

Pre-K Center Program Orientation 2020-2021

Mary W. Howe Pre-K Center
Principal: Jordan Steinhilber
Asst. Principal: Michelle Manis

Welcome

- Congratulations on completing the application process and welcome to our school family.
- We are **the home of the Bears!**
 - We say "No matter what, no matter where, It's A Great Day to Be A Bear!"
 - #itsagreatdaytobeabear



Howe Pre-K Orientation and Title 1 Family Meeting

Meeting Agenda

Purpose: To welcome you and familiarize you with Howe Pre-K Center

Agenda:

- Orientation to Howe Pre-K
- Title 1 Parent Meeting
- Paperwork
- Instruction
- Transportation
- Discipline
- Parent Involvement
- Resources

Facilitated by Howe Pre-K Staff for all parents/ caregivers



Introduction

- About Howe Pre-K Center
 - New Hanover County School
 - North Carolina Pre-K Program
 - Title 1 School
 - 5 STAR Licensed Child Care Facility
 - Not a Daycare Center
- Follow most stringent rules and regulations from:
 - New Hanover County School Board Policies
 - Department of Public Instruction (DPI)
 - Department of Health and Human Services (DHHS)
 - Division of Child Development and Early Education (DCDEE)
 - Health Department



Review of Family Handbook & Policies Title I Information

Family Handbook



- parent's responsibility to read
- contains policies and procedures we follow
- aligned to all of the rules and regulations

Mary C. Washington Howe
Pre-Kindergarten
Family Handbook
2020-2021



Class of 2034

1020 Meares Street
Wilmington, NC 28401

<p>The home and school connection is vital to our students' success in school. Here are some ideas about how our school and families can support students.</p> <p>In the classroom</p> <p>Howe Pre-K Team will... work with families to support students' success in all areas of development.</p> <p>Some of our key connections with families will be:</p> <ul style="list-style-type: none">• Send home weekly newsletters and monthly homework calendars• Send home books to read• Provide volunteer opportunities for classroom participation• Communicate daily through home school communicator• Celebrate your child's success! <p>At Home</p> <p>Parents/Families will...</p> <ul style="list-style-type: none">• Read the class newsletter each week.• Read nightly with your child and talk about how the story connects with things your child has experienced• Play games to review classroom skills• Check the communication folder daily• Celebrate your child's success!	<p>What is NC Pre-K?</p> <p>The NC Pre-K Program is designed to provide high-quality educational experiences to enhance school readiness for eligible children who are 4 years old by August of the current school year.</p>  <p>Contact us:</p> <p>MARY WASHINGTON HOWE PRE-K CENTER 1020 MEARES STREET WILMINGTON, NC 28409 (910) 251-6195 JORDAN.STEINHILBER@NHCS.NET MICHELLE.MANIS@NHCS.NET HTTPS://HOWE.NHCS.NET FACEBOOK - MARY WASHINGTON HOWE PRE-K TWITTER- @PREKHOWE INSTAGRAM- @HOWEPREK</p>	 <p>Mary Washington Howe Pre-K Center</p> <p><i>It's a great day to be a Bear!</i></p> <p>Jordan Steinhilber, Principal Michelle Manis, Assistant Principal</p>
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Title 1 Compact

- agreement between school & parents
- highlights partnership opportunities
- quick overview of what Howe offers our learning community

- NHCS Student Information Form
- Off-Premise Activity Authorization
- Prevention of Shaken Baby
- Receipt of Policies

- Home Language Survey
- Technology Packet
- FERPA
- Occupational Survey
- Policy 8410 Student Discipline

New Hanover County Schools Home Language Survey Form/Formulario sobre el idioma del hogar		
Please complete this form in black pen only/Por favor complete este formulario con una pluma de color negro		
Student Information/Información sobre el estudiante		Date/Fecha:
First Name (Nombre):	Middle Name (Segundo Nombre):	Last Name (Apellido):
NEW HANOVER COUNTY SCHOOLS Student Information Form School Year _____ - _____		
(Please Print)		(office use only) Pupil #: _____ Entry Date: _____ Enrollment Code: _____ Homeroom/Teacher: _____
STUDENT INFORMATION: Student Legal Name: _____ Grade: _____ <div style="display: flex; justify-content: space-between; font-size: small;"> (Last) (First) (Middle) (Preferred First Name) </div> Sex: <input type="checkbox"/> M <input type="checkbox"/> F Birthdate: ____/____/____ Home Address: _____ <div style="display: flex; justify-content: space-between; font-size: small;"> (Address) (Apartment #) </div> <div style="display: flex; justify-content: space-between; font-size: small;"> (City) (State) (Zip) (Home Phone) </div> Mailing Address (If different from home): _____ <div style="display: flex; justify-content: space-between; font-size: small;"> (Address) (City) (State) (Zip) </div> Has student ever attended a New Hanover County School or a school in North Carolina? <input type="checkbox"/> Yes <input type="checkbox"/> No NC Student ID # _____ If yes, which school and when _____ Previous School Enrollment: _____ <div style="display: flex; justify-content: space-between; font-size: small;"> (School Name) (Address) (City) (State) (Phone) (Fax) </div>		
The U.S. Department of Education requires the collection of race and ethnicity data. Please complete the two items below: ETHNICITY: Are you of Hispanic/Latino ethnicity – a person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture regardless of race? <input type="checkbox"/> Yes <input type="checkbox"/> No RACE: Please check one or more of the racial group(s) with which you identify. <input type="checkbox"/> Black or African American <input type="checkbox"/> Asian <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> American Indian or Alaska Native		
LEGAL PARENT/GUARDIAN: Relationship: _____ Last Name: _____ First Name: _____ Lives with student? <input type="checkbox"/> Yes <input type="checkbox"/> No If No, List address: _____ E-Mail Address: _____ Workplace: _____ US Military <input type="checkbox"/> Call this phone 1 st : _____ home/work/cell <div style="text-align: center; font-size: x-small;">Circle one</div> Call this phone 2 nd : _____ home/work/cell <div style="text-align: center; font-size: x-small;">Circle one</div> Call this phone 3 rd : _____ home/work/cell Language Spoken: <input type="checkbox"/> English <input type="checkbox"/> Spanish	LEGAL PARENT/GUARDIAN: Relationship: _____ Last Name: _____ First Name: _____ Lives with student? <input type="checkbox"/> Yes <input type="checkbox"/> No If No, List address: _____ E-Mail Address: _____ Workplace: _____ US Military <input type="checkbox"/> Call this phone 1 st : _____ home/work/cell <div style="text-align: center; font-size: x-small;">Circle one</div> Call this phone 2 nd : _____ home/work/cell <div style="text-align: center; font-size: x-small;">Circle one</div> Call this phone 3 rd : _____ home/work/cell Language Spoken: <input type="checkbox"/> English <input type="checkbox"/> Spanish	

Communication

- Daily Home/ School Communicator
 - Overview of week
 - Information about the day
 - Parent Initials in the box
- Email
- Class Newsletters
- Parent Teacher Conferences and Home Visits
- School Website & Social Media
 - Teacher Webpages
 - Twitter
 - Instagram
 - Facebook

Howe Pre-K Center Home/School Communicator		
Student: _____ Teacher/TA: _____		
This week we are studying...		
Teacher	Student	Parent
Monday _____ (date)		
Let's celebrate what your child accomplished today:	Let me tell you what I did today!	Parent Signature/Comments
Tuesday _____ (date)		
Let's celebrate what your child accomplished today:	Let me tell you what I did today!	Parent Signature/Comments
Wednesday _____ (date)		
Let's celebrate what your child accomplished today:	Let me tell you what I did today!	Parent Signature/Comments
Thursday _____ (date)		
Let's celebrate what your child accomplished today:	Let me tell you what I did today!	Parent Signature/Comments
Friday _____ (date)		
Let's celebrate what your child accomplished today:	Let me tell you what I did today!	Parent Signature/Comments
Other Information:		

Attendance

- Pre-K Calendar
 - Different from other calendars
- School Times
 - Arrival - 7:15 AM - 7:45 AM
 - Dismissal - 1:45 PM - 2:00 PM
- Attendance and Tardies
 - 3 Day Rule
 - 8:15 AM arrival cut off unless medical appointment
- Dress Code
 - Wear seasonal clothing
 - Dress to play and have fun
- What to Bring Each Day

Appendix

Student Dress Code Policy 8520



2020-2021 Approved 6/16/20

Pre-K Calendar

July 2020						
S	M	T	W	T	F	S
					1	2
3	4	5	6	7	8	9
10	11	12	13	14	15	16
17	18	19	20	21	22	23
24	25	26	27	28	29	30
31						

August 2020						
S	M	T	W	T	F	S
						1
2	3	4	5	6	7	8
9	10	11	12	13	14	15
16	17	18	19	20	21	22
23	24	25	26	27	28	29
30	31					

September 2020						
S	M	T	W	T	F	S
						1
2	3	4	5	6	7	8
9	10	11	12	13	14	15
16	17	18	19	20	21	22
23	24	25	26	27	28	29
30	31					

October 2020						
S	M	T	W	T	F	S
						1
2	3	4	5	6	7	8
9	10	11	12	13	14	15
16	17	18	19	20	21	22
23	24	25	26	27	28	29
30	31					

November 2020						
S	M	T	W	T	F	S
1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30					

December 2020						
S	M	T	W	T	F	S
						1
2	3	4	5	6	7	8
9	10	11	12	13	14	15
16	17	18	19	20	21	22
23	24	25	26	27	28	29
30	31					

JULY	3.....4th July Holiday Observed
AUGUST	10-12.....Designated Teacher Workdays
	13-14.....Undesignated Teacher Workdays
	17-18.....Designated Teacher Workdays
	19-24.....Home Visits
	25-28.....Staggered Enrollment
	31.....First Day of School
SEPTEMBER	7.....Labor Day Holiday
OCTOBER	5.....Designated Teacher Workday
NOVEMBER	3.....Election Day/ Undesignated Teacher Workday
	6.....End of Fall Assessment Period/TS Gold Checkpoints
	11.....Veterans Day Holiday
	25.....Vacation Day
	26-27.....Thanksgiving Holidays
DECEMBER	18.....Designated Teacher Workday
	21-22.....Undesignated Teacher Workday
	23.....Vacation Day
	24-28.....Christmas Holidays
	29-31.....Vacation Days
JANUARY	1.....New Year's Day Holiday
	4-8.....Remote Learning Days
	18.....Martin Luther King, Jr. Holiday
FEBRUARY	17.....End of Winter Assessment Period/TS Gold Checkpoints
	18-19.....Home Visits
MARCH	5.....Designated Teacher Workday
APRIL	5-9.....Spring Break
	2.....Good Friday Holiday
MAY	14.....End of Spring Assessment Period/TS Gold Checkpoints
	26.....Last Day of School
	27-28.....Designated Teacher Workday
	31.....Memorial Day Holiday
JUNE	1-2.....Designated Teacher Workdays
	3-4.....Undesignated Teacher Workday

First/Last Day of School	Undesignated Teacher Workday	Designated Teacher Workday
Vacation Day	Half Day for Students	Gold Checkpoints
Staggered Enrollment	Home Visits	RLD

January 2021						
S	M	T	W	T	F	S
					1	2
3	4	5	6	7	8	9
10	11	12	13	14	15	16
17	18	19	20	21	22	23
24	25	26	27	28	29	30
31						

February 2021						
S	M	T	W	T	F	S
	1	2	3	4	5	6
7	8	9	10	11	12	13
14	15	16	17	18	19	20
21	22	23	24	25	26	27
28	29	30				

March 2021						
S	M	T	W	T	F	S
	1	2	3	4	5	6
7	8	9	10	11	12	13
14	15	16	17	18	19	20
21	22	23	24	25	26	27
28	29	30	31			

April 2021						
S	M	T	W	T	F	S
				1	2	3
4	5	6	7	8	9	10
11	12	13	14	15	16	17
18	19	20	21	22	23	24
25	26	27	28	29	30	

May 2021						
S	M	T	W	T	F	S
						1
2	3	4	5	6	7	8
9	10	11	12	13	14	15
16	17	18	19	20	21	22
23	24	25	26	27	28	29
30	31					

June 2021						
S	M	T	W	T	F	S
		1	2	3	4	5
6	7	8	9	10	11	12
13	14	15	16	17	18	19
20	21	22	23	24	25	26
27	28	29	30			

leanliness and dress that are compatible
environment. Those standards generally
c setting shall be the determining criteria

f personal hygiene shall not be permitted
at to the health or safety of others .

to this Policy based on a student's

ist completely cover undergarments.
s are allowed;
re are not acceptable;
not be allowed;

orn in the building except for medical

ials, symbols, or wording that is obscene,
nstructional process are allowed;
ols as identified by local law enforcement

display identification cards with their
unds; and
may be worn which are associated with
out which students have been notified.

Health & Safety

- NC Health Assessment (yellow form)
 - due by October 1
 - Extra copies are available in the office
- Required Immunizations
 - due by October 1
- Health Screenings (Hearing, Vision, Heights & Weights)
 - will be completed during the school year
- Prevention of Shaken Baby and Abusive Head Trauma Policy

N.C. Health Assessment/Required Immunizations

North Carolina General Statutes #130A-440 and #130A-155 state all students enrolling in public school must provide a certificate of immunization and a health assessment completed by a physician. **ALL students enrolling into the N.C. public schools for the first time must submit proof of a health assessment completed by a physician.** If documentation is not presented on or before the student's first day of school, the principal shall present a notice of deficiency to the parent or guardian. The parent or guardian shall have thirty (30) calendar days from the first day of

nation of thirty
een presented.

New Hanover County Schools Early Childhood Education Program Prevention of Shaken Baby Syndrome and Abusive Head Trauma Policy

Belief Statement

We, NHCS Early Childhood Education Program, believe that preventing, recognizing, responding to, and being required to report shaken baby syndrome and abusive head trauma (SBS/AHT) is an important function of keeping children safe, protecting their healthy development, providing quality child care, and educating families.

nty Health
munizations as

t as well as all
ol attendance. I
irty (30) calendar
unless the
ed to school.

an infant or small child is violently shaken
result in severe injury or even death¹.
0608) each child care facility licensed to care
SBS/AHT¹.

/or high pitched crying, difficulty staying
head, seizures, lack of appetite, vomiting,
to track and/or decreased muscle tone. Bruises
om hitting the head.

director.

iatric CPR⁴.

NEW HANOVER COUNTY SCHOOLS EARLY CHILDHOOD EDUCATION PROGRAM			
HEALTH ASSESSMENT REPORT PART 1			
Personal Data			
Child's Birthdate (mm/dd/yyyy):	Race: <input type="checkbox"/> 1 Other/Non-White <input type="checkbox"/> 5 Chinese <input type="checkbox"/> 9 Other Asian		
Sex: <input type="checkbox"/> 1 Male <input type="checkbox"/> 2 Female	<input type="checkbox"/> 2 White <input type="checkbox"/> 6 Japanese <input type="checkbox"/> 10 Unknown		
County of Residence:	<input type="checkbox"/> 3 Black <input type="checkbox"/> 7 Pacific Islander		
Zip Code:	<input type="checkbox"/> 4 American Indian <input type="checkbox"/> 8 Filipino		
School your child will be attending:	Hispanic/Latino Origin: <input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No		
Place where your child gets regular health care:	Child has: <input type="checkbox"/> 1 Medicaid <input type="checkbox"/> 3 No Insurance		
<input type="checkbox"/> 1 Health Department <input type="checkbox"/> 4 Private Provider/HMO	<input type="checkbox"/> 2 Private Insurance <input type="checkbox"/> 4 Other:		
<input type="checkbox"/> 2 Hospital Clinic <input type="checkbox"/> 5 Other:	Doctor/Practice Name:		
<input type="checkbox"/> 3 Community Health Center <input type="checkbox"/> 6 No regular place	Dentist/Practice Name:		
Date of Health Assessment: / /		Child's age at time of assessment: / /	
The Health Assessment must be conducted by a physician licensed to practice medicine, a physician's assistant as defined in General Statute 90-18, a certified nurse practitioner, or a health nurse meeting the state standards for Health Check Services.			
Pertinent Illnesses, Risk or Developmental Problems: (Please check all that apply)			
* Medications for serious conditions must be provided to the school with a Physician's Medication Authorization Form			
<input type="checkbox"/> Allergy / Anaphylaxis	<input type="checkbox"/> Emotional Behavioral	<input type="checkbox"/> Seizures/Convulsions	
<input type="checkbox"/> Anemia <input type="checkbox"/> At-Risk for Anemia	<input type="checkbox"/> Encephalitis	<input type="checkbox"/> Sickle Cell Anemia <input type="checkbox"/> Trait	
<input type="checkbox"/> Asthma	<input type="checkbox"/> Enuresis (Daytime)	<input type="checkbox"/> Speech/Language	
<input type="checkbox"/> Attention/Learning	<input type="checkbox"/> Genetic Disorders	<input type="checkbox"/> Tuberculosis <input type="checkbox"/> At-Risk for TB	
<input type="checkbox"/> Bleeding Disorder	<input type="checkbox"/> Heart Conditions	<input type="checkbox"/> Vision Disorder	
<input type="checkbox"/> Cancer/Leukemia	<input type="checkbox"/> Hearing Disorders	<input type="checkbox"/> Other:	
<input type="checkbox"/> Cerebral Palsy	<input type="checkbox"/> Kidney Disorder	<input type="checkbox"/> NONE	
<input type="checkbox"/> Cystic Fibrosis	<input type="checkbox"/> Obesity		
<input type="checkbox"/> Dental Conditions	<input type="checkbox"/> Orthopedic Conditions		
<input type="checkbox"/> Diabetes	<input type="checkbox"/> Prematurity (<32 wks. EGA)		
Screening Results: The following sections must be completed in order to fulfill NHCS program requirements.			
Lead: DATE: RESULTS: <input type="checkbox"/> WNL <input type="checkbox"/> NEEDS FOLLOW-UP			
Hemoglobin: DATE: RESULTS: <input type="checkbox"/> WNL <input type="checkbox"/> NEEDS FOLLOW-UP			
Screening Tool(s) Used:	Developmental Domains:	Within Normal	Concerns Identified
<input type="checkbox"/> 1 PEDS <input type="checkbox"/> 3 PSC	Emotional/Social	1	2
<input type="checkbox"/> 2 ASQ <input type="checkbox"/> 4 ASQ-SE	Problem Solving		
	Language/Communication		
	Fine Motor Skills		
	Gross Motor Skills		
Hearing			
Hearing 1000 Hz 2000 Hz 4000 Hz	Screening Tool Used:	<input type="checkbox"/> 1 Pass	
Right	<input type="checkbox"/> 1 OAE	<input type="checkbox"/> 2 Scheduled for re-screen due to middle ear fluid	
Left	<input type="checkbox"/> 2 Audiometry	Re-screen apt. in _____ weeks.	
		<input type="checkbox"/> 3 Referral to audiologist/ENT (check if yes)	
		<input type="checkbox"/> 4 Child has previously diagnosed hearing loss. Screening is not necessary.	
Vision			
Right Left Stereopsis	<input type="checkbox"/> Pass <input type="checkbox"/> Fail	<input type="checkbox"/> 1 Pass (Acuity, Stereopsis, & Symptoms)	
Far: 20/ 20/ Acuity Test Used:		<input type="checkbox"/> 2 Referral to eye doctor (check if YES) Refer if worse than 20/40	
		in either or both eyes, a two line difference between eyes,	
		unable to test, failed stereopsis, or signs of disease.	
		<input type="checkbox"/> 3 Child has a diagnosed vision condition and has had an eye exam in the last twelve months. Screening is not necessary.	
Physical Assessment			
Weight: _____ lbs. Height: _____ ft. _____ in.	Normal Abnormal		
Body Mass Index (BMI) for age:	1 2		
<input type="checkbox"/> 1 Underweight (< 5%ile)	HEENT		
<input type="checkbox"/> 2 Healthy Weight (5%ile to <85%ile)	Dental/Oral		
<input type="checkbox"/> 3 Overweight (85%ile to <95%ile)	Lungs		
<input type="checkbox"/> 4 Obese (≥ 95%ile)	Cardiac		
	Abdomen		
	Neurological		
	Back/Extremities		
	Genital		
	Skin		
Blood Pressure: /			
<input type="checkbox"/> 1 Within Normal Range			
<input type="checkbox"/> 2 > 90th Percentile (_____ %ile)			

Injuries and Incidents

- Accidents happen!
- Form used to document:
 - blood
 - bruises
 - bumps
- Please sign and return to the school.

SAMPLE

INCIDENT REPORT FORM

FOR DCDEE USE ONLY:
Incident Number: _____
Date Keyed: _____ Initials: _____

Facility Id# _____ Facility ID Name _____
Consultant Name _____ Date _____
☐ Family Child Care Home ☐ Child Care Center County Name _____
Date/Time of Incident _____ Child's Name _____ Sex _____ Age _____
Witness to Incident _____ Parents Notified By _____ Time Notified _____

Piece of Equipment Involved:

Indoors: ☐ Block ☐ Furniture ☐ Cubby ☐ Door ☐ Floor ☐ Medication ☐ Toy ☐ Other Child ☐ Shelving ☐ Sink ☐ Walker ☐ Steps ☐ None ☐ Other: _____

Outdoors: ☐ Bench ☐ Climber ☐ Fence/Wall ☐ Composite Play Structure ☐ Deck ☐ Swing ☐ Other Child ☐ Sandbox ☐ Sidewalk ☐ Slide ☐ Surfacing ☐ Merry-Go Round ☐ Toy ☐ Other Plygrnd Eqpmnt. _____ ☐ Vehicle ☐ None ☐ Other: _____

Cause of Injury:

☐ Fall from Height ☐ Hit By or Bumped Into Object ☐ Human Bite ☐ Sharp/Piercing Object
☐ Burn ☐ Splinter/Foreign Object ☐ Pinched/Caught In ☐ Other: _____

Type of Injury:

☐ Dental Injury ☐ Cut/Scrape ☐ Puncture ☐ Bite ☐ Bump/Bruise ☐ Splinter
☐ Burn ☐ Crush ☐ Fracture/Dislocation ☐ Sprain/Strain ☐ Other: _____

Body Part Injured:

☐ Head ☐ Eye ☐ Face ☐ Mouth ☐ Neck ☐ Arm ☐ Hand/Wrist/Finger ☐ Leg
☐ Abdomen/Trunk/Chest ☐ Knee ☐ Foot/Ankle ☐ Other: _____

Where Child Received Treatment:

☐ Clinic ☐ Dentist ☐ Doctor's Office ☐ Hospital/ER ☐ Onsite By Health Professional
☐ Urgent Care ☐ Other: _____

Description of How and Where Incident Occurred & First Aid Received: _____

Steps Taken to Prevent Reoccurrence _____

Signature of Staff Member _____ Date _____

Signature of Parent/Guardian _____ Date _____

Anytime a Child Receives Medical Treatment as a Result of an Incident Occurring
at a Child Care Facility this Report Must be Submitted Within
7 Calendar Days to your Child Care Consultant

Original to Child's File
Copy to Child Care Consultant
Enter into Incident Log

DCDEE-0058 08/2014

Safety Measures



Safe Check Out

- Photo ID is REQUIRED and WILL BE CHECKED every. single. time.

Authorized Pick Up List

- If the person isn't on the list, they will not be permitted to pick up your child
- Changes must be done in writing.
- Car Tag exception - you are authorizing by providing the car tag

Drills

- Required monthly fire drill
- Required lockdown drills
- Required tornado and severe weather drill

Compliance and Inspections

We have annual compliance visits from:

- State Child Care Licensing consultants at least 2 times each year.
- State Health Inspector at least 2 times each year.
- Fire Inspector
- District Personnel

AND SO...

- Please leave backpacks, purses, and other personal belongings locked in your vehicle. When you come inside to check out your child, please just bring your photo ID. You will be asked to return any additional items to your car prior to entering the building.
- Also NO BALLOONS, PLEASE!!!

FERPA - Federal Educational Rights to Privacy Act

- We are only permitted to communicate about a student with the biological or custodial parents or guardians.
- If a parent's name is on the birth certificate then they have equal access to the records and the child unless we have one of the following ON FILE:
 - court documentation
 - DSS paperwork
 - other legal paperwork that has been signed by a judge or appropriately notarized
- We cannot speak to you about any child other than your own.

Transportation- under Plan B

- Arrival Procedures
 - Car Riders line will be available 7:15 am - 7:35 am
 - Walkers
 - Enter through front door and will be walked to classroom by staff members
 - Hand-to-hand delivery (students may not walk alone up to school building)
- Dismissal Procedures (Begins at 1:45)
 - Car Riders - Meares Street
 - Parents must park on side of street behind buses/vans
 - Bus Riders - Meares Street
 - Van Riders - Meares Street
 - Walkers & Pedestrian Safety -
 - Front Exit Doors as soon as all car, bus and van students have been dismissed through the exit doors
- Bus Routes and Pick up Times (ID Required)
 - Patience for the first week or more
- Authorization for Pick-Up Form (Given out at Starter Pack Pick Up- Turn in at Resource Roundup)

**New Hanover County Schools Preschool Transportation
TRANSPORTATION POLICIES FOR PARENTS**

[] I, or a responsible adult on the emergency contact list, will be at the bus stop in the morning and afternoon to supervise and ensure the safety of my child.

[] Preschool children must sit in the front row(s) of the bus.

[] Preschool children may not sit with school age children except for siblings.

[] I have provided emergency contact information for my child. If I do not provide emergency contact information my child will not be transported until it is received.

[] When the bus arrives at the school, the driver will not allow the preschool children to exit the bus unless the designated center employee is available to receive them.

[] When the bus arrive at the child's drop off site the driver will not allow the preschool children to exit the bus unless the designated responsible adult is there to receive them.

[] If no one is at the drop off site to receive the child, the driver will return the child to the school and deliver the child to the principal or designee.

Authorization for Pick Up for/ Child's Full Legal Name / Nombre Legal Completo del Niño Busco # _____

From : Mary W. Howe Pre-K Center

I authorize Howe Pre-K to release my child to the following people. If I choose to remove any of these people from this list, I will give a written notice to the staff. I understand these people must be over 18 and Photo ID will be checked prior to releasing my child:

Yo autorizo a la escuela entregar mi niño a las siguientes personas. Si yo desisto quitar cualquiera de estas personas de la lista, entregare una nota escrita al personal pre-k.

Legal Name/ Nombre Legal	Relationship	Phone Number / Numero de Telefono
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____
5. _____	_____	_____
6. _____	_____	_____
7. _____	_____	_____
8. _____	_____	_____
9. _____	_____	_____
10. _____	_____	_____

Teacher's Name:

Parent Name/ Nombre de Padre:

cell:

home:

work:

Parent Signature/ Firma del Padre

Date / Fecha

Parent Signature/ Firma del Padre

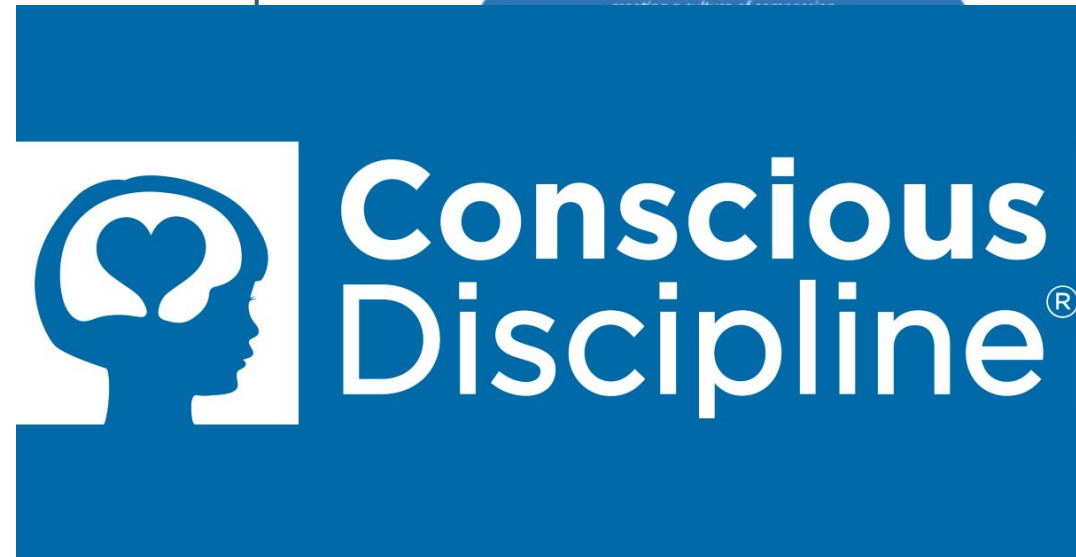
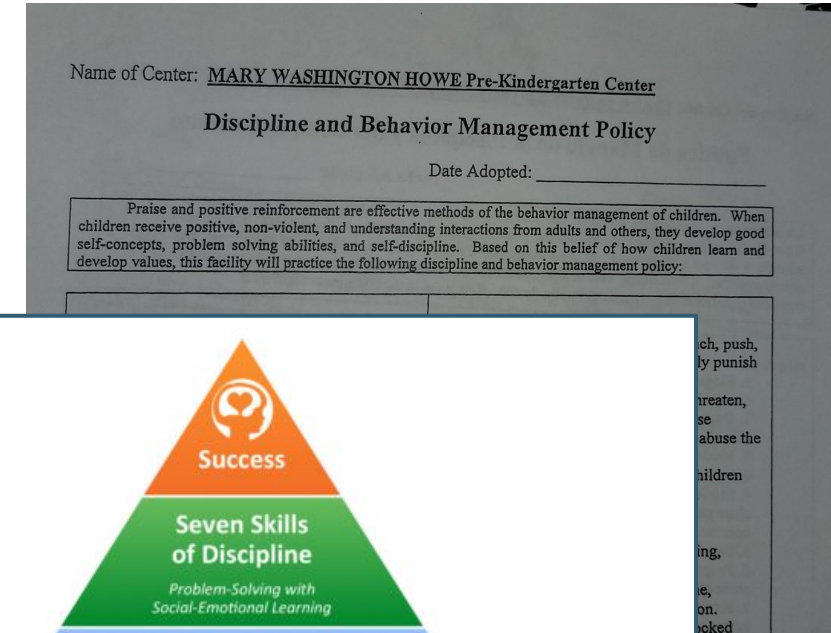
Date / Fecha

<h1 style="text-align: center;">THE CREATIVE CURRICULUM™</h1> <h2 style="text-align: center;">FOR PRESCHOOL</h2> <h3 style="text-align: center;">GOALS AND OBJECTIVES</h3>			
SOCIAL/EMOTIONAL DEVELOPMENT	PHYSICAL DEVELOPMENT	COGNITIVE DEVELOPMENT	LANGUAGE DEVELOPMENT
Social Skills 1. Develop ability to relate to and understand others 2. Demonstrate appropriate social behavior 3. Recognize one's feelings and feelings of others appropriately 4. Stand up for rights Responsibility for Self and Others 5. Demonstrate self-direction and independence 6. Take responsibility for one's actions 7. Respect and care for	Motor Skills 18. Demonstrate fine-motor skills: cutting, coloring, tracing, copying, gluing 19. Show large-to-fine-motor skills 20. Climb up and down 21. Push and pull objects in and out of containers 22. Demonstrate throwing, kicking, and catching skills Gross Motor 23. Coordinate small-motor skills with large 24. Coordinate hand and	Learning and Problem Solving 25. Observe objects and events with interest 26. Approach problems with confidence 27. Express persistence in approaching tasks 28. Apply common sense and ethics 29. Apply knowledge and experience to a new context Logical Thinking 30. Observe objects 31. Compare characteristics 32. Recognize objects of power	Learning and Speaking 33. Focus and demonstrate the meaning of language 34. Express self using words and appropriate emotions 35. Understand and reflect on emotions 36. Answer questions 37. Make predictions 38. Handle conversations in conversations Reading and Writing 39. Learn and enjoy reading 40. Show an understanding of

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Discipline and Behavior Management

- We have a Discipline and Behavior Management Policy
 - We believe in positive practices
 - We believe that behavior is communication
- We practice Conscious Discipline!
- Anytime that something happens to your child, you will want to know “what happened” to the other child. Due to student confidentiality reasons, please understand that we can only talk to you about your child.



Parent Involvement

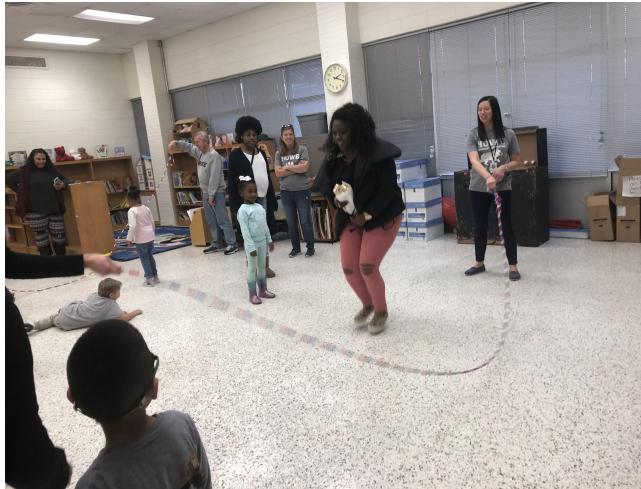
- Volunteering - Orientation Required
 - In the Classroom
 - Field Trips
- Committees
 - School Improvement Team
 - Sign up if you are interested in being elected for the School Improvement Team
- Parent Support Groups
 - Survey will be sent home to identify interest areas
- Sponsoring Howe Pre-K
 - Do you work for a or know of a company that might be interested in providing support for us?
Please connect with us!



Look for more information coming soon about Parent Involvement. Due to COVID 19 restrictions, some events may be held virtually.

Family Events

Look for more information coming soon about upcoming events. Due to COVID 19 restrictions, some events may be held virtually.



Resources & Reminders

- We will collect all other information forms when you come to the Resource Roundup Sept. 16-18. Please bring those with you!
- All Health Assessments must be turned in ASAP.

Summary of the North Carolina Child Care Law for Child Care Centers

What Is Child Care?

The law defines child care as:

- three or more unrelated children under 13 years of age receiving care from a non-relative
- on a regular basis, of at least once a week
- for more than four hours per day but less than 24 hours.

It is only when all of these conditions exist that regulation is required. The North Carolina Department of Health and Human Services is responsible for regulating child care. This is done through the Division of Child Development and Early Education. The purpose of regulation is to protect the wellbeing of children while they are away from their parents. The law defining child care is in the North Carolina General Statutes, Article 7, Chapter 110.

The North Carolina Child Care Commission is responsible for adopting rules to carry out the law. Some counties and cities in North Carolina also have local zoning requirements for child care programs.

Star Rated Licenses

Centers that meet the minimum licensing requirements will receive a one star license. Programs that choose to voluntarily meet higher standards can apply for a two through five star rated license. The number of stars a program earns is based upon the education levels their staff meet and the program standards met by the program.

Child Care Centers

Licensing as a center is required when six or more children are cared for in a residence or when three or more children are in care in a building other than a residence. Religious sponsored programs are exempt from some of the regulations described below if they choose not to be licensed. Programs that operate for less than four consecutive months, such as summer camps, are exempt from licensing. Child care centers may voluntarily meet higher standards and receive a license with a higher rating. Centers will be visited at least annually to make sure they are following the law and to receive technical assistance from child care consultants.

Thank you for your time and attention!

This is going to be a GREAT school year!

