

Welcome to the Bryn Athyn Church Preschool!

We are so happy to have your child with us! Please take some time to go through this handbook. Please don't hesitate to call and ask any questions. Our goal is to have you and your child feel welcome and appreciated and an integral part of our Preschool Community.

215-947-6225 X223

Joanne Kiel, Director: 215-239-5153

Preschool@bacs-gc.org

Mission Statement

The purpose of the Bryn Athyn Church Preschool is to nurture joy, discovery and a love of the Lord in young children.

We are committed to serving a young child's spiritual, physical, social and cognitive development and to fostering a strong relationship among our families, church, school and community. Guided by the teachings of the New Church the Bryn Athyn Church Preschool provides an excellent environment and education that facilitates a gentle transition from home to school and protects and nurtures a young child's innocence.

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1 PARENT SCHOOL Communication

Communication Protocol

We highly value good communication between the preschool and your home. We know that clear communication promotes a mutually supportive environment for your child. The teachers will communicate with you about the amazing successes your child is having, as well as any concerns about your child's adjustment to school. We encourage you to communicate with your child's teacher if there are questions or concerns.

For more information on feedback, see [section 2.9](#).

For contact information, see [section 4](#)

2 BASIC INFORMATION

2.1 Drop-off and Pick-up

We have a convenient way for you to drop-off and pick-up your child at preschool.

Drop-off: For **8 am start**, please park and walk your child in. Please see map for available parking. Note that the elementary school (BACS) will also be arriving at this time, so there will be a little more congestion than at other times during the day.

For **9 am start**, you can pull up to the door and we will help your child get out of the car for school. You are welcome to drop off as early as 8:45 am so the class is ready to begin the day by 9 am. You are always welcome to walk your child into the preschool.

Pick-up: For **12 noon** please park in the lot at the Society Building and come in the lobby to pick up your child. The teachers will wait there with your child. It is important that you pick your child up promptly. **3 pm pick up**, please pick up in the classroom.

2.2 Website

The BACPreschool website can be found at <http://www.brynathynchurchpreschool.org> The website provides information on General Information, Financial Information, Contact Information and much more.

2.3 Absences

Please call your child's teacher when your child will be absent from Preschool. Even though we do not have an attendance policy it is nice for the teachers to know when a child is absent.

Mrs. Childs: 215-947-4086 x234

Mrs. Wille: 215-947-4086 x242

Miss Lori: 215-947-4086 X24

Or feel free to call or text Joanne Kiel: 215-239-5153

2.4 School Closings/Delayed Openings

Weather or other emergencies might require that school be delayed, cancelled, or closed after the school day has begun. The BACPreschool follows the BACS protocol for canceling school.

Parents should assume BACPreschool is holding classes even in inclement weather, unless otherwise notified. Notification of late openings or school cancelations will be announced through *Call-em All* system and through KYW. Our call number is 411 (Montgomery County)

- Television: Most network news programs announce closing
- Radio: 1060 on the AM dial
- Website: www.kyw.com

2.5 Call-em All

BACPreschool uses the *Call-em All* system to convey important information to parents on things like delayed school openings, cancelations and emergency closing information. The phone numbers used for this notification system are drawn from the data parents submit from the yellow *General Information Sheet*. The database is updated throughout the year as parents submit new/current information.

2.6 Health

We follow the same protocol as the Elementary School: A child should be kept home from school if any one of the following symptoms appears either during the night or in the morning. These symptoms can be precursors to many different illnesses. A day of

rest will help your child recover more quickly and prevent the spread of illness to other children.

These guidelines help provide a safe and healthy environment for our children.

1. Mouth sores associated with inability to control saliva
2. Rash with fever or behavioral changes
3. Purulent discharge from the eyes
4. Productive cough with fever
5. Oral temperature equal to or greater than 100 F.
6. Unusual lethargy, irritability, persistent crying, difficulty breathing or other signs of sever illness
7. Vomiting (until resolved)
8. Diarrhea (until resolved)
9. Symptoms of flu: body aches/pains, headache, lethargy, fever, etc.

In accordance with the Pennsylvania State Regulations, certain contagious diseases require children be kept home from school:

Chicken Pox	Mumps
Conjunctivitis	Ringworm
German Measles	Scabies
Hepatitis A	Scarlet Fever
Impetigo	Strep Throat
Lice	Tonsillitis

The Pennsylvania Department of Health requires that no student be admitted to school without having complied with the Immunization Regulations 28 Pa. Code 23.81-87.

This requires immunization for the follow illnesses:

Diphtheria (4)	Measles (2)	Tetanus (4)
German Measles (1)	Poliomyelitis (3)	Mumps (1)
Hepatitis B (3)	Varicella (1)	

Students may be admitted provisionally if they have begun but not yet completed all of the immunizations. The parents must then provide evidence that at least one dose of each antigen has been given, and a plan is in place to complete the immunization process. If all immunizations are not completed within 8 months of the provisional admission, the student may not continue to attend school.

If there are conscience objections, an exemption certificate setting forth the reasons is to be kept as an official part of the student's records with the school. These certificates may be obtained from the School Nurse.

2.7 Forms

Forms for necessary information can be found in the back of the handbook in the Appendix. Forms may be obtained from the office directly, as well as on the website at brynathynchurchpreschool.org under the *Resources* link.

2.8 Birthdays

If your child has a birthday during the year, we would love to celebrate! We will be in contact with you to talk about that. If your child has a summer birthday, we will coordinate with you a day for a celebration. Please see section 2.12 for information about snacks.

2.9 Feedback

We are happy to talk with you at anytime about your child's preschool experience. We warmly welcome you to stop in when you drop off your child and to chat with us at pick up time.

When you would like a longer, more focused conversation here are some guidelines to ensure excellent communication:

Notes work very well for setting up out-of-class appointments, for letting us know if there is anything specific going on with your child, and for any information that you think might be helpful in giving your child a good day at preschool. You can write a note before school and send it in with your child or drop it off.

If there is a pressing issue, specific to that particular day, it would be important to know about it as soon as possible.

If you have a concern that is not specific to that particular day, please contact Joanne to set up a time to talk with any of us. In most cases we will be able to find a mutually convenient time within 24 hours.

2.10 Curriculum

Guided by the teachings of the New Church, we are dedicated to providing a gentle transition from home to school and to protecting and nurturing a young child's innocence. We are committed to serving the whole child in their spiritual, physical, social and cognitive development. Our goal is to nurture a zest for living that is a natural part of early childhood and to provide an atmosphere, which allows them to learn about themselves, each other, the world and a loving God. You will periodically be updated on the specific content, projects and skills your child is learning throughout the year through newsletters.

Preschooler's *play* is their *work*. With school-age children we can have evidence of learning by tests, and work sheets and grades. With preschool children we have evidence of learning through *observation*. We have a list of **developmental milestones** that are appropriate for each specific age group. Through careful planning and extensive observing, our teachers can be certain that your child is acquiring the needed developmental skills to ensure success in the future. We will have a formal report and/or meeting in the late fall with parents to update you on your child's adjustment to school. We will have other updates as needed. Of course you are welcome to check in with your child's teacher anytime regarding the curriculum and your child's progress.

2.11 Outdoor Play

We try to be outside for some part of **every** day. Please dress your child accordingly. Keep in mind that outdoor play sometimes means "messy" play and that could mean getting clothes dirty! It is very important to have good outdoor gear for rain, and cold snow. Snow pants, snow boots, rain boots, raingear, coats, water-proof mittens, scarves, and hats are a necessity.

Please also send in a change of clothes to be left at school in case of accidents, or getting wet.

2.12 Snacks

We will provide healthy snacks for the children. Many times the children will be involved in preparing the snacks. This is a wonderful learning time about food, preparation, etc.

If your child has any food allergies you probably told us about them on the “General Information” sheet, but don’t hesitate to tell us again. Due to food allergies, please do not send any snacks without first clearing it with the teacher. (Keep in mind this holds true for birthday snacks as well.) For holiday celebrations, please find an alternative to sending in food.

3 FINANCIAL INFORMATION

3.1 Registration

There is a non-refundable* fee per child of \$75 to register at the BACPreschool. (This fee is waived if you apply by April 1, 2014)

*In the event that we generate a waiting list and your child cannot attend, the deposit will be refunded.

Information and Forms for Registration can be found at our website brynathynchurchpreschool.org.

3.2 Tuition

Bryn Athyn Church Preschool	# of days per week	Fee Per Month
Preschool Two-Year Olds 9:30 to 11:30 2 year olds	1	\$80
	2	\$160
	Drop-in when space is available	\$25
Preschool Half-Day 8:00 to noon 3-5 year olds	3	\$385
	4	\$500
	5	\$575
Preschool Half-Day 9:00 to noon 3-5 year olds	3	\$320
	4	\$385
	5	\$430
Wonder Garden Noon-3:00 pm 3-5 year olds	1	\$90
	2	\$180
	3	\$225
	4	\$315
	Drop in when space is available	\$30

3.3 Tuition Payment and Management

We will be using TADS for our tuition management. **Please go to www.mytads.com to sign up for this service. Pick the middle choice, *Billing and Tuition Management*.** Please contact Stewart Asplundh with any questions. 215-947-6225 X210

4 STAFF INFORMATION

- Preschool Director:

Joanne Kiel

tel 215-239-5153 215-947-6225 ext 223

email Joanne.Kiel@bacs-gc.org

- School Principal:

Greg Henderson

tel 215-947-6225 ext 267

email Greg.Henderson@bacs-gc.org

- School Nurse

Kathy McQueen

tel 215-947-6225 ext 225

email Kathy.Mcqueen@bacs-gc.org

- 2 Year Old Preschool
Teacher

Lori Odhner

tel 215.947.6225 ext 242

- 3-4 Year Old Preschool
Teacher

Nina Wille

tel 215.947.6225 ext 242

- 4-5 Year Old Preschool
Teacher

Brooke Herder

tel 215.947.6225 ext 235

- Stewart Asplundh, Treasurer
Tel 215.947.6225 ext 210

5 APPENDIX

All documents and forms can also be obtained on the website at brynathynchurchpreschool.org.

[BACPreschool Calendar](#)

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CALENDAR 2014-2015

September	1	Mon.	Labor Day Holiday
	2	Tues.	First day of preschool
	17	Wed.	Picture Day
	28	Wed.	Picture Day make-up
October	10	Fri.	No School (Academy High School Charter Day)
	24	Thurs.	Picture re-take day
November	27	Thurs.	Thanksgiving Break – No school
	28	Fri.	Thanksgiving Break – No school
December	1	Mon.	School Resumes
	19	Thurs.	Preschool Christmas Party (all preschoolers invited)
	20	Fri.	Christmas Break begins after school
January	5	Mon.	School Resumes
	19	Mon.	Martin Luther King Jr. Holiday- No School
February	13	Fri.	Elementary school- No School. Preschool in session
	16	Mon.	President's Day Holiday – No school
March	9-13	M-F	Spring Break. No School
April	3	Fri.	Good Friday Holiday – No school
	5	Sun.	Easter
	6	Mon.	No School
	7-10	T – F	Kindergarten Assessment for 2015-2016
May	25	Mon.	Memorial Day –No school
	29	Fri.	Last day of preschool

GENERAL INFORMATION 2014-2015

Date:	
Child's Full name	
Nickname	
Home address	
Birthday (MM/DD/YYYY)	
Home phone	
Parent/Guardian cell phone(s)	1. 2.
Mother's name and address (if different)	
Father's name and address (if different)	
Home e-mail address(s) of parent or guardian	
Mom's work and phone	
Dad's work and phone	
Siblings names and ages	
Name and relation of other significant care-givers	
Emergency and Medical Information	
In case of emergency, contact (relation?)	
Emergency contact's phone	
Doctor's name	
Doctor's phone	
Medical conditions	
Allergies	
Current medications	

~ What can you tell us about your child that will help us know him/her better? Is there something we could know that will help him/her have a successful year?

PERMISSION FORM

Child's Name _____

Circle your responses

~I **(do) (do not)** give my child permission to go on an occasionally walk to the Cathedral with his/her class.

As often as once a month we rent a small school bus to go over to the Pennypack for an outdoor walk. This is about a 5 to 10 minute drive. Each child has a booster seat and seat belt. We will let you know the days of the trips in advance. (And parents are *always* welcome).

~I **(do) (do not)** give my child permission to ride by bus to the Pennypack.

~I **(do) (do not)** give permission for my child to be photographed to be used in parent communication. (A good way to let you see what is happening in our class!)

~I **(do) (do not)** give permission for my child to be photographed to be used on the preschool webpage and for displays for in-house advertisements of the preschool. No names will be attached on the web page.

~I **(do) (do not)** give permission for my child's photograph to be used on the preschool Facebook page. No names and no tags will be attached to the Facebook pictures.

~I **(do) (do not)** give permission for my address and phone number to be released to families in my child's class for play-dates and birthday invitations.

TEXT MESSAGES: Occasionally a text message can be sent to your cell as an *additional* reminder to the regular email and hard copies that are sent to you prior to an event. If you are interested in this convenient option for you, please give us your preferred cell phone number(s) for receiving texts.

Child's Name _____

Yes, send me an occasional text.
Preferred Cell Phone Number _____

No, please do not text me.

Signature and date _____

CHILD HEALTH ASSESSMENT

Parents & Child Care Providers fill-in this part.

CHILD'S NAME: (LAST)	(FIRST)	PARENT/GUARDIAN:
DATE OF BIRTH:	HOME PHONE:	ADDRESS:
CHILD CARE FACILITY NAME:		
FACILITY PHONE:	COUNTY:	WORK PHONE:

PA child care providers must document that enrolled children have received age appropriate health services and immunizations that meet the current schedule of the American Academy of Pediatrics 141 Northwest Point Blvd., Elk Grove Village, IL 60007. The schedule is available at < www.aap.org > or Faxback 847/758-0391 (document #9535 and #9807). Print copies provided by DPW have the schedule on the back of the form.

Health history and medical information pertinent to routine child care and emergencies (describe, if any): <input type="checkbox"/> NONE	Date of most recent well-child exam: _____
Allergies to food or medicine (describe, if any): <input type="checkbox"/> NONE	Do not omit any information. This form may be updated by health professional. (Initial and date new data.) Child care facility needs 2 copies.

LENGTH/HEIGHT	WEIGHT	HEAD CIRCUMFERENCE	BLOOD PRESSURE
_____ IN/CM %ILE _____	_____ LB/KG %ILE _____	_____ IN/CM %ILE _____	(BEGINNING AT AGE 3) _____ / _____

PHYSICAL EXAMINATION	<input checked="" type="checkbox"/> =NORMAL	IF ABNORMAL - COMMENTS
HEAD/EARS/EYES/NOSE/THROAT		
TEETH		
CARDIORESPIRATORY		
ABDOMEN/GI		
GENITALIA/BREASTS		
EXTREMITIES/JOINTS/BACK/CHEST		
SKIN/LYMPH NODES		
NEUROLOGIC & DEVELOPMENTAL		

IMMUNIZATIONS	DATE	DATE	DATE	DATE	DATE	COMMENTS
DTaP/DTP/Td						
POLIO						
HIB						
HEP B						
MMR						
VARICELLA						
MENINGOCOCCAL						
PNEUMOCOCCAL						
INFLUENZA						
HEP A						
ROTAVIRUS						
OTHER						

SCREENING TESTS	DATE TEST DONE	NOTE HERE IF RESULTS ARE PENDING OR ABNORMAL
LEAD		
ANEMIA (HGB/HCT)		
URINALYSIS (UA) at age 5)		
HEARING (subjective until age 4)		
VISION (subjective until age 3)		
PROFESSIONAL DENTAL EXAM		

HEALTH PROBLEMS OR SPECIAL NEEDS, RECOMMENDED TREATMENT/MEDICATIONS/SPECIAL CARE (ATTACH ADDITIONAL SHEETS IF NECESSARY)

NONE

NEXT APPOINTMENT - MONTH/YEAR:

MEDICAL CARE PROVIDER:	SIGNATURE OF PHYSICIAN OR CRNP:
ADDRESS:	15
PHONE:	LICENSE NUMBER:
	DATE FORM SIGNED:

Parents may write immunization dates, health professionals should verify and complete all data.