Little Seedlings Christian Preschool and Kindergarten

A ministry of
First Saints Community Church
St. Paul's Campus
P.O. Box 2260
Leonardtown, MD 20650
301-475-5050
www.littleseedlings.com
littleseedlings@firstsaints.org

School Year 2019 - 2020

Dear Parents,

We are excited to welcome you to Little Seedlings Christian Preschool and Kindergarten's 2019-2020 school year! I will be keeping in touch with you by email as we prepare for the first day of school on September 9, 2019 (tentative start date – open houses will be the week of September 2nd). Please review the following information and enclosed forms. If you have any questions, don't hesitate to contact me.

Forms Required by Maryland State Department of Education – Early Childcare Division:

Health Inventory - Doctors MUST complete the lead screening section which does not mean a blood test in all circumstances. Please read the form carefully and have your child's doctor read the Blood Lead Testing Certificate Page carefully and complete fully.

Immunization Record – All immunizations must be up to date. The Doctor's office can give you a copy of their record or a computer-generated report. I've included a copy of the current immunizations requirements for your information. If your student is on a delayed immunization schedule or you have a religious objection, this must be clearly indicated on the Health Inventory form.

Emergency Form – Please be sure to have at least one emergency contact person. It's also important that we have your child's doctor's name, address and phone number on the Emergency Contact Form.

Forms Required by Little Seedlings:

Child Pick-Up to include all adults who have permission to pick your student up from school.

Allergies/Photo Release/Volunteer Interest Form

At-Enrollment Family Survey

Tuition Agreement

Parent Handbook Receipt

Over ⇨

The Little Seedlings Parent Handbook is available on our website. Please review and become familiar with the Parent Handbook. We want Preschool and Kindergarten to be a positive spiritual, educational and social experience for your child (and for you). The handbook addresses many questions you may have about our program. I would be happy to discuss any questions you have about the handbook and answer any questions not addressed in the handbook.

Our 2019-2020 Student Forms can be found on our website www.littleseedlings.org.

The staff at Little Seedlings looks forward to welcoming you and your student(s) to our program. We will be in touch!

Blessings,

Georgia Gray

Georgia Gray,
Director

Please mail your forms to Little Seedlings postmarked by July 26th

"Growing the Seeds of Our Future"

At-Enrollment Family Survey

School Year: _____ **School Name:** _____ **Teacher's Name:** _____

Child's Name: _____ **Parent/Guardian Name(s):** _____

Date: _____

DIRECTIONS

Please answer the following questions.

ABOUT YOUR CHILD

1. Does your child have a nickname that you would like us to use? If so, what is it?

2. What are your child's favorite activities?

3. Does your child have a favorite toy? If so, what is it?

4. What are your child's greatest strengths?

5. What are your child's biggest challenges?

6. What concerns, if any, do you have about your child?

7. What would you most like us to know about your child?

8. What are your greatest hopes for your child?

9. What, if any, health conditions does your child have that require classroom modifications?

ABOUT YOUR FAMILY

10. Does your child have any siblings? If so, how many and what are their ages?

11. Which family members are particularly involved or important in your child's life?

12. Is there any other important information that you would like us to know about your family? What?

ABOUT THE PREKINDERGARTEN EXPERIENCE

13. Has your child attended school in the past? If so, was the experience a positive one? Explain.

14. What does your child look forward to this school year?

15. What, if anything, is your child nervous about concerning this school year?

16. What do you most want your child to learn this school year?

OVERALL

17. What else would you like us to know? Do you have any questions we can answer for you?

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Allergies

Please inform us if your child has any allergies to a particular food, substance or animal.

__My child,_____has no known allergies at this time.

__My child,_____has the following allergies (please list below.

_____ _____

_____ _____

Parent/Guardian Signature _____ Date_____

==========

Photo Release Form

Little Seedlings Christian Preschool HAS permission to take pictures of my child, _____ during preschool activities. I understand that photos of my child may be displayed at school and used for portfolio purposes. Parents will be contacted for individual permission if photos are to be published to promote Little Seedlings Christian Preschool Kindergarten.

Parent/Guardian Signature _____ Date _____

==========

Volunteers Needed

Parent involvement in the classroom can be a wonderful experience for both you and your child. If you are interested in volunteering, please check any of the options below that interest you. Thank you for your help!

_____ Mystery Reader
_____ Assisting with the Scholastic book program, Campbell's Labels for Education
_____ Assisting with class parties
_____ Assisting during special activities (Thanksgiving Feast, Christmas Store, etc)
_____ Assisting with copying and cutting needs
_____ Sharing your occupation, skill or hobby.
Please specify. _____

"Growing the Seeds of Our Future"

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EMERGENCY FORM

INSTRUCTIONS TO PARENTS:
(1) Complete all items on this side of the form. Sign and date where indicated.
(2) If your child has a medical condition which might require emergency medical care, complete the back side of the form. If necessary, have your child's health practitioner review that information.

NOTE: THIS ENTIRE FORM MUST BE UPDATED ANNUALLY.

Child's Name _____ Birth Date _____
Last First

Enrollment Date _____ Hours & Days of Expected Attendance _____

Child's Home Address _____
Street/Apt. # City State Zip Code

Parent/Guardian Name(s)	Relationship	Phone Number(s)		
		Place of Employment: _____ W:	C:	H:
		Place of Employment: _____ W:	C:	H:

Name of Person Authorized to Pick up Child *(daily)* _____
Last First Relationship to Child

Address _____
Street/Apt. # City State Zip Code

Any Changes/Additional Information _____

_____

ANNUAL UPDATES _____ _____ _____ _____
(Initials/Date) *(Initials/Date)* *(Initials/Date)* *(Initials/Date)*

When parents/guardians cannot be reached, list at least one person who may be contacted to pick up the child in an emergency:

1. Name _____ Telephone (H) _____ (W) _____
Last First

Address _____
Street/Apt. # City State Zip Code

2. Name _____ Telephone (H) _____ (W) _____
Last First

Address _____
Street/Apt. # City State Zip Code

3. Name _____ Telephone (H) _____ (W) _____
Last First

Address _____
Street/Apt. # City State Zip Code

Child's Physician or Source of Health Care _____ Telephone _____

Address _____
Street/Apt. # City State Zip Code

In EMERGENCIES requiring immediate medical attention, your child will be taken to the NEAREST HOSPITAL EMERGENCY ROOM. Your signature authorizes the responsible person at the child care facility to have your child transported to that hospital.

Signature of Parent/Guardian _____ Date _____

INSTRUCTIONS TO PARENT/GUARDIAN:

(1) Complete the following items, as appropriate, if your child has a condition(s) which might require emergency medical care.

(2) If necessary, have your child's health practitioner review the information you provide below and sign and date where indicated.

Child's Name: _____ Date of Birth: _____

Medical Condition(s): _____

_____

Medications currently being taken by your child: _____

_____

Date of your child's last tetanus shot: _____

Allergies/Reactions: _____

_____

EMERGENCY MEDICAL INSTRUCTIONS:

(1) Signs/symptoms to look for: _____

_____

(2) If signs/symptoms appear, do this: _____

(3) To prevent incidents: _____

_____

OTHER SPECIAL MEDICAL PROCEDURES THAT MAY BE NEEDED: _____

_____

_____

_____

COMMENTS: _____

_____

_____

_____

_____

Note to Health Practitioner:

If you have reviewed the above information, please complete the following:

_____ _____

Name of Health Practitioner Date

_____ (_____)_____

Signature of Health Practitioner Telephone Number

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Student Name _____

Child Pick-Up

The following individuals have permission to pick up my child from Little Seedlings Christian Preschool and Kindergarten. [Please include your names (Mother's and Father's) also.]

Name	Relationship	Phone No.
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

I understand that if someone listed above is unknown to the teaching staff, identification will be required before a child will be released. All individuals should have ID available to present to teachers at dismissal time.

Someone other than those listed above may take a child home ***only*** if we have received written permission from a parent/guardian.

Parent/Guardian Signature _____ Date_____

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I have received a copy of the Little Seedlings Christian Preschool and Kindergarten Parent Handbook.

Student's Name _____

Parent's Signature _____ Date _____

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MARYLAND STATE DEPARTMENT OF EDUCATION
Office of Child Care

HEALTH INVENTORY

Information and Instructions for Parents/Guardians

REQUIRED INFORMATION

The following information is required prior to a child attending a Maryland State Department of Education licensed, registered or approved child care or nursery school:

- ***A physical examination*** *by a physician or certified nurse practitioner completed no more than twelve months prior to attending child care. A Physical Examination form designated by the Maryland State Department of Education and the Department of Health and Mental Hygiene shall be used to meet this requirement (See COMAR 13A.15.03.02, 13A.16.03.02 and 13A.17.03.02).*
- ***Evidence of Immunizations.*** *A Maryland Immunization Certification form for newly enrolling children may be obtained from th local health department or from school personnel. The immunization certification form (DHMH 896) or a printed or a computer generated immunization record form and the required immunizations must be completed before a child may attend. This form can be found at:*
  http://earlychildhood.marylandpublicschools.org/system/files/filedepot/3/maryland_immunization_certification_form_dhmh_89(
  -_february_2014.pdf
- ***Evidence of Blood-Lead Testing for children living in designated at risk areas.*** *The blood-lead testing certificate (DHMH 4620) (or another written document signed by a Health Care Practitioner) shall be used to meet this requirement. This form can be found at:* http://earlychildhood.marylandpublicschools.org/system/files/filedepot/3/dhmh_4620_bloodleadtestingcertificate_2016.pdf

EXEMPTIONS

Exemptions from a physical examination, immunizations and Blood-Lead testing are permitted if the family has an objection based on their religious beliefs and practices. The Blood-Lead certificate must be signed by a Health Care Practitioner stating a questionnaire was done.

Children may also be exempted from immunization requirements if a physician, nurse practitioner or health department official certifies that there is a medical reason for the child not to receive a vaccine.

The health information on this form will be available only to those health and child care provider or child care personnel who have a legitimate care responsibility for your child.

INSTRUCTIONS

Please complete Part I of this Physical Examination form. Part II must be completed by a physician or nurse practitioner, or a copy of your child's physical examination must be attached to this form.

If your child requires medication to be administered during child care hours, you must have the physician complete a Medication Authorization Form (OCC 1216) for each medication. The Medication Authorization Form can be obtained at http://earlychildhood.marylandpublicschools.org/system/files/filedepot/3/occ1216-medicationadministrationauthorization.pdf

If you do not have access to a physician or nurse practitioner or if your child requires an individualized health care plan, contact your local Health Department.

PART I - HEALTH ASSESSMENT

To be completed by parent or guardian

Child's Name: Last First Middle **Birth date:** Mo / Day / Yr **Sex** M☐F☐

Address: Number Street Apt# City State Zip

Parent/Guardian Name(s)	Relationship	Phone Number(s)		
		W:	C:	H:
		W:	C:	H:

Your Child's Routine Medical Care Provider	Your Child's Routine Dental Care Provider	Last Time Child Seen for
Name:	Name:	Physical Exam:
Address:	Address:	Dental Care:
Phone #	Phone	Any Specialist :

ASSESSMENT OF CHILD'S HEALTH - To the best of your knowledge has your child had any problem with the following? Check Yes or No and provide a comment for any YES answer.

	Yes	No	Comments (required for any Yes answer)
Allergies (Food, Insects, Drugs, Latex, etc.)	☐	☐	
Allergies (Seasonal)	☐	☐	
Asthma or Breathing	☐	☐	
Behavioral or Emotional	☐	☐	
Birth Defect(s)	☐	☐	
Bladder	☐	☐	
Bleeding	☐	☐	
Bowels	☐	☐	
Cerebral Palsy	☐	☐	
Coughing	☐	☐	
Communication	☐	☐	
Developmental Delay	☐	☐	
Diabetes	☐	☐	
Ears or Deafness	☐	☐	
Eyes or Vision	☐	☐	
Feeding	☐	☐	
Head Injury	☐	☐	
Heart	☐	☐	
Hospitalization (When, Where)	☐	☐	
Lead Poison/Exposure complete DHMH4620	☐	☐	
Life Threatening Allergic Reactions	☐	☐	
Limits on Physical Activity	☐	☐	
Meningitis	☐	☐	
Mobility-Assistive Devices if any	☐	☐	
Prematurity	☐	☐	
Seizures	☐	☐	
Sickle Cell Disease	☐	☐	
Speech/Language	☐	☐	
Surgery	☐	☐	
Other	☐	☐	

Does your child take medication (prescription or non-prescription) at any time? and/or for ongoing health condition?

☐ No ☐ Yes, name(s) of medication(s):

Does your child receive any special treatments? (Nebulizer, EPI Pen, Insulin, Counseling etc.)

☐ No ☐ Yes, type of treatment:

Does your child require any special procedures? (Urinary Catheterization, G-Tube feeding, Transfer, etc.)

☐ No ☐ Yes, what procedure(s):

I GIVE MY PERMISSION FOR THE HEALTH PRACTITIONER TO COMPLETE PART II OF THIS FORM. I UNDERSTAND IT IS FOR CONFIDENTIAL USE IN MEETING MY CHILD'S HEALTH NEEDS IN CHILD CARE.

I ATTEST THAT INFORMATION PROVIDED ON THIS FORM IS TRUE AND ACCURATE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

Signature of Parent/Guardian _____ Date _____

PART II - CHILD HEALTH ASSESSMENT

To be completed *ONLY* by Physician/Nurse Practitioner

Child's Name: Last / First / Middle	Birth Date: Month / Day / Year	Sex M ☐ F ☐

1. Does the child named above have a diagnosed medical condition?
☐ No ☐ Yes, describe:

2. Does the child have a health condition which may require EMERGENCY ACTION while he/she is in child care? (e.g., seizure, allergy, asthma, bleeding problem, diabetes, heart problem, or other problem) If yes, please DESCRIBE and describe emergency action(s) on the emergency card.
☐ No ☐ Yes, describe:

3. PE Findings

Health Area	WNL	ABNL	Not Evaluated	Health Area	WNL	ABNL	Not Evaluated
Attention Deficit/Hyperactivity	☐	☐	☐	Lead Exposure/Elevated Lead	☐	☐	☐
Behavior/Adjustment	☐	☐	☐	Mobility	☐	☐	☐
Bowel/Bladder	☐	☐	☐	Musculoskeletal/orthopedic	☐	☐	☐
Cardiac/murmur	☐	☐	☐	Neurological	☐	☐	☐
Dental	☐	☐	☐	Nutrition	☐	☐	☐
Development	☐	☐	☐	Physical Illness/Impairment	☐	☐	☐
Endocrine	☐	☐	☐	Psychosocial	☐	☐	☐
ENT	☐	☐	☐	Respiratory	☐	☐	☐
GI	☐	☐	☐	Skin	☐	☐	☐
GU	☐	☐	☐	Speech/Language	☐	☐	☐
Hearing	☐	☐	☐	Vision	☐	☐	☐
Immunodeficiency	☐	☐	☐	Other:	☐	☐	

REMARKS: (Please explain any abnormal findings.)

4. **RECORD OF IMMUNIZATIONS** – DHMH 896/or other official immunization document (e.g. military immunization record of immunizations) is required to be completed by a health care provider or a computer generated immunization record must be provided. (This form may be obtained from: http://earlychildhood.marylandpublicschools.org/system/files/filedepot/3/maryland_immunization_certification_form_dhmh_896_-_february_2014.pdf

RELIGIOUS OBJECTION:

I am the parent/guardian of the child identified above. Because of my bona fide religious beliefs and practices, I object to any immunizations being given to my child. This exemption does not apply during an emergency or epidemic of disease.

Parent/Guardian Signature: _____ Date: _____

5. Is the child on medication?
☐ No ☐ Yes, indicate medication and diagnosis:
(OCC 1216 Medication Authorization Form must be completed to administer medication in child care).

6. Should there be any restriction of physical activity in child care?
☐ No ☐ Yes, specify nature and duration of restriction:

7. Test/Measurement	Results		Date Taken	
Tuberculin Test				
Blood Pressure				
Height				
Weight				
BMI %tile				
Lead Test Indicated: DHMH 4620 ☐ Yes ☐ No	Test #1	Test#2	Test # 1	Test #2

_____ **has had a complete physical examination and any concerns have been noted above.**
(Child's Name)

Additional Comments: _____

Physician/Nurse Practitioner (Type or Print):	Phone Number:	Physician/Nurse Practitioner Signature:	Date:

MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE BLOOD LEAD TESTING CERTIFICATE

Instructions: Use this form when enrolling a child in child care, pre-kindergarten, kindergarten or first grade. **BOX A** is to be completed by the parent or guardian. **BOX B**, also completed by parent/guardian, is for a child born before January 1, 2015 who does not need a lead test (children must meet all conditions in Box B). **BOX C** should be completed by the health care provider for any child born on or after January 1, 2015, and any child born before January 1, 2015 who does not meet all the conditions in Box B. **BOX D** is for children who are not tested due to religious objection (must be completed by health care provider).

BOX A-Parent/Guardian Completes for Child Enrolling in Child Care, Pre-Kindergarten, Kindergarten, or First Grade

CHILD'S NAME_____/_____/_____
LAST FIRST MIDDLE

CHILD'S ADDRESS_____/_____/_____/_____
STREET ADDRESS (with Apartment Number) CITY STATE ZIP

SEX: ☐Male ☐Female BIRTHDATE____/____/____ PHONE_____

PARENT OR GUARDIAN_____/_____/_____
LAST FIRST MIDDLE

BOX B – For a Child Who Does Not Need a Lead Test (Complete and sign if child is NOT enrolled in Medicaid AND the answer to EVERY question below is NO):

Was this child born on or after January 1, 2015? ☐ YES ☐ NO
Has this child ever lived in one of the areas listed on the back of this form? ☐ YES ☐ NO
Does this child have any known risks for lead exposure (see questions on reverse of form, and talk with your child's health care provider if you are unsure)? ☐ YES ☐ NO

If all answers are NO, sign below and return this form to the child care provider or school.

Parent or Guardian Name (Print):_____ **Signature:** _____ **Date:** _____

If the answer to ANY of these questions is YES, OR if the child is enrolled in Medicaid, do not sign Box B. Instead, have health care provider complete Box C or Box D.

BOX C – Documentation and Certification of Lead Test Results by Health Care Provider

Test Date	Type (V=venous, C=capillary)	Result (mcg/dL)	Comments

Comments:

Person completing form: ☐Health Care Provider/Designee OR ☐School Health Professional/Designee

Provider Name:_____ Signature:_____

Date:_____ Phone: _____

Office Address: _____

BOX D – Bona Fide Religious Beliefs

I am the parent/guardian of the child identified in Box A, above. Because of my bona fide religious beliefs and practices, I object to any blood lead testing of my child.

Parent or Guardian Name (Print):_____ Signature:_____ Date: _____

****

This part of BOX D must be completed by child's health care provider: Lead risk poisoning risk assessment questionnaire done: ☐ YES ☐ NO

Provider Name:_____ Signature:_____

Date:_____ Phone: _____

Office Address: _____

DHMH FORM 4620 REVISED 5/2016 REPLACES ALL PREVIOUS VERSIONS

HOW TO USE THIS FORM

The documented tests should be the blood lead tests at 12 months and 24 months of age. Two test dates and results are required if the first test was done prior to 24 months of age. If the first test is done after 24 months of age, one test date with result is required. The child's primary health care provider may record the test dates and results directly on this form and certify them by signing or stamping the signature section. A school health professional or designee may transcribe onto this form and certify test dates from any other record that has the authentication of a medical provider, health department, or school. All forms are kept on file with the child's school health record.

At Risk Areas by ZIP Code from the 2004 Targeting Plan (for children born BEFORE January 1, 2015)

Allegany
ALL

Anne Arundel
20711
20714
20764
20779
21060
21061
21225
21226
21402

Baltimore Co.
21027
21052
21071
21082
21085
21093
21111
21133
21155
21161
21204
21206
21207
21208
21209
21210

Baltimore Co. (Continued)
21212
21215
21219
21220
21221
21222
21224
21227
21228
21229
21234
21236
21237
21239
21244
21250
21251
21282
21286

Baltimore City
ALL

Calvert
20615
20714

Caroline
ALL

Carroll
21155
21757
21776
21787
21791

Cecil
21913

Charles
20640
20658
20662

Dorchester
ALL

Frederick
20842
21701
21703
21704
21716
21718
21719
21727
21757
21758
21762
21769

Frederick (Continued)
21776
21778
21780
21783
21787
21791
21798

Garrett
ALL

Harford
21001
21010
21034
21040
21078
21082
21085
21130
21111
21160
21161

Howard
20763

Kent
21610
21620
21645
21650
21651
21661
21667

Montgomery
20783
20787
20812
20815
20816
20818
20838
20842
20868
20877
20901
20910
20912
20913

Prince George's
20703
20710
20712
20722
20731

Prince George's (Continued)
20737
20738
20740
20741
20742
20743
20746
20748
20752
20770
20781
20782
20783
20784
20785
20787
20788
20790
20791
20792
20799
20912
20913

Queen Anne's
21607
21617
21620
21623
21628

Queen Anne's (Continued)
21640
21644
21649
21651
21657
21668
21670

Somerset
ALL

St. Mary's
20606
20626
20628
20674
20687

Talbot
21612
21654
21657
21665
21671
21673
21676

Washington
ALL

Wicomico
ALL

Worcester
ALL

Lead Risk Assessment Questionnaire Screening Questions:

1. Lives in or regularly visits a house/building built before 1978 with peeling or chipping paint, recent/ongoing renovation or remodeling?
2. Ever lived outside the United States or recently arrived from a foreign country?
3. Sibling, housemate/playmate being followed or treated for lead poisoning?
4. If born before 1/1/2015, lives in a 2004 "at risk" zip code?
5. Frequently puts things in his/her mouth such as toys, jewelry, or keys, eats non-food items (pica)?
6. Contact with an adult whose job or hobby involves exposure to lead?
7. Lives near an active lead smelter, battery recycling plant, other lead-related industry, or road where soil and dust may be contaminated with lead?
8. Uses products from other countries such as health remedies, spices, or food, or store or serve food in leaded crystal, pottery or pewter.

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MARYLAND
Department of Health and Mental Hygiene

Vaccine Requirements For Children
Enrolled in Preschool Programs and in Schools — Per DHMH COMAR 10.06.04.03
Maryland School Year 2017 - 2018 (Valid 9/1/17 - 8/31/18)

Required cumulative number of doses for each vaccine for PRESCHOOL aged children enrolled in educational programs

Vaccine / Current Age of Child	DTaP/DTP/DT[1]	Polio[2]	Hib[3]	Measles,[2,4] Mumps, Rubella	Varicella[2,4,5] (Chickenpox)	Hepatitis B	PCV[3] (Prevnar™)
Less than 2 months	0	0	0	0	0	1	0
2 - 3 months	1	1	1	0	0	1	1
4 - 5 months	2	2	2	0	0	2	2
6 - 11 months	3	3	2	0	0	3	2
12 - 14 months	3	3	At least 1 dose given after 12 months of age	1	1	3	2
15 - 23 months	4	3	At least 1 dose given after 12 months of age	1	1	3	2
24—59 months	4	3	At least 1 dose given after 12 months of age	1	1	3	1
60 - 71 months	4	3	0	2	1	3	0

Required cumulative number of doses for each vaccine for children enrolled in KINDERGARTEN - 12th grade

Grade	Grade Level (Ungraded)	DTaP/DTP/Tdap/DT/Td[1,6]	Tdap[6]	Polio[2]	Measles,[2,4] Mumps, Rubella	Varicella[2,4,5] (Chickenpox)	Hepatitis B	Meningococcal
Kindergarten, Grade 1, 2 & 3	(5-7 yrs)	4 or 3	0	3	2	2	3	0
Grades 4 - 6	(8- 11 yrs)	3	0	3	2	1 or 2	3	0
Grade 7, 8, 9 & 10	(12-14 yrs)	3	1	3	2	1 or 2	3	1
Grades 11-12	(15-18+ yrs)	3	0	3	2	1 or 2	3	0

*** See footnotes on back for 2017-18 school immunization requirements.**

Vaccine Requirements For Children
Enrolled in Preschool Programs and in Schools
Maryland School Year 2017 - 2018 (Valid 9/1/17 - 8/31/18)

FOOTNOTES

Requirements for the 2017-18 school year are:

- **2 doses of Varicella vaccine for entry into Kindergarten, 1st, 2nd AND 3rd Grade**
- **1 dose of Tdap vaccine for entry into 7th, 8th, 9th AND 10th grades**
- **1 dose of Meningococcal vaccine for entry into 7th, 8th, 9th AND 10th grades**

Instructions: On the chart locate the student's age or grade and read from left to right on the chart to determine the NUMBER of required vaccinations by age or grade. Dosing or spacing intervals should not be considered when determining if the requirement is met, only count the number of doses needed. MMR and Varicella vaccination dates should be evaluated (See footnote #4).

1. If DT vaccine is given in place of DTP or DTaP, a physician documented medical contraindication is required.

2. Proof of immunity by positive blood test is acceptable in lieu of vaccine history for hepatitis B, polio and measles, mumps, rubella and varicella, **but revaccination may be more expedient.**

3. Hib and PCV(Prevnar™) are not required for children older than 59 months (5 years) of age.

4. All doses of measles, mumps, rubella and varicella vaccines should be given on or after the first birthday. However, upon record review for students in preschool through 12th grade, a preschool or school may count as valid vaccine doses administered less than or equal to four (4) days before the first birthday.

5. One dose of varicella (chickenpox) is required for a student younger than 13 years of age. Two doses of varicella vaccine are required for students entering Kindergarten, 1st, 2nd and 3rd grade and for previously unvaccinated students 13 years of age or older. Medical diagnosis of varicella disease is acceptable in lieu of vaccination. Medical diagnosis is documented history of disease provided by a health care provider. Documentation must include month and year.

6. Four (4) doses of DTP/DTaP are required for children less than 7 years old. Three (3) doses of tetanus and diphtheria containing vaccine (any combination of the following — DTP, DTaP, Tdap, DT or Td) are required for children 7 years of age and older. One dose of Tdap vaccine received prior to entering 7th grade is acceptable and should be counted as a dose that fulfills the Tdap requirement.

7. Polio vaccine is not required for persons 18 years of age and older.

Little Seedlings Christian Preschool believes "The End is based upon the Beginning"

We are also here to:

- To help children learn about God and His importance in their lives
- To help each child realize that he/she is special and loved
- To become familiar with Bible stories from the Old and NewTestaments
- To help children discover who they are and what the world is about
- To teach children Christian values
- To help children build positive relationships with adults and other children
- To show children that church is a good place to be
- To provide theme-related activities that reinforce learning
- To provide learning activities in a non-competitive setting

Choose Healthy Snacks

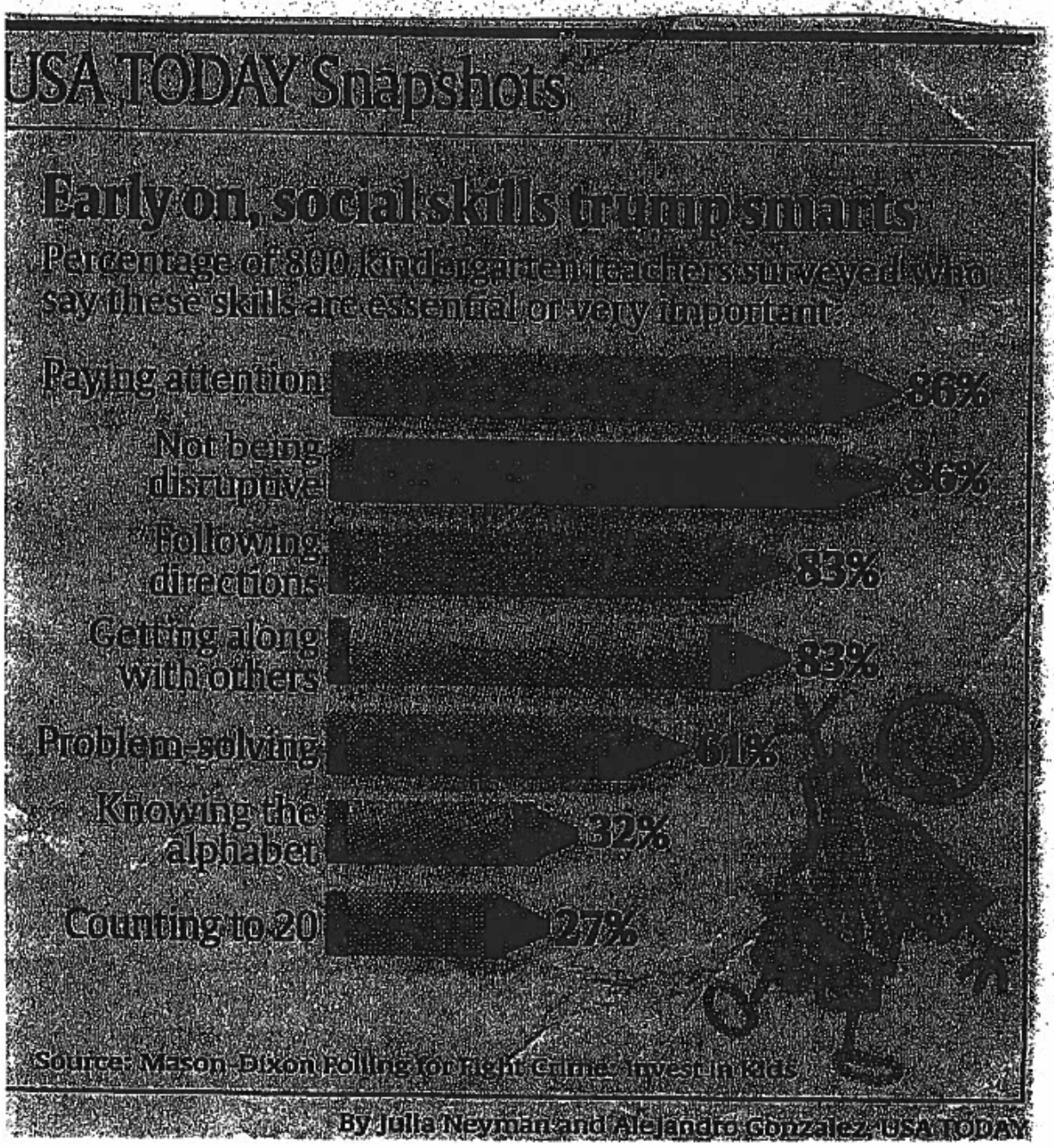
Because children have small stomach, then need to eat more frequently than adults. It's hard for them to get all the nutrients they need in three meals, so healthy snacks are essential for proper nutrition. Here are some ideas:

Children 2 years and older:

- Unsweetened fruit juices, tomato and vegetable juices
- Raw, canned, or dried fruits including applesauce, melon, pineapple, strawberries, blueberries, pitted plums and cherries, raisins, and pitted prunes
- Raw vegetable slices such as cucumber, celery, carrot, tomato, green pepper, turnip, cauliflower, broccoli, radish, squash, avocado, and cabbage
- Whole wheat crackers, graham crackers, bran muffins, corn muffins, dry cereal (not sugar-coated), granola, bread sticks and small pieces of bread or toast
- Smooth peanut butter on crackers or toast
- Cheese strips or cubes
- Small sandwiches made with cheese or peanut butter, tortilla filled with refried beans
- Shelled nuts or sunflower seeds

Excerpted from CCA – Healthful Snack Guidelines

When making your selections of snack choices, please keep in mind that Little Seedlings Christian Preschool and Kindergarten does not provide refrigeration or freezer use.


USA TODAY Snapshots
Early on, social skills trump smarts
Percentage of 800 kindergarten teachers surveyed who say these skills are essential or very important:
Paying attention
86%
Not being disruptive
86%
Following directions
85%
Getting along with others
83%
Problem-solving
61%
Knowing the alphabet
32%
Counting to 20
27%
Source: Mason-Dixon Polling for Fight Crime: Invest in Kids
By Julia Neyman and Alejandro Gonzalez, USA TODAY

A Developmentally Appropriate Program

Our program is active and noisy compared to other programs due to our developmentally appropriate practices. This means simply that we think first about what young children are like and then create a learning environment and experiences that are in tune with these characteristics. Research has taught us that children at this age learn best through direct interactive experiences. For example, most preschoolers will gain more from stepping or jumping on (alphabet) letters on the floor than encountering them on a cut and paste or circle the right answer work sheet. The activities we suggest need to be relevant and interesting to them now and not just in the context of future learning.

Mixed age grouping allows slightly older children to introduce concepts and themes to younger children that they would not yet come up with on their own. More advanced peers offer the structure for the tiny steps that facilitate learning in a natural manner. Adults tend to be too far advanced to provide this in quite the same way.

Children at this age respond well to having choices, so a variety of learning activities are available and children are free to move among them for the majority of the class time. These choices empower children to take control of their own learning. Children use materials and equipment in far more creative and innovative ways than we could ever plan, and they use the materials in ways that meet their own developmental needs. Research indicates that intrinsic motivation (working on a task because we find it satisfying) is the most effective and engaging way to learn.

Developmentally appropriate also means we look at each child's family, cultural background, past experiences and current circumstances and integrate this knowledge to make the program fit the child.

All these put together provide young children with a learning environment in which they feel comfortable and can function to their fullest capacity because it speaks specifically to who they are at this important time in their lives.