

Teens 'n' Tots Preschool

Lapeer County Education and Technology Center
690 N. Lake Pleasant Rd., Attica
810.664.1124 x4164

Teens 'n' Tots Preschool is the laboratory school for the Careers in Education program at Lapeer County Education and Technology Center. High school students spend time in the classroom with the program instructor, Mrs. Katie Josef, studying child development and then working in our licensed preschool along with our preschool director and teacher to develop the skills necessary to successfully have a career in education.

Daily Activities:

- **Small Group**
 - Name Writing
 - Personal Information (Phone Number, Address, Birthdate)
 - Letter Practice
 - Activity - Craft or Kindergarten Readiness
- **Circle Time**
 - Sing Songs
 - Read Books
 - Calendar
 - Letters, Numbers, Colors, Shapes, Sight Words
 - Helper of the Day
 - Show and Tell
- **Play Time in the Room**
 - Interest Learning Areas
 - Snack
- **Learning Centers (PM only)**
 - Additional hour split into 15 minute sections
 - Focus: Letters, Numbers, Personal Information, Sight Words, Sounds, Math and Science
- **Outdoor Play (as weather permits)**
- **Occasional Field Trips**
 - Outside the Building
 - Visiting Programs in the Building

A Preschool Slot is Reserved When:

- Application Received
- Deposit Paid (This covers Sept. and May tuition!)
 - \$25 for the AM Session
 - \$50 for the PM Session

Tuition Cost:

- \$25 for the AM Session (\$200 per year)
- \$50 for the PM Session (\$400 per year)
- Discount for Siblings

Sessions and Calendar:

- **AM Session:**
 - 8 - 10 AM
 - 3 year olds
 - \$25 per month (\$200 per year)
 - Children must be 3 before they start preschool.
 - Designed to acclimate your child to a structured learning environment and to teach and improve early learning skills.
- **PM Session:**
 - 11 AM - 2 PM
 - 4 - 5 year olds
 - \$50 per month (\$400 per year)
 - Children must be eligible for Kindergarten the following year.
 - Designed for students who have been to preschool before or who are academically and socially ready for the "next step."
- **Monday – Thursday**
- May attend 2, 3, or 4 days depending on family preference.
- **Mid-Sept. – Mid-May**
 - Breaks that follow the Ed-Tech calendar

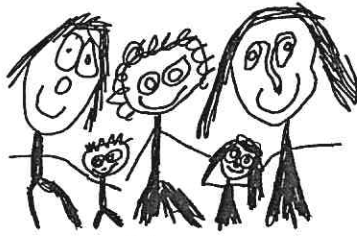
Other Information:

- All children must be reliably potty trained.
- Extremely low teacher-to-student ratios (1 to 1 – 1 to 3)
- "Extremely Satisfied" ratings from previous parents.
- We accept new students year-round as long as there are open slots!
- Licensed for 3 yrs. - 5 yrs. 11 mo.



For more information:

810.664.1124 x4164
kjosef@lapeerisd.org



Teens 'n' Tots Preschool
Lapeer County Education & Technology Center

690 N. Lake Pleasant Rd.
Attica, MI 48412
810 664-1124 Ext. 4164
kjosef@lapeerisd.org

Thank you for inquiring about our preschool program. Teens 'n' Tots Preschool is the laboratory school for the Careers in Education program at Lapeer County Education and Technology Center. High school students spend time in the classroom with the program instructor, Mrs. Katie Josef, studying child development and then working in our licensed preschool along with our preschool director and teacher to develop the skills necessary to successfully have a career in education.

Our program is play-based. We believe, and research shows, that children learn best by exploring their world, manipulating materials, and by doing. For that reason, we provide an environment where they can safely explore and grow intellectually, emotionally, physically, and socially.

We have two sessions:

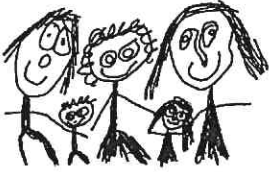
- The AM session meets from 8 to 10 AM. The AM session is designed to acclimate your child to an organized learning environment and to teach and increase early learning skills. Children must be 3 before starting in this preschool class. This session is \$200 per year, which can be made in monthly payments of \$25.
- The PM session meets from 11 AM to 2 PM. The PM session is designed for students who have been to preschool before or who are academically and socially ready for the "next step." Children must be eligible for Kindergarten the following year. This session is \$400 per year, which can be made in monthly payments of \$50.
- Both sessions meet Monday through Thursday. Students will be able to attend 2, 3, or 4 days depending on family preference. Our preschool year runs from mid-September to mid-May with breaks that follow the Ed-Tech calendar. All children must be reliably potty trained.

Our tuition is \$200 per year for the AM session, which may be paid in payments of \$25 per month. The tuition of the PM session is \$400 per year, which may be paid in payments of \$50 per month. We also offer a discount for siblings.

Your child's spot in the preschool is reserved when we receive your application and deposit (which covers September and May tuition). The deposit for the AM session is \$25. The deposit for the PM session is \$50. We accept new students year-round as long as there are open slots!

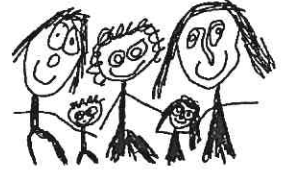
We will be glad to answer any further questions you may have. Please call us at the above number or email Katie Josef at kjosef@lapeerisd.org. We look forward to getting to know you and your child. Thank you for considering our program.

Teens 'n' Tots Preschool Staff



Teens 'n' Tots Preschool

Lapeer County Education & Technology Center
690 N. Lake Pleasant Rd.
Attica, MI 48412
(810) 664-1124 Ext. 4164



Registration Form

Registration Fee Paid ___/___/___ Check # _____ Receipt # _____

Child's Legal Name _____
Last First Middle

Name Child Goes By _____ Sex _____ Birth Date ___/___/___

Home Address _____
Number/Street City Zip

Home Phone (_____) _____ Cell Phone (_____) _____

Email _____

Mother / Legal Guardian:

Father / Legal Guardian:

Name _____

Name _____

Address (if different from child) _____

Address (if different from child) _____

City/State/Zip _____

City/State/Zip _____

Employer _____

Employer _____

Cell Phone (_____) _____

Cell Phone (_____) _____

If your physician is not available, may the school call one? _____

Does your child have any health problems, disabilities, or allergies? If so, please list: _____

Any food or activity restrictions due to religious beliefs, etc.? _____

Names and birth dates of other children in the family:

1. _____ 2. _____ 3. _____

4. _____ 5. _____ 6. _____

What do you expect your child to gain from a pre-school experience? _____

1. The Lapeer County Education Technology Center Teens 'n' Tots Preschool is a training situation for high school students who have been accepted into the Careers in Education Program. As trainees, these students will be working in the Teens 'n' Tots Preschool under the supervision of the Director and Head Teacher.
2. The tuition fee is currently \$200 per school year or \$25 per month for 2-4 days a week for 3-year-olds in the AM class. The tuition fee is currently \$400 per school year or \$50 per month for 2-4 days a week for 4- to 5-year-olds in the PM class. There are no tuition differences for the 2, 3, and 4 day week options. The first payment is due at registration and will cover the September and May payment. The payment is non-refundable. Subsequent payments are due the first week of each month, starting in October. Preschoolers will not be allowed to attend if tuition is not paid by the due dates. There will be no refunds of tuition for absences. Two snow days are built into the fee schedule.
3. Health examinations and immunizations are required before any child may attend the Preschool in accordance with Michigan law. Parents or guardians shall not send or bring a child to the center if illness of a communicable nature exists at home or if the child shows signs of illness. If illness occurs while the child is at school, he/she will be isolated until the parents or another responsible person can remove him/her from the school.
4. Parents are responsible for transporting their children to and from school. The Lapeer County Education Technology Center does not provide transportation.
5. Permission is granted to record for instructional purposes (audio, visual tapes, and pictures).
6. I hereby grant permission for my child to participate in field trips as scheduled and authorized by the Center's staff and will be notified in advance of outings away from the Center.

Session Selection: Please check the appropriate box.

- AM Session 8:00 – 10:00 (3-year-old session)
- PM Session 11:00 – 2:00 (4- to 5-year-old session)

How did you hear of us? _____

Parent or Legal Guardian Signature

_____/_____/_____
Date

CHILD INFORMATION RECORD

State of Michigan Department of Human Services - Bureau of Children and Adult Licensing

Instructions: Unless otherwise indicated, all requested information must be provided. If the information is not known or does not apply, "unknown" or "none" is the required response. A blank field, a line through a field or "N/A" are not acceptable responses.

For Provider Use Only:		Date of Admission		Date of Discharge	
Name of Child (Last, First, Middle Initial)					Child's Date of Birth
Address (Number and Street, Building/Apartment Number)			City	State	Zip Code
Father/Legal Guardian's Name		Home Phone ()	Mother/Legal Guardian's Name		Home Phone ()
Home Address (if not child's address)		Cell Phone ()	Home Address (if not child's address)		Cell Phone ()
City	State	Zip Code	City	State	Zip Code
Email Address (optional)			Email Address (optional)		
Employer Name		Work Phone ()	Employer Name		Work Phone ()
Name of Child's Physician or Health Clinic			Physician's or Health Clinic's Phone Number ()		
Hospital Preferred for Emergency Treatment (optional)					
Allergies, Special Needs and Special Instructions (Attach additional sheets, if necessary.)					

BCAL-3731 (Rev. 7-12) Previous editions 9-09, 3-08, 10-07, & 1-06 may be used until 12/31/13.

See Reverse Side

Emergency Contact & Release of Child: List all individuals, including parents/legal guardians, in order of preference, to be contacted in an emergency. If possible, include at least one person other than the parents/legal guardians to be contacted in an emergency and to whom the child can be released. The second phone number column can be left blank. (If more individuals, attach additional sheets.)					
1.	()	()			
2.	()	()			
3.	()	()			
Release of Child Only: List all individuals, other than the parents/legal guardians, to whom the child may be released. (If more individuals, attach additional sheets.)					
1.	()	2.	()		
3.	()	4.	()		

I give permission to <u>Teens 'n' Tots Preschool</u> , licensed by the Department of Human Services	
(Provider's Name)	
to secure emergency medical and/or emergency surgical treatment for the above named minor child while in care.	
Signature of Parent or Guardian	Date Signed

Date Card Reviewed	Parent or Legal Guardian Initials	Date Card Reviewed	Parent or Legal Guardian Initials	Date Card Reviewed	Parent or Legal Guardian Initials	Date Card Reviewed	Parent or Legal Guardian Initials

Department of Human Services (DHS) will not discriminate against any individual or group because of race, religion, age, national origin, color, height, weight, marital status, sex, sexual orientation, gender identity or expression, political beliefs or disability. If you need help with reading, writing, hearing, etc., under the Americans with Disabilities Act, you are invited to make your needs known to a DHS office in your area.	AUTHORITY: 1973 PA 116 COMPLETION: Required PENALTY: Rule Violation Citation.
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PARENT NOTIFICATION OF THE LICENSING NOTEBOOK

Child Care Organizations Act, 1973 Public Act 116

Michigan Department of Human Services

All child care centers must maintain a licensing notebook which includes all licensing inspection reports, special investigation reports and all related corrective action plans (CAP). The notebook must include all reports issued and CAPs developed on and after May 27, 2010 until the license is closed.

- This center maintains a licensing notebook of all licensing inspection reports, special investigation reports and all related corrective action plans.
- The notebook will be available to parents for review during regular business hours.
- Licensing inspection and special investigation reports from at least the past two years are available on the Bureau of Children and Adult Licensing website at www.michigan.gov/michildcare.

I have read the above statement issued by Teens 'n' Tots preschool
Name of Child Care Center

Child(ren)'s Name(s) _____

Parent Name _____

Parent Signature _____ Date _____

Department of Human Services (DHS) will not discriminate against any individual or group because of race, religion, age, national origin, color, height, weight, marital status, sex, sexual orientation, gender identity or expression, political beliefs or disability. If you need help with reading, writing, hearing, etc., under the Americans with Disabilities Act, you are invited to make your needs known to a DHS office in your area.

HEALTH APPRAISAL

Dear Parent or Guardian: The following information is requested so that the school can work with the parent to meet the physical, intellectual and emotional needs of the child. Fill out the information requested in Section I. Section III may be certified by the transcription of information from the certificate of immunization. The remaining sections are to be completed by a doctor, nurse and dentist. **(BE SURE TO BRING YOUR CHILD'S IMMUNIZATION RECORDS TO THE EXAMINATION.)**

PERSONAL

CHILD'S NAME (Last, First, Middle)			DATE OF BIRTH (mm/dd/yy) / /
ADDRESS (Number & Street)	(City)	(ZIP Code)	TODAY'S DATE (mm/dd/yy) / /
			MI
PARENT/GUARDIAN (Last, First, Middle)			HOME TELEPHONE NUMBER ()
ADDRESS (Number & Street)	(City)	(ZIP Code)	WORK TELEPHONE NUMBER ()
			MI

SECTION I - HEALTH HISTORY

Yes	No	Resolved	# Is your child having any of the problems listed below?	Birth History:
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1 Allergies or Reactions (for example, food, medication or other)	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2 Hay Fever, Asthma, or Wheezing	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3 Eczema or Frequent Skin Rashes	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	4 Convulsions/Seizures	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	5 Heart Trouble	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	6 Diabetes	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	7 Frequent Colds, Sore Throats, Earaches (4 or more per year)	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	8 Trouble with Passing Urine or Bowel Movements	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	9 Shortness of Breath	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	10 Speech Problems	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	11 Menstrual Problems	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	12 Dental Problems: Date of Last Exam / /	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Other (please describe): _____	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Does your child take any medication(s) regularly?	Are there any current or past diagnosis(es) <input type="checkbox"/> Yes <input type="checkbox"/> No
			Reason for Medication _____	If yes, please describe: _____
			_____ / /	If yes, list medications: _____
			Parent/Guardian Signature _____	Was the health history reviewed by a health professional?
			Date _____	<input type="checkbox"/> Yes <input type="checkbox"/> No Examiner's Initials: _____

SECTION II - PHYSICAL EXAMINATION, INSPECTION, TESTS AND MEASUREMENTS

Required for Child Care and Head Start / Early Head Start

Tests and Measurements

No	Yes	Was child tested for:	Test results:	Normal	Referred	Under Care	No	Yes	Was child tested for:	Test results:	Normal	Referred	Under Care	
<input type="checkbox"/>	<input type="checkbox"/>	VISION Date: / /	Visual Acuity				<input type="checkbox"/>	<input type="checkbox"/>	HEIGHT & WEIGHT Height _____ Weight _____ Other: _____					
			Muscle Imbalance											
<input type="checkbox"/>	<input type="checkbox"/>	HEARING Date: / /	Audiometer				<input type="checkbox"/>	<input type="checkbox"/>	HEMOGLOBIN / HEMATOCRIT BLOOD PRESSURE Reading: _____					
			Other: _____											
<input type="checkbox"/>	<input type="checkbox"/>	URINALYSIS Date: / /	Sugar				<input type="checkbox"/>	<input type="checkbox"/>	TUBERCULIN Date: / / Type: _____ Neg.: <input type="checkbox"/> Pos.: <input type="checkbox"/> _____ mm					
			Albumin											
			Microscopic											
<input type="checkbox"/>	<input type="checkbox"/>	BLOOD LEAD LEVEL Date: / /	Level _____ ug/dl				NOTE: Blood lead level required for all children enrolled in Medicaid must be tested at one and two years of age, or once between three and six years of age if not previously tested. All children under age six living in high-risk areas should be tested at the same intervals as listed above.							

Examinations and/or Inspections

Essential Findings Deviating from Normal:
Exam Date: / /

SECTION III - IMMUNIZATIONS			
Statements such as "UP-TO-DATE" or "COMPLETE" will not be accepted. Admission to school may be denied on the basis of this information.*			
VACCINES (Circle Type)	DATE ADMINISTERED MM/DD/YYYY		DATE ADMINISTERED MM/DD/YYYY
Hepatitis B (HepB)	1	3	Hepatitis A (HepA)
	2		
DTaP/DTP/DT/Td	1	4	Influenza (IIV/LAIV)
	2	5	
	3	6	
Tdap	1		Meningococcal (MCV4 / MPSV4)
Haemophilus Influenzae type b (HIB)	1	3	Human Papillomavirus (HPV4/HPV2)
	2	4	
Polio (IPV/OPV)	1	3	OTHER Vaccines Specify Date & Type
	2	4	
Pneumococcal Conjugate (PCV7/PCV13)	1	3	
	2	4	Date of Vaccine(s)
Rotavirus (RV1/RV5)	1	3	1
	2		2
Measles, Mumps, Rubella (MMR)	1	2	3
	2		
Varicella (Chickenpox)	1	2	
History of Chickenpox Disease? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, date: _____		Parent/Guardian refused immunizations: <input type="checkbox"/>	
I certify that the immunization dates are true to the best of my knowledge			
_____		_____	_____ / ____ / ____
Health Professional's Signature		Title	Date

		SECTION IV - RECOMMENDATIONS
		(Required for Child Care and Head Start/Early Head Start)
No	Yes	Is there any defect of vision, hearing or other condition for which the school could help by seating or other actions? If yes, please explain:
<input type="checkbox"/>	<input type="checkbox"/>	_____
<input type="checkbox"/>	<input type="checkbox"/>	Should the child's activity be restricted because of any physical defect or illness? If yes, check and explain degree of restriction(s): <input type="checkbox"/> Classroom <input type="checkbox"/> Playground <input type="checkbox"/> Gymnasium <input type="checkbox"/> Swimming Pool <input type="checkbox"/> Competitive Sports <input type="checkbox"/> Other
<input type="checkbox"/>	<input type="checkbox"/>	_____
Other Recommendations		

SECTION V - DENTAL EXAMINATION AND RECOMMENDATIONS (OPTIONAL)
I have examined _____'s teeth. As a result of this examination, my recommendation for treatment is: _____ child's name

Dentist's Signature _____ Date _____ / ____ / ____

PHYSICIAN'S SIGNATURE			
_____	_____ / ____ / ____	_____	_____
Examiner's Signature	Date	Examiner's Name (Print or Type)	Degree or License
_____	_____	_____	_____
Number & Street	City	MI	ZIP Code (____) _____ Telephone

Information required for:

Early On - Hearing and Vision Status; Diagnosis; Health Status

Child Care Licensing - Physical Exam, Restrictions, Immunizations

Head Start/Early Head Start - Determination that child is up-to-date on a schedule of age-appropriate preventive and primary health care, including medical, dental, and mental health. The schedule must incorporate the well-child care visit required by EPSDT and the latest immunizations schedule recommended by the Centers for Disease Control and Prevention, State, tribal, and local authorities. An EPSDT well-child exam includes height, weight, and blood tests for anemia at regular intervals based on age.

Developed in Cooperation with the Departments of Human Services, Education, Community Health, Michigan American Association of Pediatrics, Early Childhood Investment Corporation, Child Care Licensing, Head Start, Michigan State Medical Society, Michigan Association of Osteopathic Physicians and Surgeons.

MEDIA RELEASE FORM

I, the undersigned, agree to allow the release and use of photos and video containing the image of my child for marketing and public relations purposes that may be taken while my child is enrolled in a program sponsored by the Lapeer County Intermediate School District (ISD). Said photos and video may be printed in the school newsletter or a local newspaper; posted on the district website and used for instructional purposes. I understand that this list is not inclusive. I also agree to allow for the publication of any of the said photos and video with any newsworthy story that may accompany them.

I understand that the Lapeer County ISD is a not-for-profit entity and will earn no financial profit from the use of said photos and video. I also understand that the Lapeer County ISD will not sell said photos and video to any outside source; however, said photos and video may be provided, at no cost, to the media and press. Furthermore, I agree to hold harmless the Lapeer County ISD for what is published. This release will cover the 2016-17 school year and should be returned to the following:

Lapeer County ISD
Education and Technology Center
690 North Lake Pleasant Road
Attica, MI 48412
Attention: Principal

Name of student (print): _____

- Check this box if you do *not* want the Lapeer County ISD to release and use, or publish, photos and video containing the image of your child.

_____ Check if: Parent _____
Print Name Guardian _____

_____ Date: _____
Signature

 Date: 3/11/16
Principal/Assistant Principal

**** This release should be placed in the student's file**

Notice: The Board of Education does not discriminate on the basis of religion, race, color, national origin, sex, disability, or age in its programs, activities, or employment. Further, it is the policy of this District to provide an equal opportunity for all students, regardless of gender, religion, race, color, national origin or ancestry, age, disability, marital status, place of residence within the boundaries of the District, or social or economic status, and/or any other legally protected characteristic, to learn through curriculum offered in this District. The following individuals have been designated as the District's Compliance Officers whose responsibilities are to handle inquires regarding the District's nondiscrimination policy:

Michelle Proulx, Director of Special Education (student-related)
Ann M. Schwieman, Director of Administrative and Personnel Services (staff-related)
1996 W. Oregon St.
Lapeer, MI 48446
Phone: (810) 664-5917