



Deland High School
800 North Hill Ave.
Deland, FL 32724
386-822-6909 ext. 23362

Welcome Registration Packet Checklist

Check yes to the forms you have completed and turned in to the school. Your child's file will not be complete until all forms that apply have been turned in. Thank you.

Yes	
	Immunization record on the Florida DH680 form (blue form from doctor or health department)
	Recent Florida Physical DH form 3040 (yellow form from doctor or health department)
	Admission Application
	Emergency Information *
	Medication Release Form *
	Release By Parent Form *
	Parent Pick-Up Sheet
	Parent Policies and Procedures Contract
	Publicity Contract
	Discipline Policy
	Influenza Brochure

- Denotes items must be notarized.

**DELAND HIGH PRESCHOOL PROGRAM
PARENT INFORMATION SHEET**

Dear Parent:

Welcome, and thank you for enrolling your child in the DeLand High Preschool Program. We are looking forward to this opportunity to nurture your child's growth as we work and play together. Our goal is to encourage the social, emotional, physical and mental growth of each child through language arts, music, science, physical and creative art activities.

Another important goal is to help each child feel good about himself/herself and to give the freedom to be creative in his/her own way (within the limits of other's rights and not allowing destruction of property). It is true that an adult's work is work, but a child's work is play. This is how they learn through play. There are times when "good" play can result in dirty faces and clothing. In this regard, please send children in sturdy serviceable clothing so that they will feel free to become involved in all forms of play.

The students who care for your child are very special. These students are training for a career with children. They are the teachers and my role is to supervise and educate the student teachers.

The following information is provided to acquaint you with the rule and procedures at DeLand High Preschool. Please feel free to call on me if you have any questions.

POLICIES AND REGULATIONS

Our preschool week will operate from Monday through Friday. We will have hours of 8:30 a.m. to 2:30 p.m. every day of the week. If you need extended care beyond those hours let me know and we can work something out. However, the extended care hours cannot exceed past 3:30 p.m. Monday, Tuesday, Thursday, and Friday and 2:30 on Wednesdays (early release) due to my attendance needed at meetings and conferences.

Please be prompt with picking up your child. The policy regarding late pick-ups will be as follows: any parent that has not arrived by pick up time will be charged a late fee of \$5.00 for the first 15 minutes and \$1:00 per minute thereafter until the child is picked up. This charge is payable by the following preschool morning or the child will not be able to attend until paid in full.

ARRIVAL/DISMISSAL

To drop your child off, you will need to enter the parent pick up loop and check in with the advisor at the "shack". Proceed to the top of the loop where a high school student with a Bullpup name tag and possible wagon will be there to pick up your child. In the afternoons, please come into the back gate parking lot off of Plymouth and walk to the classroom to pick up your child.

SCHOOL DAYS

We follow the calendar of the Volusia County School Board. We will try to let you know well in advance of any irregularities. We will also keep you posted regarding any unforeseen days preschool needs to close.

PERSONAL POSSESSIONS

Please mark your child's jackets/sweaters with permanent marker. WE REQUEST THAT TOYS BE LEFT AT HOME UNLESS REQUESTED.

DISCIPLINE POLICY

The student teachers are instructed to use positive discipline techniques. The goal is for the children to cooperate with their peers and their teachers. We believe in positive reinforcement and stating what we would like the child to do. Redirection is also another form of discipline that is used whereby the child will be removed from one activity to another. In extreme cases when positive directions have failed to produce a change in behavior, the child might need an area to get itself together and sit for a time alone under the teacher's direct supervision. If this technique is used, no more than one minute for each year of the child's age will be applied.

SNACK TIME

A light snack will be provided for all the children around 10:45 a.m. Please let us know, in writing, of any food allergies your child may have so that we may accommodate those in menu planning.

LUNCHESES

You will need to pack your child a lunch, as we do not provide lunches. We have microwaves to heat up your child's lunches. Children eat lunch around 12:00 p.m.

HEALTH/SAFTETY

In accordance with the State of Florida health regulations and preschool policy, the following documents need to be in your child's file:

1. Current Enrollment Form-a new one each fall
2. Current Immunization record on DH Form 680 (blue form)-your doctor can supply
3. Current Physical Examination (at least every two years) on DH form 3040 (goldenrod or yellow form) your doctor will supply
4. A notarized statement with emergency instructions.
5. Notarized permission slip-required by Volusia County School Board.

It is important that all the above documents are in your child's file and that they are current as specified. All these requirements are designed by DCF with your child in mind, that they might be protected, well cared for and healthy little people.

DRESS

Throughout the day we will be doing many activities where the children's clothes will get dirty and stained. Although we do wear smocks and wash our hands, we ask that you dress your child in washable play clothes. Please bring in an extra set of

clothes and undergarments in a bag with your child's first name on it to keep at the center. We also ask that children's shoes be sturdy and enclosed for safety purposes.

RESTROOM

Children should have the ability to use the restroom facilities on their own. Teachers can assist with buttons and zippers outside of the restroom. No diapers can be used in the preschool setting. We do not have facilities for these items.

ILLNESS AND MEDICATION

In the best interest of each child, do not send your child to school if he/she has a communicable disease, strep, fever, conjunctivitis (pink eye), diarrhea or other stomach disorder, and any unknown rash. We hope you will respect our effort to keep illness at a minimum. Please alert us, in writing about any medication your child needs. Forms are located on the wall near the entrance doors of the preschool.

TUITION AND PAYMENT

Tuition is \$30.00 per week, regardless of absence or number of school days in the week, unless otherwise notified. All payments are due on Monday of each preschool week. If payment has not been made by Monday of the following week, an additional charge of \$5.00 will be added to the week's tuition and due Tuesday. If your payments fall two weeks behind, your child's spot may be filled from someone from the waiting list. The tuition that is received is used to buy supplies for the student teachers to create lessons for your child. Copy paper, construction paper, glue, scrapbooking items, laminating sheets, picture development, food, etc. are some of the items purchased. Without your child's tuition it is difficult to carry on the function of the school as we do not receive any funds from the county or Deland High School to purchase these needed items. Payment in advance is also acceptable. Checks may be made out to **DeLand High School**. A fee of \$30.00 will be charged by the school bookkeeper for a returned check and we will have the option to refuse any further payment by check.

BIRTHDAY PARTIES

If your child has a birthday during the school year and you would like to have a celebration during preschool hours, we will be happy to cooperate with you.

COMMUNICATION

Reminders and announcements will be placed in your child's cubby or on the classroom entrance doors. A weekly written newsletter will be placed in your child's cubby on Fridays. We also send daily communication of your child's day on the SeeSaw app.

QUESTIONS

Please let me know when you have any questions. Feel free to speak with me at school or call me or email me at school.

Deland High School 386-822-6909 ext. 23362

Email: ssryder@volusia.k12.fl.us

DATE: _____

DELAND HIGH PRESCHOOL

ADMISSION APPLICATION

Child's Name _____
Last First Middle

Name to be used at school _____

SEX _____ AGE: _____ DATE OF BIRTH ____/____/____
(month/day /year)

Address _____ City _____ Zip Code _____

Father's Name _____ Occupation _____ Cell # _____

Mother's Name _____ Occupation _____ Cell # _____

Home phone _____ Email address _____

Is there any previous medical history that would affect your child's participation in activities? Explain _____

Does your child have any allergies? If so, to what? _____

Languages spoken by the child: English _____ Other _____

If child does not live with both parents in one household, please answer the following:

Are parents separated? _____ Divorced? _____ Legal guardian: _____

With which parent will the child be living while attending this school? _____

Other people living in the home	Age	Sex	Relationship
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

How did you hear about this program? _____

Why are you interested in enrolling your child at this preschool? _____

Does your child use the restroom independently? _____

What terminology does your child use regarding the use of the bathroom? _____

If your child has attended preschool before, was the experience enjoyable? _____

Has your child been cared for by anyone other than parents? _____

Does your child have tantrums? _____

Does your child suck his/her thumb? _____

If your child has unusual fears, what are they? _____

Describe your child briefly. Tell about eating habits, daily routines, etc.

Does your child use the following at home? (Please circle.)

crayons scissors pencil chalk markers paint play dough

What foods does your child like? _____

What food does your child dislike? _____

What do you see as your child's strengths? _____

Is there any area in which you anticipate difficulty for your child? (e.g. sharing, following directions, etc.) _____

What goals do you have for your child? _____

PLAY EXPERIENCES

Favorite games _____ Favorite toys _____

Outdoors _____ With other Children _____

Books _____ Favorite TV Show _____

Parent Signature _____

Child Emergency Information

Child's (preferred) Name _____	
Home address _____	

Home Phone _____	Birthdate _____
Mother's Name _____	Work Phone _____
Mother's Cell Phone Number _____	
Father's Name _____	Work Phone _____
Father's Cell Phone Number _____	
Emergency contact _____	Phone _____
Child's Doctor _____	Phone _____
Child Emergency Information _____	
Additional pertinent information (allergies, toileting skills, medications, etc.)	

Person responsible for child if parents are unavailable:	
Name _____	Relationship _____
Address _____	Telephone _____
Other person(s) authorized to take child from preschool:	
Name _____	Telephone _____
Name _____	Telephone _____
Signature of parent or guardian _____	

Signature of Parent or Guardian

Subscribed and sworn to before me at _____ Florida on this
_____ day of _____ 20 _____

Notary Public, State of Florida
My Commission expires _____

PARENT'S PERMISSION FOR MEDICAL CARE

I hereby grant my permission for the director or acting director of Deland High Preschool to take whatever steps may be necessary to obtain Emergency Medical Care if warranted for my child _____
Child's full name

These steps may include, but are not limited to the following:

1. Attempt to contact a parent or guardian
2. Attempt to contact the child's physician
3. Attempt to contact you through any of the persons listed on the Identification and Emergency Information form
4. If we cannot contact you or your child's physician, we will do any of the following:
 - A. Call another physician or paramedics
 - B. Call an ambulance
 - C. Have child taken to an Emergency Room in the company of a school staff member
5. Any expense incurred under #4 above, will be borne by the child's parents

**I hereby grant permission for my child _____
Child's full name
to receive medical attention at once.**

**Signed _____ Date _____
Parents' Name or Guardian**

Subscribed and sworn to before me at _____ Florida on this
_____ day of _____ 20 _____

Notary Public, State of Florida
My Commission expires _____

**RELEASE BY PARENT AND/OR NATURAL GUARDIAN OF FAMILY
AND CONSUMER SCIENCE SUBJECT**

I, _____, individually, and as parent and guardian of _____, a minor, of _____ years of age, for and in consideration for the value said minor will receive in her or his participation in Family and Consumer Science Early Childhood Education classes and for actually participating in an environment which will help to prepare my child socially, emotionally and physically toward adjusting to a school setting, and release me temporarily from supervision of my child during the classes, and do hereby release and forever discharge the School Board of Volusia County, Florida it successors or assigns, of and from all claims, , demands, damages, actions or causes of action on account of any and all injuries to said minor now existing or which may hereafter arise from the above described participation in said course by said minor.

I do further for said consideration hereby agree to protect the School Board of Volusia County, Florida it successors or assigns, against any actions, claims or demands by said minor or by any other person or persons on account of damages of any character resulting in any way from accident to said minor and I also hereby agree to reimburse and make good to said School Board any loss, damage or causes it may have to pay as a result of any such action, claim or demand.

_____ Date _____
Signature of Parent or Guardian

IN WITNESS WHEREOF, I have hereunto set my hand and seal this _____ day

of _____, AD 20 _____

Notary Public, State of Florida
My Commission expires _____

Pick up List

Child's Name _____

The following individuals have permission to pick-up my child from Deland High Preschool.

Name	Relationship to child
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Address	Phone Number
---------	--------------

Name	Relationship to child
------	-----------------------

Address	Phone Number
---------	--------------

Name	Relationship to child
------	-----------------------

Address	Phone Number
---------	--------------

Name	Relationship to child
------	-----------------------

Address	Phone Number
---------	--------------

Name	Relationship to child
------	-----------------------

Address	Phone Number
---------	--------------

Deland High Preschool

**Sandy Ryder
Teacher/Preschool Director
800 North Hill Ave.
Deland, FL 32724**

Telephone (386)822-6909 ext. 23362

Parent Policies and Procedures Contract

I have read and accepted the policies and procedures as described in the Parent Packet for enrollment in the Deland High Preschool program. I (release/do not release) my name, address and phone number to other parents in the Deland High Preschool program.

Child's Name

Parents' Signature

Date

Forms to be turned in before your child can attend Deland High Preschool:

- Immunization record on the Florida DH680 form (blue form from your doctor or health department)
- Recent health examination recorded on a Florida physical form (yellow form from the doctor or health department DH form 3040)
- Admission Application
- Emergency Information*
- Medical Release Form*
- Release by Parent Form*
- Parent Pick-Up Sheet
- Parent Policies and Procedures Contract
- Publicity Contract
- Discipline Policy
- Signed Influenza Brochure

* Items must be notarized

Don't forget: Labeled change of clothing, including socks

Deland High Preschool

**Sandy Ryder
Teacher/Preschool Director
800 North Hill Ave.
Deland, FL 32724**

Telephone (386)822-6909 ext. 23362

Publicity Consent

I give permission for Deland High personnel, students or their agents to make photographs, drawings, video tapes, Power Point presentations, CDs and voice recordings of my child to be used for portfolios, publicity or news features relating to Deland High Preschool.

Child's Name: _____

Parent Signature: _____ **Date:** _____

Please print parent name: _____



Deland High School Bullpups Statement of Discipline Policy

The environment here at Deland High School is structured so that children can make choices of play activities and materials. This ability to choose and plan gives the child power and prevents many conflicts during the school day.

Children are encouraged to develop language skills that help them to communicate their needs and feelings. Language is modeled for them by our preschool teachers and other children so that they may learn to use language and positive problem solving tools.

If a child is experiencing difficulty being self-directed and using language to solve problems in one area of play, he/she is offered another play activity. In the event that the child is still unable to control his/her behavior and cannot make appropriate choices for him/herself, using language to get his/her needs met, he/she is removed from the problem area and given a personal space away from others. Time limits are imposed by the age of the child. He/she may return to the group or activity whenever the behavior is under control.

Guidelines for behavior are clearly explained to the children. Appropriate behavior is modeled and language is continuously encouraged in order to avoid conflict and allow children opportunities for decision-making and self-direction. The goal of the entire program is to support the development of an internal control system, which enables the individual to grow and function within a social setting.

If a pattern of unkind or dangerous activity persists, parents will be involved to intervene in the unacceptable behavior. In the unlikely event that a child refuses to respond to the above procedures, and continues to act out in a way that is dangerous to the other students or detrimental to the learning process, however, the director of Deland High Bullpups after consultation may determine that it is in the best interest of all involved that the student be sent home, suspended and/or terminated from our program.

The following forms of discipline **WILL NOT BE USED** here at Deland High School Bullpups Preschool:

1. Spanking
2. Withholding snacks
3. Withholding bathroom privileges
4. Withholding nap time
5. Yelling
6. Derogatory or demeaning comments
7. Name calling

As parent/legal guardian of a child attending Deland High School Bullpup Preschool, I acknowledge that I have read the policy as stated, and approved of the use of these discipline procedures for my child.

(Print Name)

(Signature)

(Date)