Hancock County Early Learning Center

Upon enrollment parents will be given the policies and procedures handbook along with the summary of licensing requirements and signatures will be obtained.

Child's Name_____

I have received the policies and procedures of the Hancock County Early Learning Center and understand and agree to follow them. I have also received a summary of licensing requirements.

Parent's Signature_____

Date_____

The following 2 documents are included with this application. Please sign below if you have read and understand them.

I have read and understand the attendance policy for the Hancock County Early Learning Center.

Parent's Signature_____

Date_____

I have received, understand, and agree to the terms stated in the suspension and expulsion Policy.

Parent's Signature_____

Date_____

• Group settings are not appropriate for all children. In the event that our program is not appropriate for your child, or if your child constitutes a safety or legal hazard to himself, other children, staff, or the program, we reserve the right to withdraw services.

• Ineligibility for services due to laws, regulations, or other legal requirements.

Documentation of phone calls, letters, and parent conferences concerning cause for termination of services will be kept by the teacher. A conference will be held in all cases where termination is being considered. The principal, teacher and parent will attend this conference. Failure of parent to attend the conference may result in automatic termination.

I have received, understand and agree to the terms stated in the suspension and expulsion policy.

Child's Name: _____

Parent's Signature: _____ Date: _____

convene to discuss a change to provide a more appropriate program or services.

Participation in special education services is voluntary, parents may withdraw their children at any time. School systems may not dismiss children but an IEP team can convene to discuss a change to provide a more appropriate program or services. Any suspensions or expulsions of preschool children with disabilities in special education programs must follow IDEA regulations.

Given the negative impact of exclusionary discipline in early education, the use of suspension and expulsion in pre-K–K should not be viewed as an intervention. Rather, it should only be reserved as a last resort. Exclusionary discipline disrupts the learning process and impacts the social and personal development of a child. A proactive approach to addressing this issue can be achieved by engaging stakeholders, providing guidance, and promoting evidence-based strategies. Behavior Management and Guidance will include: 1) Develop a behavior management policy that aligns to positive behavior supports and interventions. 2) Implement and document a restorative practice plan, including, but not limited to consulting with district special education supervisors, to address behavioral concerns in collaboration with the family; and 3) Submit a written request to TDOE Early Learning Grant Manager for the permanent dismissal of a child, including, but not limited to documentation of the restorative practice plan and efforts.

Termination of services can occur for the following reasons:

- Failure to provide required documentation.
- Failure to complete required paperwork in a timely manner.
- Failure to provide verification of child's physical examination.
- Failure to provide updated immunization records.
- Failure to abide by the guidelines under Absences in the handbook.
- Failure to adhere to the policies and procedures of the Hancock County Board of Education.

Hancock County Early Learning Center

Suspension and Expulsion Policy

It is the goal of Hancock County Schools to avoid expelling or suspending a 3-5-year-old student. We attempt to provide the supports needed to ensure students receive the necessary skills to make the child successful in the classroom.

Behaviors that are interfering with a child's learning or the learning of others need to be addressed. There are many ways to support children who have difficult behavior. Individual programs may have specific rules to address this issue. The preschool program and the family should work together to collect data to identify the cause of the behavior, and to develop a plan for changing the behavior. Behavior plans should be developed on the principals of research based positive behavioral supports, with an understanding that negative behaviors must be replaced by appropriate positive behaviors. It is important to teach appropriate positive behaviors and to reinforce and reward the child for using those behaviors. Positive supports and consequences are determined on an individual basis. It is important for everyone to follow the agreed upon plan consistently for a period of time before evaluating the effectiveness of the plan, usually for two to three weeks. Children's behaviors usually get worse instead of better right after a plan is put into place, as the child is often trying to "test" or get around the plan. Under certain circumstances the Individuals with Disabilities Education Act (IDEA) requires a Functional Behavior Assessment (FBA) and the implementation of a behavior intervention plan (BIP). Any preschool child with a disability and an Individual Education Plan (IEP) that addresses behavior must have that plan followed.

Participation in the program is voluntary. Parents can withdraw their child at any time. The TN VPK programs cannot dismiss a child due to inappropriate behavior without submitting documentation of the attempted behavioral interventions to the Tennessee Department of Education's office of Early Learning. Children with Individual Education Plans (IEPs) being served by the TN VPK may not be dismissed; however, the IEP team may

TEIS Attendance Policy

Children in the Tennessee Early Intervention System Program are required to be in attendance the number of days and hours that is stated in each child's IFSP. Parents will be required to participate in six month and annual meetings in order to review IFSP goals. Parents will also be required to participate in family engagement activities throughout the year.

Children who do not attend the required number of days and hours each week will be at risk of being dismissed from the program. When children have missed two weeks consecutively, parents will receive a notice stating that the child will no longer be able to attend the Early Learning Center due to absenteeism. If your child will be missing a day of school, please contact the Early Interventionist and let them know the reason for being absent. The child's case will not be affected for an absence due to sickness, death in the family or other reasons deemed appropriate by administration.

Hancock County Early Learning Center

Photo and Video Permission Form

I give the Hancock County Early Learning Center staff permission to Photograph/Video my child _____ for the use of portfolios, newsletters, projects and activities. These will be kept on file in order to track progress or to be observed by state officials concerning requirements at the center.

Parent Signature_____

Date_____

Hancock County Early Learning Center

Child Abuse/Neglect Policy

Should child abuse or neglect be suspected by the Hancock County Early Learning Center Staff, they are required by law to report their findings to the Department of Human Services who will investigate the report and take the action deemed necessary.

I have read the child abuse and neglect policy and understand it fully.

Parent Signature_____

Date_____

_____Fetal Alcohol Syndrome/Fetal Alcohol Effect

_____Other

Explain_____

_____

10. Please indicate which of the following professionals your child has seen:

_____Ear Nose and Throat Specialist _____Pediatrician

_____Audiologist _____ESL Teacher

_____Occupational Therapist _____Reading Clinician

_____Psychologist _____Physical Therapist

_____Resource Teacher

11. If your child has received any of the above services, please describe:

_____

_____

_____

_____

12. Has your child ever been seen by a speech pathologist? _____Yes _____No

If yes, where?_____

When?_____

13. Does your child have difficulty sleeping? _____Yes _____No If yes, explain:_____

_____

_____

13. Has your child recently attended any other schools? _____Yes _____No

If yes, where?_____

Medical and Developmental History

1. Were there any problems/complications during the pregnancy and delivery? If yes, please describe:

_____

_____

_____

_____

2. Was your child born premature? _____Yes _____No

If yes, how many weeks_____

3. What was your child's birth weight? _____

4. Has your child had frequent ear infections? _____Yes _____No

5. Does your child have tubes in his/her ears? _____Yes _____No

6. Does your child have any known visual problems? _____Yes _____No If yes, explain:

_____

_____

_____

7. When did your child start saying his/her first words? _____Before 2 years of age _____After 2 years of age

8. Did your child put words together (e.g. "me cookie") ____Before the age of 3? _____After the age of 3?

9. Please indicate any known diagnoses your child may have:

_____Cerebral Palsy _____Down Syndrome

_____Hearing Impairment _____Autism Spectrum Disorder

_____Visual Impairment _____Tongue thrust

_____Behavioral Difficulties _____Cognitive Impairment

_____ADHD/ADD _____Cleft lip/Palate

Toilet Habits:

Is Child potty-trained? _____ Does he/she take themselves?

Speech & Physical Growth:

Does he/she talk well? _____ Not Very Well? _____Not at all? ____

Does anyone read to him/her? _____ how regularly?

_____

At what age did he/she crawl? _____ Walk? _____

personnel to give treatment and will assume financial responsibility for such care.

Parent Signature: _____

To ensure the safety of your child, please list other adults to whom your child may be released or who are authorized to provide transportation for your child.

_____ _____

_____ _____

_____ _____

Emergency Information

Name of person authorized to act for parent in an emergency, Must list two emergency contacts with working numbers.

_____ _____

_____ _____

Back Ground Information

Other Children in the family	Birth Date	School

Is either parent: -Active Duty Military _____Yes _____No
-National Guard Military _____Yes _____No
- Reserve Military Dependent _____Yes _____No
-If yes, _____full time or _____part time.

Parent/Legal Guardian Education:
Mother, __ Middle School __High School ___ College __Other
Father, __ Middle School __ High School ___ College __ Other

Who is your local family physician? _____

With what company do you have hospital insurance?

_____ ID# _____

Does this child have any physical, medical ailment or defect?

_____Yes _____ No

(If yes, please explain) _____

_____

Does your child have any allergies?

_____Yes _____No

(If yes, please explain)

_____

_____

What medications if any are taken regularly?

_____

I, the legal parent (guardian) of _____

Do hereby authorize the personnel of Hancock County Early Learning Center to seek emergency medical care for my child and emergency

Hancock County Early Learning Center

2026-27

Childs Name _____

First Middle Last

Preferred Name_____

Street Address _____City:_____

Zip:_____ Home Phone: _____

Cell Phone:_____

Social Security # _____ Date of application_____

Child's Birthday _____

Age of child on August 15, 2026_____

Race:

_____American Indian or Alaska Native _____White

_____Native Hawaiian or Other Pacific Islander _____Asian

_____Black or African American

Is the student Hispanic/Latino? _____Yes _____No

Does any of the following apply to the student:

_____Individualized Education Plan _____504 Plan _____Foster Care _____Migrant

Child Lives with:

__ Both Parents __ Mother __ Father __ Step-parent __ Relatives

Parents are: (Check all that Apply)

__ Married ____ Separated ___ Divorced __ Other

Information Sheet

Name: _____ Birthday: _____

Parents:/Guardian: _____

Address: _____ Phone: _____

Bus Services are provided on an as needed basis.

Directions to Home (If more room is needed use back of sheet)

_____

_____

Emergency Contact (Including Work Numbers):

_____

_____

_____

Allergy Alerts:

_____

_____

Can Pick Up	Cannot Pick Up
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Hancock County Early Learning Center

Child's Name_____

Dear Parents,

In order to comply with state requirements, your child needs the following items to complete his or her file. The items must be turned in to the office in order for your child to be accepted and begin the program at the Hancock County Early Learning Center. If you have questions, please contact me at 733-1762.

_____Social Security Card

_____Shot Record and Physical **(Must be on Tennessee Department of Health Form)**

_____Custody Papers (If applicable)

_____Birth Certificate

_____Insurance Card

_____Proof of Income

Thank You,

Angela Rasnic

Director HCELC