>Times</u>	<u>Schedule</u>
7:30-8:00	Welcome/Centers
8:00-8:30	Breakfast
8:30-10:00	Centers
10:00-11:00	Outside Gross Motor Play
11:00-11:45	Lunch
11:45-1:45	Nap/Quiet Time
1:45-2:00	Snack
2:00-3:00	Centers

## Email Addresses

If you have any questions throughout the year, please feel free to call, come by our office, or email us at the following email addresses:

Director: Kim Walker, kimwalker@flippinschools.net

Assistant Director: Dee Whitaker, deewhitaker@flippinschools.net

Preschool Phone Number: (870) 453-7445

Preschool Fax Number: (870) 453-2411

## CLOSING MEDIA LIST

KTLO-FM 97.9 Mountain Home  
KTLO-AM 1240 Mountain Home  
KPFM-FM 105 Mountain Home  
KCWD-FM 96.1 Harrison  
KHOZ-FM 102.9 Harrison  
KBCN-FM 104.3 Harrison  
KY3/Channel 3 Springfield

KCTT-FM 101.7 Mountain Home  
KPFM-FM 107.5 Mountain Home  
KPFM-FM 93.5 Mountain Home  
KNWA-AM 1600 Harrison  
KHOZ-AM 900 Harrison  
KOLR/Channel 10 Springfield  
KATV/Channel 7 Little Rock

## Community Resources

### **Local Dentist:**

Bull Shoals Family Dental 178 & Hillcrest Bull Shoals, AR 72619 870-445-4040  
Dr. George Alexander 1629 Harding Blvd-Cotter, AR 72626 870-435-6669

### **Local Physicians:**

Dr. Bailey Roland 806 East Main-Flippin, AR 72634 870-453-2266  
Ahrens Clinic 414 W. Old Main St.-Yellville, AR 72687 870-449-4221  
BRMC Clinic At Flippins 806 E. Main St. - Flippin, AR 72634 870-449-4221

### **Local Flippin City Fire Department:**

Glen Chapman 239 E. Main St.-Flippin, AR 72634 870-453-8300

### **Local Flippin Police Department:**

Lonnie Stone 239 E. Main St.-Flippin, AR 72634 870-453-8300

### **Local Veterinarian:**

Animal Clinic of the Ozark Hwy 62/Hwy 101 Flippin, AR 72634 870-453-7387

**Local EMT's** Baxter Regional Medical Center 911 or 870-508-1000

### **Local Banks:**

Arvest 802 E. Main St.-Flippin, AR 72634 870-453-5626  
First Service 311 N. First St.-Flippin, AR 72634 870-453-7300  
Anstaff 301 S. First St.-Flippin, AR 72634 870-453-8522  
U.S. Banks 317 E. Main St.-Flippin, AR 72634 870-453-2255  
First National Bank 203 N 1st St. -Flippin, AR 72634 870- 453-3101

### **Local DHS:**

Marion Co. DHS 35 E. Old Main St.-Yellville, AR 72687 870-449-4058  
Marion County Health Unit-707 Hwy 202 W.-Yellville, AR 72687 870-449-4259  
Ozarks Unlimited Resource Educational Service Cooperative  
5823 Resource Dr.-Harrison, AR 72601 870-429-9145

## **Flippin School District 2019-2020 Calendar**

Aug 5-9	Teacher Professional Development (30 hrs)
Aug 12	No School
Aug 13	First Day of School for Students
Sept 2	Labor Day
Sept 12	Dismiss students at 1:00. Parent/Teacher Conferences 1 PM-7 PM
Sept 13	No School for students/Professional Development for teachers
Oct 18	End of 1 <sup>st</sup> Quarter
Oct 21	Start of 2 <sup>nd</sup> Quarter
Nov 25-29	Thanksgiving Break
Dec 20	End of 2 <sup>nd</sup> Quarter
Dec 23-Jan 3	Christmas Break
Jan 6	Start of 3 <sup>rd</sup> Quarter
Feb 6	Dismiss students at 1:00. Parent/Teacher Conference 1 PM-7 PM
Feb 7	No School for students/Professional Development for teachers
Feb 10	Vacation Day - No School
Mar 6	End of 3 <sup>rd</sup> Quarter
Mar 9	Start of 4 <sup>th</sup> Quarter
Mar 23-27	Spring Break
April 10	Good Friday - No School
May 15	Graduation
May 21	End of 4 <sup>th</sup> Quarter - Last Day of School