

# BLUE GRASS COMMUNITY CENTER PRESCHOOL Enrollment Checklist

Parent and Employee initial beside each form upon receiving.

Parent initial

Employee initial

_____	_____	Application for Preschool
_____	_____	Parent Agreement
_____	_____	Program Policies
_____	_____	Signature form for Program Policies, Emergency Care, Late Parent Policy
_____	_____	Copy of Late Parent Policy for Parent to keep
_____	_____	Goals and Objectives
_____	_____	Permission for Promotional Ads
_____	_____	Policy for Sick Children (1 copy for parent and 1 for center)
_____	_____	Code of Behavior and Signature Form
_____	_____	Special Dietary Needs and Allergy Form
_____	_____	Head Lice Control Procedure and Signature Form
_____	_____	Administering Medication and Signature Form
_____	_____	Children and Parent Rights and Signature Form
_____	_____	Blue Grass Community Center Committee By-Laws and Signature Form
_____	_____	CCFP Income Eligibility Form Letter
_____	_____	CCFP Application
_____	_____	CCFP Enrollment Form

Signature of Parent: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Employee: \_\_\_\_\_ Date: \_\_\_\_\_

**Blue Grass Head Start Community Center Paid Preschool  
APPLICATION  
Please fill out completely**

Name of Child: \_\_\_\_\_ Nickname: \_\_\_\_\_

Home Address: \_\_\_\_\_ Birthday: \_\_\_\_\_

\_\_\_\_\_ Home Phone: \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Occupation: \_\_\_\_\_

Place of Employment: \_\_\_\_\_ Wk. Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Address if different from child: \_\_\_\_\_

Father's Name: \_\_\_\_\_ Occupation: \_\_\_\_\_

Place of Employment: \_\_\_\_\_ Wk. Phone: \_\_\_\_\_

Address if different from child: \_\_\_\_\_

Marital Status of Parents: Check one:  Married  Divorced  Widowed  Single

Name of Step Parent or Legal Guardian if applicable: \_\_\_\_\_

.....  
Names and ages of siblings:

\_\_\_\_\_

\_\_\_\_\_

Other persons living in the household: \_\_\_\_\_

Please fill in the chart below: (Approximately)

Drop Off Time

Pick up Time

Monday \_\_\_\_\_ am

\_\_\_\_\_ pm

Tuesday \_\_\_\_\_ am

\_\_\_\_\_ pm

Wednesday \_\_\_\_\_ am

\_\_\_\_\_ pm

Thursday \_\_\_\_\_ am

\_\_\_\_\_ pm

Friday \_\_\_\_\_ am

\_\_\_\_\_ pm

Who will usually drop off the child at the center? \_\_\_\_\_

Who will usually pick up the child at the center? \_\_\_\_\_

Person's to be contacted in case of emergency other than parent: (we will not release the child to anyone besides the parent/guardian that is not listed below. You may use another sheet of paper for more names.)

Name: \_\_\_\_\_ Relation: \_\_\_\_\_ Phone: \_\_\_\_\_  
Name: \_\_\_\_\_ Relation: \_\_\_\_\_ Phone: \_\_\_\_\_

Please answer the following questions to help us better understand your child. This information will remain confidential.

Does your child take a nap? \_\_\_\_\_ If so, how long? \_\_\_\_\_

Are there any sleeping problems? \_\_\_\_\_

How does your child let you know that she/he has to go to the toilet? \_\_\_\_\_

Has your child had any traumatic experiences that required hospitalization? \_\_\_\_\_

Please describe nature of experience: \_\_\_\_\_

Does your child have any great fears or anxieties? \_\_\_\_\_ Name them: \_\_\_\_\_

Has your child been enrolled in any other preschool program? \_\_\_\_\_ Where? \_\_\_\_\_

Your child's eating habits: Likes: \_\_\_\_\_ Dislikes: \_\_\_\_\_

Food Allergies: \_\_\_\_\_ Other allergies: \_\_\_\_\_

Does your child have any physical handicaps or speech impediments? \_\_\_\_\_

Is there anything else you would like us to know about your child? \_\_\_\_\_

In case of emergency, what hospital would you like for your child to be taken to? \_\_\_\_\_

Address and Phone # of hospital: \_\_\_\_\_

.....

I agree to abide by the child development policies and procedures.

I further agree to pay my child's fee each Monday for the week.

I agree that in case of an accident or injury, emergency medical care may be given in the event that I cannot be reached. List name and phone number of child's physician: \_\_\_\_\_

**Physicians Name** **Phone #**

I give my consent for my child to take part in field trips under proper supervision and upon notifying me.

All enrolled children will be served the nutritious meals daily at no cost to the parent regardless of race, color, national origin, sex, age, or disability.

I understand that there is a late fee of \$1.00 per minute fee payable to the staff person on duty after 5:00 p.m. This fee is paid at the time of pick-up.

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

# PARENT AGREEMENT

I am enrolling my child, \_\_\_\_\_, in Blue Grass Preschool. I understand that the rate is \$95.00 per week, per child for full day services and \$65.00 for wrap around services. I further agree upon the following arrangements: a) to pay the \$15.00 enrollment fee, b) pay the weekly fee on Monday of each week prior to the services, c) if my child does not attend the center for reasons such as holidays, sickness, vacation, etc..., the fee will be the same, d) to abide by the Blue Grass Preschool polices and procedures, e) my child is fully toilet trained, f) if any problems arise I will consult with the teachers and/or the site supervisor, g) I am responsible for my child's safety when dropping him/her off or picking him/her up, and h) in case of an accident or injury, emergency medical care may be given only after the parent or guardian cannot be reached immediately.

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Signature of Parent or Guardian

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Date

**BLUE GRASS HEAD START COMMUNITY CENTER  
PAID PRESCHOOL  
POLICIES FOR PARENTS AND/OR GUARDIANS**

**Program Supervisor: Kelley McMichael  
(502) 227-1511  
fax: (502) 227-3037**

1. The center provides full day child development services for children ages 3-5. A nationally approved childhood curriculum is used. National nutrition standards are followed. Breakfast, lunch and afternoon snacks are provided. Child Care Food Program Applications and Enrollment forms are required for each child enrolled.
2. The center opens at 6:30 a.m. and closes at 5:00 p.m. Monday through Friday. The maximum number of hours a child can be in the center is 10. (Example: if a child arrives at 6:30, he/she must be picked up by 4:30).
3. Parents should pick up their child at the same time each day. If a parent finds for some reason that they will be late, they should notify the center as soon as possible. *We will follow the Late Parent Policy when a child is picked up late.*
4. Children must be completely toilet trained before enrolling in the center.
5. All children must have an up-to-date immunization certificate. 902.DAR 2:110 Sections 2. Record C.
6. All entrance forms must be completed and signed by the parent or guardian before the child is officially enrolled in the center.
7. Adjustment period for the child: If a child cannot adjust to the center after two weeks, and/or professional evaluation indicates that the center is not meeting the child's needs, the program supervisor will assist the parent in making a referral to a different type of environment for the child.
8. Two weeks advance notice is requested before a child is withdrawn from enrollment in the center. If not notified two weeks in advance, payment is required.
9. Fees are to be paid weekly. Payment is made in advance each Monday.
10. A \$15.00 enrollment fee shall be charged to cover supplies and insurance at the time of enrollment.
11. When a child is not attending the center, the charge will be the regular fee. This will ensure that the child's placement is reserved. If a child attends 5 or more hours per day it is considered full day. During inclement weather, if the center is open 3 days during the week, it will be considered a full week. We will, however, allow one week per year without fee for families taking vacation.
12. Breakfast begins at 8:00 a.m. and ends at 8:30 a.m.
13. Parents will be notified in case of illness or if an accident occurs while the child is at the center. In case the parent cannot be reached, the child will be taken to his or her doctor or the hospital emergency room. Parents will have given prior approval for this to be done when the child first enters the program. Emergency procedures will be followed. Parents must pick the child up within one hour if the child is ill.
14. Medication will not be administered to a child enrolled in the center unless the parent and doctor signs a form which states date, time, dosage, and type of medications to be given. Medication must be in the original container. Medication policy will be followed as indicated. Parents are not to send medication by the child.
15. Children should **not** bring personal toys unless requested by the child's teacher or the site supervisor.
16. Parents must bring the child inside the center and to the proper classroom each morning and pick the child up at the assigned area each afternoon.
17. Parents should not send a younger sibling to pick up a child. The child will be released only to adults whose names appear on the child's application and enrollment form. Phone calls stating that a person not on the list will not be acceptable. We must have a new pick up in writing.
18. Parents must notify the center immediately of any changes of address or phone numbers of home or work.
19. Children will have special occasion parties such as Valentine's Day, Fall Harvest, and Christmas. Parents should make arrangements with the program supervisor and/or the child's teacher for birthday parties.

20. If children are on special diets, food may be brought from home with a physician's written approval.
21. Children should bring a change of clothing in case of emergencies. (Ensure they are appropriate for the weather).
22. Centers observe specified period for rest time. Each child must have a crib sheet and blanket. The sheets and blankets must be taken home on Friday and returned on Monday for the purpose of laundering. If sheets or blankets are soiled during the week, they must be sent home for laundering and returned the next day. You may also bring a small pillow. The pillow must be sized so that the blankets, clothing and pillow will all fit into our small cubbies. **NO LARGE PILLOWS!**
23. Emergency procedures for fire, tornadoes, and earthquakes are practiced at the center monthly. These procedures are posted in your child's classroom.
24. Parents who have concerns or suggestions should notify the child's teacher and/or the site supervisor.
25. A permission slip must be signed for every field trip.
26. The center will be closed on all major holidays such as: the period between Christmas Eve and New Years, Thanksgiving (Thursday and Friday), July 4<sup>th</sup>, Labor Day, Memorial Day, Martin Luther King Jr.'s Birthday, Presidents Day, Veterans Day, and Good Friday. If the center is closed on any other day, parents will receive notification at least one week in advance. The program supervisor has authority to close the center during inclement weather and whenever an emergency arises.
27. The center will be closed one week in April for spring break and one week in October for fall break.
28. The center will close the second week in August to ensure that staff receives the adequate training required by state law and to ensure that your children get top quality care.
- 29. In order for your child to reap full educational benefits, your child should arrive no later than 8:30 a.m.**
30. We reserve the right to use a Code of Behavior on any child who is putting himself or others in danger.
31. A minimum of three emergency contacts must be specified.
32. Parents are welcome to visit the center at any time. Please respect activities that are in progress at the time of your visit.

## **PARENT FEES**

If you receive child care assistance you will need to inform the Child Care Council of your new child care arrangements so that they can prepare the necessary paperwork for payment.

Blue Grass Head Start Community Center Paid Preschool - ***\$100.00 per week.***

**\$15.00 Enrollment fee**

## **BLUE GRASS COMMUNITY CENTER PRESCHOOL PROGRAM**

I, the undersigned, have received a copy of the Program Policies which includes fee information for parents and or guardians.

Parent/Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_

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### **Permission for Emergency Care**

I, the undersigned, give permission for Blue Grass Community Center Preschool staff to take my child to the hospital in case of an emergency if I or another person from my contact list cannot be immediately reached.

Parent/Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_

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### **Late Parent Policy**

I the undersigned agree to abide by the Late Parent Policy. A copy of the policy has been included in the childcare packet for me to review.

Parent/Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_

# BLUE GRASS COMMUNITY CENTER PRESCHOOL

## GOALS AND OBJECTIVES

The overall goal of the program is to offer affordable, quality child-care services to families. The main objective is to help the child's emotional and social development by encouraging self-confidence, self-expression, self-discipline, and curiosity.

Every child receives a variety of learning experiences to foster intellectual social and emotional growth. Children participate in both indoor and outdoor activities and are introduced to the concepts of letters, words, and numbers. They are encouraged to express their feelings and to develop self-confidence and the ability to get along with others.

This child development center is licensed through the Cabinet for Human Resources, Division of Licensing and Regulation.

This center is nationally accredited through the National Association for the Education of Young Children. This is a stringent assessment that our center goes through every three years.

**Hours of operation:** 6:30 a.m. to 5:00 p.m. Monday through Friday.

The program provides safe, efficient transportation for field trips and other activities.

A nutritionist prepares menus for the program. Meals meet all USDA/Child Care Food Program requirements and are served daily.

The parents have opportunities to meet with staff to discuss the needs of their child and the progress they have made since entering the program.

This center uses the Creative Curriculum, Second Step Violence Prevention, The Letter People Curriculum, and the Head Start Dental and Nutrition Curriculum.

Lead teachers are required to have a BA in Early Childhood Development or an Associates Degree with an emphasis on Early Childhood Development. Assistant teachers are required to have a Child Development Associate (CDA).

Monthly training is available to all staff to enable them to keep up-to date on the latest developments in the area of early childhood education. Qualified staff monitor the progress of each employee and provides guidance as needed. Every staff member is required to be certified in first aid and pediatric CPR.

Parent Signature: \_\_\_\_\_

Date: \_\_\_\_\_



**BLUE GRASS COMMUNITY CENTER PARENT NOTICE**

Dear Parent:

Permission is required for your child to participate in promotional ads that may include pictures for the newspaper, displays, slide-tape shows, videos, television or any other type of educational publications pertaining to our center. If you have any questions feel free to call the center.

Thank you,

Kelley McMichael  
Supervisor

.....  
Child's Name: \_\_\_\_\_

Parent consent: yes: \_\_\_\_\_ no: \_\_\_\_\_

Parent Signature: \_\_\_\_\_

Date: \_\_\_\_\_

## **BLUE GRASS COMMUNITY CENTER PRESCHOOL**

### **Policy for Sending Sick Children Home**

If a child is sick, their parent/guardian may be called to pick up the child from school within one hour of the call. Sending a child home is left to the discretion and judgment of the teacher. The following are, but not limited to, reasons that a parent/guardian may be contacted to pick up a sick child from the center:

VOMITING	FEVER	NAUSEA	MUMP
DIARRHEA	RSV	MEASLES	LICE/NITS
SCABIES	IMPETIGO	ROSEOLA	HEPATITIS
RUBELLA	CROUP	SMALL POX	PNEUMONIA
RINGWORM	SCARLET FEVER	DIPHThERIA	INFANTUM
SEVERE SINUS DRAINAGE		PINWORMS	TB
CHRONIC COUGHING	BRONCHIOLITIS	PHARYNGITIS	POISON OAK/IVY
MONONUCLEOSIS	SEVERE RASH		
ANY PHYSICAL INJURY REQUIRING MEDICAL ATTENTION			

A child will be permitted to return to the center after 48 hours of medication has been administered to that child and the child is feeling well and is no longer contagious to others. If the disease/illness is of a prolonged nature, (i.e. mono, measles, pneumonia, ringworm, etc.), you must have a signed statement from the child's physician stating that the child is no longer infectious and is healthy enough to return to the center without causing others contamination. If you feel the 48-hour rule does not apply to your child and he/she is able to return to the center, bring a signed statement from the child's physician stating that the child is no longer infectious and is well enough to be in the center without contaminating others.

Children with Chicken Pox may return to the center only after all of the bumps have crusted over, which is generally five to seven days after the appearance of the initial rash.

In addition to the possible spreading of infection/illness when a child is ill, the child will most likely prefer to be in the comfort of his/her own home. The activities of the center may make the child feel worse; rest and the proper medication will ensure the child has a complete and rapid recover.

This policy has been developed for the protection of your child's health. Please remember that when a child is ill and/or infectious, he/she can infect the entire classroom. Therefore, enforcement of this policy is necessary.

*If your child is running a fever before coming to school, please keep him/her at home.*

*In case of ringworm, the child must remain at home until the lesions are no longer visible.*

**Copy for Parent**

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- |   |               |             |                |
|---|---------------|-------------|----------------|
| VOMITING  | FEVER         | NAUSEA      | MUMP           |
| DIARRHEA  | RSV           | MEASLES     | LICE/NITS      |
| SCABIES   | IMPETIGO      | ROSEOLA     | HEPATITIS      |
| RUBELLA   | CROUP         | SMALL POX   | PNEUMONIA      |
| RINGWORM  | SCARLET FEVER | DIPHTHERIA  | INFANTUM       |
| SEVERE SINUS DRAINAGE                           |               | PINWORMS    | TB             |
| CHRONIC COUGHING                                | BRONCHIOLITIS | PHARYNGITIS | POISON OAK/IVY |
| MONONUCLEOSIS                                   | SEVERE RASH   |             |                |
| ANY PHYSICAL INJURY REQUIRING MEDICAL ATTENTION |               |             |                |

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This policy has been developed for the protection of your child's health. Please remember that when a child is ill and/or infectious, he/she can infect the entire classroom. Therefore, enforcement of this policy is necessary.

**If your child is running a fever before coming to school, please keep him/her at home.**

In case of ringworm, your child must remain out of the center until the lesions are not visible.

.....  
I, the undersigned, understand and have received a copy of the Sick Child Policy. I agree to abide by this policy.

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## CODE OF BEHAVIOR

Children enrolled in Blue Grass Preschool shall be given every opportunity to fit into a group situation away from their parents or care givers. They are encouraged to express their feelings and to develop self-confidence and the ability to get along with others.

The staff is trained to try different behavioral management techniques to prevent a child from hurting himself and others, but when these techniques fail, the staff needs assistance from the parent to bring about change. When a child's behavior is such that there is immediate danger that he/she will hurt himself or others, the Supervisor shall take the following steps:

Step 1: A call shall be made to the parent informing them of the situation and the fact that the child is being sent home during the day.

Step 2: The child will remain out of the center for one (1) additional day.

Step 3: On the next day, the parent must bring the child to the center for a parent/teacher conference.

Step 4: The Code of Behavior shall be discussed with the parent. The parent must sign the Code of Behavior form as indicated.

*Second Time:* Steps 1 – 4 shall be repeated.

*Third Time:* Child will be removed from enrollment at the center.

This code of behavior has been adopted to insure that all adults and children at this center are safe and happy.

Adopted by Policy Council on March 19, 1996  
Updated by Policy Council on October 15, 1996, Revised 1999

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**First time child sent home:** \_\_\_\_\_  
date

**Parent Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

\*\*\*\*\*

**Second time child sent home:** \_\_\_\_\_  
date

**Parent Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

I understand that the next time that my child is sent home, he/she will be removed from enrollment at the center as stated in the Code of Behavior.

**Parent Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**This is an informational Code of Behavior Form Only.**

**I have received a copy and had an opportunity to review the Code of Behavior and understand that this procedure pertains to all children enrolled in Blue Grass Preschool.**

**Signature of Parent:** \_\_\_\_\_

**Date:** \_\_\_\_\_

## SPECIAL DIETARY NEEDS AND ALLERGY FORM

**CHILD'S NAME:** \_\_\_\_\_ **DATE OF BIRTH:** \_\_\_\_\_

**CENTER CHILD ATTENDS:** \_\_\_\_\_

My child, \_\_\_\_\_ has the following dietary restrictions and/or allergies that should be noted. I understand that I must have a doctor's statement if I wish my child to NOT eat these foods at the center.

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\_\_\_\_\_ Please check if your child has no dietary restrictions and/or allergies that you are aware of.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

## **HEAD LICE CONTROL PROCEDURE**

If lice or nits (louse eggs) are found on a child's head or scalp, a parent/guardian is called to pick up the child from school immediately.

The infected child must wash his/her hair with shampoo formulated to rid head lice from the hair and scalp. Any remaining lice eggs must be manually removed from each individual strand of hair. After this procedure has been followed, the parent/guardian should bring the child to the center where an experienced staff member will inspect the child's scalp and hair to determine that he/she is lice and nit free.

If a teacher or other staff member finds that a child still has lice , the parent will take the child home.

The staff will work to educate families about treating head lice infections and preventing re-infection of the children and their families.

**For Parent to Keep**

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If a teacher or other staff member finds that a child still has lice, the parent will take the child home.

The staff will work to educate families about treating head lice infections and preventing re-infection of the children and their families.

.....  
**I have had a chance to review and have received a copy of the Head Lice Control Procedure.**

**Parent Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_



## ADMINISTERING MEDICATION

1. Talk with parent first to determine if medication can be given at home if possible.
2. Non-prescription medication will not be administered unless it is accompanied by a physician's order.
3. Written parental permission (see example 1) must be on file at the center.
4. Written orders from the physician (see example 2) must be on file in the center. These orders must include:
  - a. type of medication
  - b. dosage
  - c. time to be administered
  - d. reason it is given
  - e. contraindications for administration
  - f. any side effects that should be noted
  - g. time period for which medications is given (i.e., 3 weeks or indefinitely)
5. Medication must be brought to the center in a container appropriately labeled by the pharmacy or physician.
6. Parent may deliver the medication directly to the teacher or may give it to the bus driver who will deliver it to the teacher. The child will not be responsible for transporting the medication to and from school. Volunteers are not to handle the medication as well.
7. Amount of medication kept at the center may be handled by sending the container back and forth each day.
8. The teacher is designated as the primary person to administer the medication. In his/her absence, the teacher's aide will administer the medication.
9. Medication will be stored in a locked container, out of children's reach. Some medication may require refrigeration. It may be necessary to place the container in a small plastic box so that it doesn't tip over. It should be kept on a top shelf in the refrigerator and near the back.
10. Documentation will be kept that the medication was given. See attached sample form (example 3).
11. Periodically check with parents to determine if the medication is still current.
12. Blue Grass Preschool may want to consider the provision of liability insurance for: a) the staff administering medication; b) their supervisor; c) Child Development Director; d) Policy Council.
13. If any medication is changed (or the dosage or times given are changed), the orders from both the parent and the physician and container from the pharmacy or physician must reflect this.
14. All staff working directly with the child should know the type of medication the child is taking. This includes the bus drivers.

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Parent Signature

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Date

# CHILDREN AND PARENT RIGHTS

## PURSUANT TO KRS 199.898

(1) All children receiving child care services in a day care licensed pursuant to KRS 199.896, a family child-care home certified to pursuant to KRS 199.8982, or from a provider or program receiving public funds shall have the following rights:

- (a) The right to be free from physical or mental abuse;
- (b) The right not to be subjected to abusive language or abusive punishment; and
- (c) The right to be in the care of adults who shall meet their health, safety, and developmental needs.

(2) Parents, custodians, or guardians of these children specified in subsection (1) of this section shall have the following rights:

- (a) The right to have access to their children at all times the child is in care and access to the provider caring for their children during normal hours of provider operation and whenever the children are in the care of the provider;
- (b) The right to be provided with information about child-care regulatory standards, if applicable; where to direct questions about regulatory standards, and how to file a complaint.
- (c) The right to file a complaint against a child-care provider without any retribution against the parent, custodian, guardian, or child; and
- (d) The right to review and discuss with the provider any state reports and deficiencies revealed by such reports.

(3) The child-care provider who is licensed pursuant to KRS 199.896 or certified pursuant to KRS 199.8982 shall post these rights in a prominent place and shall provide a copy of these rights at the time of the child's enrollment in the program.

**I have reviewed and received a copy of the Children and Parent Rights Pursuant to KRS 199.898.**

**Parent Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

# BLUE GRASS COMMUNITY CENTER COMMITTEE BY-LAWS FOR PARENT MEETINGS

## **ARTICLE I. Name**

The name of each center parent group will be the Parent Committee.

## **ARTICLE II. Purpose and Function**

Section 1. The purpose will be to implement Subpart D-Program Design and Management of the Revised Head Start Performance Standards. Head Start believes that the gains made by the child must be understood and built upon by the family and the community. To achieve this goal, Head start provides involvement of the child's parents and other members of the family in the experiences he or she receives in the child development center by giving them many opportunities for a richer appreciation of the young child's needs and how to satisfy them.

Section 2. The functions of the Parent Committee in accordance with Federal Register, Vol. 61, No. 215 are:

1. Assist teacher, site supervisor, and all other persons responsible for the development and operation of every component including the curriculum in the Head Start program.
2. Work closely with classroom teachers and all other component staff to carry out the daily activities of the program.
3. Plans, conducts, and participates in the informal as well as formal programs and activities for Head Start
4. Participate in recruiting and screening center employees within the guidelines established by HHS, the Grantee, Policy Council, and the Area Board of Directors
5. Administer the center parent activity fund in accordance with the regulations established in the Parent Activity Fund/Fund Raising procedures (Reference OCD IV 40 instruction # 35).
6. Initiates suggestions and ideas for center improvements and receives periodic reports on actions taken by center staff in accordance with program guidelines and procedures.
7. Recruit volunteer services from parents, community residents and community organizations, and mobilizes community resources to meet identified needs.
8. Communicate with all parents and encourage their full participation in the program.

## **ARTICLE III Membership**

Section 1. Members on each parent committee will consist of parents whose children are enrolled in that center.

## **Section 2. Voting Rights**

Each member of the Parent Committee will have one (1) vote. There will be no proxy voting by or for any member.

## **Section 3. Duties**

1. Keeps informed of the Parent Committee purpose, plans, and progress.
2. Remember the rights of other members to express their opinions.
3. Considers all information before voting.
4. Debates the issues, not persons, and accepts and supports the final decisions of the majority of the parent committee.

## **ARTICLE IV           Officers**

Section 1.           The Parent Committee will elect a Chairman, vice-chairman, secretary, treasurer and other officers as deemed necessary.

Section 2.           **Election and Term of Office**  
The majority of the vote of those present will elect each officer at the October meeting each school year. Each term of office will be for one year.

Section 3.           **Removal**  
Any officer of each Parent Committee who fails to perform his duties as outlined above or below can be removed by a majority vote. If an officer misses three (3) consecutive meetings, he or she can be removed, and a new officer selected.

Section 4.           **Chairman**  
The chairman will preside at all meetings; will call the meetings to order and formally close them; and will prepare an agenda for each regular meeting (with assistance of the FSW if requested); explain each motion before it is voted upon; and may vote to break a tie.

Section 5.           **Vice Chairman**  
The Vice-Chairman shall preside in the absence of the Chairman or temporarily whenever the Chairman vacates the chair. In the case of resignation or death of the Chairman, the Vice-Chairman will assume the office of Chairman until a permanent Chairman is elected.

Section 6.           **Secretary**  
The Secretary will record the minutes of every Parent Committee meeting once the meeting has been called to order; keep a copy of the By-Laws, and a copy of the agenda.

Section 7.           **Treasurer**  
The treasurer and the family service worker will keep an accurate record of the Parent Committee checking account as to all money received and/or spent; sign all checks as indicated; and make regular reports to the Parent Committee and the site supervisor. Two signatures are required on checks for disbursement of funds. One signature will be the family service worker or site supervisor, and the other signature will be the Parent Committee Chairman or Treasurer.

## **ARTICLE V           Meetings**

Section 1.           **Regular Meetings**  
Regular meetings of the Parent Committee will be held once a month during the Head Start school year, unless weather prohibits.

Section 2           **Notice of Meetings**  
Written notice will be distributed to each Parent Committee member prior to the date of the regular meeting by the Parent Committee Chairman (or designee) at least three (3) days prior to the date of each meeting. A copy of the agenda for the meeting will also be enclosed. An emergency meeting can be called if Parent Committee members are notified within 24 hours.

Section 3

**Quorum**

Parent Committee members present at each meeting will constitute a quorum if everyone has been notified in advance as per section 2.

Section 4.

**Parliamentary Procedure**

The Robert's Rule of Order will be the parliamentary procedure used during meetings.

**ARTICLE VI**

**Amendments**

Section 1.

**Selection Process**

Each Parent Committee shall elect the following parent representatives for the Policy Council: Anderson County - 1 regular and 1 alternate members; Boyle County - 1 regular and 1 alternate members; Franklin County – 3 regular and 3 alternate members; Jessamine County – 1 regular and 1 alternate members; Mercer County – 1 regular and 1 alternate members; Woodford County – 1 regular and 2 alternate members. The Parent Committee minutes will reflect the selection of the Policy Council members.

Section 2.

**Vacant Offices**

In the event of a vacancy of a regular member, the alternate will move up unless the alternate declines. In this case, a new regular member will be elected. If the alternate takes the regular position, a new alternate will be selected.

**ARTICLE VII**

**Amendments**

These By-Laws may be amended by sending a copy of the proposed amendment to each Policy Council member at least one (1) week before the meeting. The Policy Council may debate an amendment before adoption. Amendments must be approved by a two-thirds vote of the Policy Council.

**FOR PARENT TO KEEP**

**I have reviewed and received a copy of the Center Committee By-Laws for Blue Grass Community Center Head Start and Preschool**

**Parent Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_



### **Payment Guideline**

I understand I am responsible for payment in full for child care services provided by Blue Grass Head Start Community Center. Payment is due every Monday morning prior to the services. If payment is not made and unless prior arrangements have been made with the Supervisor, I understand that I will not be able to use the services for my child. I further understand that if my payment is made by the Child Care Assistance Program, BGPS, must have a copy of the contract before my child can begin. Co-pays are due each Monday morning prior to services.

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Parent/Guardian Signature

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Date

Blue Grass Preschool opens at 6:30 a.m. and closes at 5:00 p.m. I understand that it is my responsibility to see that my child must be picked up by 5:00 p.m. I understand that I will be charged \$1.00 per minute for each minute that the person picking up my child arrives late and it will be due at the time of pickup.

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Parent/Guardian Signature

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Date