

# S.N.A.C.S. Preschool Parent Handbook and Enrollment Packet



S. N. A. C. S. Preschool  
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Dear Family,

**Welcome to the SNACS Preschool!** SNACS Preschool is a subsidiary of Sierra Nevada Academy Charter School serving grades K-8. Our mission is to provide young children with a developmentally appropriate program promoting academic, physical, social, and emotional growth through play.

Why Play? Young children learn and develop their understanding of the world through play. Children learn and develop a multitude of skills through play in the areas of: literacy and language development; mathematical logical and scientific thinking; social and emotional relationships; music; art studio; theatrical arts; and in physical fitness.

Curriculum is designed to provide developmentally appropriate activities in which young children learn. Using the Reggio Emilia approach, children explore their "hundred languages" through making choices. As a result, children learn early childhood academic skills as well as independence, and develop social skills.

SNACS Preschool staff work together, with parents as our partners, to provide young children with a positive school experience in a warm and supportive environment that incorporates the whole child. Our goals for all children attending SNACS preschool is to foster and develop a love of learning, an awareness and knowledge of the world in which they live and to help them to make decisions about their relationships in the world.

The SNACS Preschool team is trained in the National Association for the Education of Young Children (NAEYC) program standards. We are working towards accreditation through this esteemed association. We believe our program establishes a solid foundation for successful transition into the primary grades.

Thanks for allowing us the opportunity to work with you and your child. We are proud of our preschool and expect you to be too!

Kimberly Regan Schoenfeldt  
Executive Director





### **The Early Years are Learning Years!**

Our program offers a developmentally appropriate program as approved by the National Association for the Education of Young Children (NAEYC). We are in the process of becoming accredited by the NAEYC.

#### **Sierra Nevada Academy Charter School Mission:**

To become the leading choice of public education in which educators, parents, and students are partners in fostering a small community and exemplary academic and social achievement in a cost-effective way.

#### **The S.N.A.C.S. Preschool Mission:**

To become the leading choice of preschool education in which educators, parents, and students are partners in fostering a small community and exemplary academic and social achievement in a cost-effective way.

#### **Center Philosophy**

We at SNACS Preschool believe in the development of the whole child. Young children learn and develop their understanding of the world through play. Children

learn and develop a multitude of skills through play in the areas of: literacy and language development; mathematical logical and scientific thinking; social and emotional relationships; music; art studio; theatrical arts; and in physical fitness.

**Our goals for young children are to:**

- feel important and honored.
- be competent and confident in their abilities.
- be self-directed in a constructive, creative manner.
- learn cooperation with children and adults.
- develop self control and a sense of right and wrong.
- develop a love for learning and the ability to know how to learn.
- reach their full potential in emotional, intellectual, physical and social development.
- be successful in future educational experiences.

**CURRICULUM**

Curriculum is designed to provide developmentally appropriate activities where young children learn. Using the Reggio Emilia approach, children explore their "hundred languages" through making choices. As a result, children learn early childhood academic skills as well as independence, and develop social skills. In addition, we offer specialized time to explore theatre, art studio, music, and social skills.

SNACS Preschool staff work together, with parents as our partners, to provide young children with a positive school experience in a warm and supportive environment that incorporates the whole child. Our goals for all children attending SNACS preschool is to foster and develop a love of learning, an awareness and knowledge of the world in which they live and to help them to make decisions about their relationships in the world.

**BEHAVIOR**

**Child Discipline:**

We expect all children to behave in ways that are positive and productive for learning. Every classroom teacher is trained in classroom management and positive reinforcement.

Some of the most important lessons for a child to learn are to respect authority, him/herself, and others including taking care of his/her own and other's property. Additionally, no child is allowed to disrupt the education of other children. We are at preschool to learn. Although it is necessary for maintaining order, our emphasis for rules is not on the "dos and don'ts", but on guiding children to develop problem

solving skills. In order to accomplish this, we must set discipline standards that are enforced fairly and consistently.

The classroom teacher is responsible for consulting with the Executive and Educational Directors and Student Liaison for intervention strategies to implement, as necessary, on an individual basis. It is the intention of SNACS Preschool to utilize positive reinforcement and other behavioral interventions to teach students appropriate social skill and academic behaviors.

It is of the utmost importance that the teachers, administrators, and parents work together as a team in discipline matters. Without order, safety and a sense of security and civility, schools cannot work and learning will not occur.

However, school discipline is not about rules, regulations, regimentation, policies or punishment. Healthy and productive student behavior is a by-product of the beliefs and values of the organization.

The roots of positive discipline lie in the way adults and students think about themselves and others and the way they treat each other everyday. It is the culture that drives the discipline. SNACS Preschool is fully committed to implementing the positive discipline policy.

### **Preschool Rules**

1. Keep self to self.
2. Follow instructions.
3. Show respect for others and property.

SNACS philosophy is to use positive discipline via implementation of several incentive systems:

1. Whole group rewards (marbles in a jar towards class party, etc.).
2. Small group rewards (group points toward extra playtime, etc.).
3. Individual group rewards (smiley charts using silver and gold star rewards -this is most important for reinforcing positive behavior).
4. 3:1 Rule... 30 seconds to reinforce desired behavior.

c. At NO TIME, are the following acceptable:

1. Physical punishment.
2. Verbal abuse or threatening statements.
3. Derogatory remarks toward the child.
4. Displaying favoritism.

Young children can present challenging behavior as they learn to interact appropriately in the educational setting. SNACS Preschool is committed to using

positive guidance strategies when teaching young children how to manage their own behavior. Developmentally appropriate guidance and classroom management promotes positive social skills, fosters mutual respect, strengthens self-esteem, and supports a safe environment. However, at times some children will exhibit severe behaviors that cannot be managed within the classroom setting.

Severe behavior is defined as:

- danger to self or others (examples include but are not limited to head banging, excessive biting that breaks the skin, hitting, hair pulling, using objects to inflict bodily harm, etc.) and/or
- disruptive behavior that creates chronic interference to classroom activities (examples include but are not limited to tantrums, screaming, foul language, severe or chronic noncompliance or defiance.)

SNACS Preschool has procedures to deal with such cases of severe behavior. In these situations, the parents will be contacted. The parents will meet with the teacher and/or Preschool Coordinator, and/or Executive Director to discuss the situation and appropriate measures. Behavior that is chronically unacceptable may be an indicator that further support or assessment is needed. This support may include a referral process for further assessment and additional outside services. If the center's procedures for dealing with severe behavior problems do not result in the restoration of an acceptable and safe

## **QUIET TIME**

The children have a rest period each day. Please provide a familiar cuddly blanket for your child. 2 year olds are required to rest 90 minutes. 3 year olds are required to rest for 45 minutes and 4 and 5 year olds are required to rest for 35 minutes.

## **RECESS & FREE TIME**

We think of outside as a classroom. We are aware of the whole playground. No sitting outside. We walk around and keep safety in mind always. We use the same ratios outside for children playing as you would for inside. Teachers will be stationed at opposite ends of the playground monitoring and interacting with children.

Children will have assigned recess time. It is not developmentally appropriate practice for 50 children to be on the playground at one time. There should be no more than around 20 children with 2 adults present. Smaller groups may be necessary. We are fostering developmentally appropriate play, gross motor, and social development,

**NOT HERDING CHILDREN LIKE CATTLE.** Children are more likely to become injured if there are too many children. It is developmentally appropriate for children to be outside at a given time frame for up to 30 minutes, no more.

Free play does not mean children are free to roughhouse and run wild. Keep safety in mind always. The balls are for rolling, throwing and bouncing. We do not allow children to kick them or throw them at each other. Children will be given a warning that recess will end five minutes prior to cleanup. Children and staff must participate in clean-up of the playground during the last five minutes of recess. Return items to the appropriate place, including bikes, toys, balls, bark, etc. Children need to ask a teacher to go for potty and drinks. Shovels are for digging in the sand only. Bark and rocks need to stay on the ground. Only teachers are allowed in the bike shed. Children are not allowed to turn computers on or off. Only a head teacher may turn computers on and off.

### **HOURS OF OPERATION**

SNACS Preschool is open Monday through Friday from 6:30 a.m. to 6 p.m. A late fee of \$1 per minute will be charged for late pick-ups, no exceptions and payable at the time of pick-up.

### **HOLIDAYS**

SNACS Preschool will be closed in observation of the following holidays: Martin Luther King Day, President's Day, Memorial Day, Independence Day, Labor Day, Nevada Day, Veteran's Day, Thanksgiving Day and the day after, and 12/24 through January 2. Tuition is not reduced for holidays.

### **VACATIONS**

After one year of full time enrollment, you will receive a one-week "vacation." No tuition is charged for this week. Vacations must be used in one-week intervals before the next anniversary date.

As noted in the holiday schedule, SNACS is closed for one week between Christmas and New Years.

### **ILLNESS**

If your child shows signs or symptoms of illness, he/she will be sent home. Please make sure you have alternative care for your child in case of an emergency. According to Washoe County District Health Department (2007), a child should be excluded from childcare settings when certain symptoms are present. Parents can use these symptoms as basic guidelines when deciding whether or not to take their child to childcare:

- Illness that prevents the child from participating comfortably in program activities.

- Illness that results in a greater need for care than the staff can provide without compromising the health and safety of other children.
- The child has any of the following conditions: lethargy, fever, irritability, persistent crying, difficulty breathing, or other symptoms of possible severe illness.
- Diarrhea or stools that contain blood or mucus.
- Diarrhea within the last 24 hours.
- Mouth sores associated with drooling, unless the child's physician has determined the illness is not a communicable disease.
- Vomiting 2 or more times during the previous 24 hours.
- Rash with fever or behavioral change, until a physician has determined the illness is not a communicable disease.
- The child has had a fever within 24 hours. Fever must be gone without the use of anti fever medicine.

Parents should know that there are childcare regulations regarding children who are sick. Section 26.11 in the Washoe County Child Care Regulations state: A facility shall not accept for care any child who shows indications of illness. If children have any of the symptoms noted above, childcare

personnel cannot permit attendance. This is for the safety of the other children at the center, the staff, and for the child who is ill.

### **VIDEO TAPING**

The SNACS preschool is under video surveillance and recorded records are maintained for 30 days. Additionally, SNACS may videotape preschool activities and events for educational and promotional purposes. By enrolling your child, you acknowledge and agree to your child's participation in the videotaping.

### **NUTRITION EXPECTATIONS**

Breakfast will be served daily at 7:30 a.m. Lunch is on the schedules included in the packet. Snacks will be served in the afternoon (see scheduled time).

### **CLOTHING**

A change of clothes for your child(ren) is required in case of an accident. Please send age appropriate clothing.

### **REQUIRED DOCUMENTATION**

Official shot records, well child check, registration card and a signed SNACS Preschool contract agreement.

### **PAYMENTS**

Payments are due the Friday before the new week begins. If payment has not been received by Monday at 6:00 p.m., the child will not be allowed to return to the program on Tuesday. Payments may be made by check or money order. There is a \$25 charge for returned checks. You will also be responsible for any bank fees.

**LAW ENFORCEMENT & SOCIAL SERVICES**

SNACS cooperates with law enforcement and social services in all legal matters. We are mandated reporters with regard to suspected child abuse and neglect.

**REFUNDS**

No refunds in tuition are made for absences.

**TUITION FEES**

**SNACS PRESCHOOL Registration**

A nonrefundable enrollment fee of \$50 per child is due at the time of registration. The first and last week's tuition deposit (used the week prior to disenrollment) is due with the registration fee. These fees must be paid and required documentation submitted to the office manager prior to your child's starting date.

Tuition prices begin August 1, 2008 for new students and September 15, 2008 for currently enrolled students (those attending and current in payments). We will submit children's cabinet paperwork accordingly.

<b>Infants (6 weeks – 18 months)</b>	
Full time	\$190/week
<b>Toddler (18 – 36 months)</b>	
Full time	\$170/week
Part time/MWF	\$125/week
Part time/TTH	\$110/week
<b>Preschool (3 – 5 years)</b>	
Full time	\$150/week
Part time/MWF	\$115/week
Part time/TTH	\$95/week
<b>Kindergarten Enhancement</b>	

Full time	\$135/week
Part time (morning or afternoon)  Preference will be given to fulltime students. If positions remain open, then they will be filled by students who have a paid counter position. For example, to give a morning opening to a student, an afternoon opening must also be committed.	\$100/week

### Payments

Payments to the "SNACS Preschool" may be made by check or money order. There is a \$25 charge for returned checks.

### Cancellations

Cancellations for enrollment require a two-week notice, in writing.

### Vacations

After one year of enrollment, children who are enrolled full time receive a one-week "vacation." No tuition is charged for this week. Vacations must be used in one-week intervals before the next anniversary date.

Preference Given to Full time students. PT will be enrolled only as PT shared positions are filled to equal a full time student.

### Parent Expectations

Parents are expected to check and read the contents of your child(ren)'s folder daily.

### **VOLUNTEERING Effective July 1, 2008**

We expect each family to donate 2 hours per month in some capacity to SNACS Preschool. 1 In order to protect the safety of the students, all persons who wish to volunteer in the classroom and/or around the students must complete a Volunteer Application and submit a set of fingerprints. SNACS reserves the right to submit the fingerprints to law enforcement agencies for the purpose of obtaining a background check. Unless a background check is returned with any arrest/conviction information that contradicts information provided in the Volunteer

Application, volunteers will be allowed to volunteer in the classroom as long as they are not a distraction to the class.

SNACS has a list available for suggested ways to fulfill family volunteer requirements. However SNACS encourages each family to use its unique talents and interests in volunteering at school. The school will benefit the most from such meaningful volunteering, and the families will enjoy volunteering more.

## SAMPLE SCHEDULE

### **Younger Preschool Schedule (for Potty Trained 2's and 3's)**

**6:30 - 7:30 Arrivals - Calm center activities**

**7:30 - 8:00 Breakfast**

**8:00 - 8:15 Circle Time**

**8:15 - 9:50 Centers and Clean-up**

**9:50 - 10:05 Circle Time**

**10:05 - 10:25 Outdoor Recess (weather permitting)**

**10:25 - 11:00 Lunch**

**11:00 - 11:15 Story Time**

**11:15 - 12:00 3 Year Old Quiet Time**

**11:15 - 12:45 2 Year Old Quiet Time**

**12:00 - 12:45 Quiet centers/activities for 3's**

**12:45 - 1:15 Centers and clean-up**

**1:15 - 1:30 Circle Time**

**1:30 - 2:30 Whole Group Activity (weekly rotations)**

**2:30 - 2:45 Regroup in Regular Classroom Circle Time**

**2:45 - 3:15 Snack**

**3:15 - 3:45 Outdoor Recess (weather permitting)**

**3:45 - 4:15 Centers and clean-up**

**4:15 - 4:35 Story Time & Quiet Reading in various reading centers**

**4:35 - 4:45 Circle Time, Pack up & transition to combine in front rooms**

## SAMPLE SCHEDULE

### **Older Classes Schedule (older 3's, 4's and 5's)**

- 6:30 - 7:30 Arrivals - Calm center activities**
- 7:30 - 8:00 Breakfast**
- 8:00 - 8:25 Circle Time**
- 8:25 - 10:00 Centers and Clean-up**
- 10:00 - 10:30 Circle Time**
- 10:30 - 11:00 Outdoor Recess (weather permitting)**
- 11:00 - 11:30 Lunch**
- 11:30 - 12:00 Story Time**
- 12:00 - 12:35 4 - 5 Year Old Quiet Time**
- 12:35 - 1:15 Centers and clean-up**
- 1:15 - 1:30 Circle Time**
- 1:30 - 2:30 Whole Group Activity (weekly rotations)**
- 2:30 - 2:45 Regroup in Regular Classroom Circle Time**
- 2:45 - 3:15 Snack**
- 3:15 - 3:45 Storytime**
- 3:45 - 4:15 Outdoor Recess (weather permitting)**
- 4:15 - 4:35 Story Time & Quiet Reading in various reading centers**
- 4:35 - 4:45 Circle Time, Pack up & transition in combine to front rooms**

**AGREEMENT:**

I am registering \_\_\_\_\_ Name of Child  
for \_\_\_\_\_.

I will pay as herein described.

The appropriate registration fees are attached.  
I/we have read and understand the Preschool/Enhancement Parent Agreement  
herein, and hereby agree to the terms stated.

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

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**Instructions:**

1. Complete all documents clearly and completely. **PLEASE PRINT!**
  2. Your child may not start school until we have **ALL** these documents.
  3. Please make sure your physician signs the medical form.
  4. Don't forget your child's current immunization records.
  5. A separate package and registration fee is necessary for each child.
  6. The attached Policies and Procedures Manual has information vital to your child's attendance. **BE SURE TO READ THE ENTIRE MANUAL!** You are accountable for the rules and regulations the manual contains.
  7. Court Orders and/or documents are required for all Guardianships, Custody and Restraining order situations. **NO EXCEPTIONS!**
  8. If you have any questions about any of the items in this Registration Package, or the Policies and Procedures Manual, please see the Preschool Coordinator.
- Preschool Registration Forms are revised effective 1/2/08.

## Registration Form #1

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**Please print and include your registration fee of \$50.00 with this package.**

Student's Name: \_\_\_\_\_ Nickname: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Sex: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Physical Address: \_\_\_\_\_

**In case of an emergency while my child is attending SNACS Preschool,  
contact:**

(Please circle) **Mother** **Father** **Either** **Guardian** **Other** \_\_\_\_\_  
(specify)

*Mother can be reached at \_\_\_\_\_ during \_\_\_\_\_*

*Or \_\_\_\_\_ during \_\_\_\_\_*

*Father can be reached \_\_\_\_\_ during \_\_\_\_\_*

*Or \_\_\_\_\_ during \_\_\_\_\_*

*Guardian can be reached at \_\_\_\_\_ during \_\_\_\_\_*

*Or \_\_\_\_\_ during \_\_\_\_\_*

***If neither parent can be reached in an emergency, the Preschool will contact these people:***

**Name** \_\_\_\_\_ **can be reached at** \_\_\_\_\_

**Relationship to child** \_\_\_\_\_

*Name \_\_\_\_\_ can be reached at \_\_\_\_\_ Relationship to  
child \_\_\_\_\_*

**Doctor or Clinic to be contacted in case of an emergency:**

**Doctor** \_\_\_\_\_ **Address** \_\_\_\_\_

**Phone** \_\_\_\_\_ **Clinic** \_\_\_\_\_

Hospital  
Preference \_\_\_\_\_

Allergies: \_\_\_\_\_

Known medical conditions: \_\_\_\_\_

<b>Office Use Only:</b>	
Date Registered: _____ Amount Paid: _____	
Check #: _____ First Day: _____	
Forms #1__ 1A__ 2__ 3__ 4__ 5__ 6__ 7__ 8__ 9__	
Date Closed: _____ Balance Owed: _____	
Reason: _____	

**Registration Form #1-A**

**Please Print!**

List the people who are authorized to pick up your child, including yourself.  
Update this form if names change or you add/delete anyone.

Effective Date: \_\_\_\_\_ Child's Name: \_\_\_\_\_

#1 Name: \_\_\_\_\_

Relationship to child: \_\_\_\_\_

#2 Name: \_\_\_\_\_

Relationship to child: \_\_\_\_\_

#3 Name: \_\_\_\_\_

Relationship to child: \_\_\_\_\_

#4 Name: \_\_\_\_\_

Relationship to child: \_\_\_\_\_

#5 Name: \_\_\_\_\_

Relationship to child: \_\_\_\_\_

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

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

## Family History Form #2

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The purpose of this form is to enable us to know your child and his/her needs so we may do the best job possible. All information is kept confidential.

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

Family Name if different from Child's Name: \_\_\_\_\_

List all of the children in the family include age:

1. \_\_\_\_\_ 2. \_\_\_\_\_

3. \_\_\_\_\_ 4. \_\_\_\_\_

5. \_\_\_\_\_ 6. \_\_\_\_\_

7. \_\_\_\_\_ 8. \_\_\_\_\_

Have parents been divorced or separated? \_\_\_\_\_

We must have copies on file of any court orders, custody agreements, or visitation schedules in order to enforce them onsite.

Is either parent deceased?

\_\_\_\_\_  
Guardian? (we must have proof of guardianship).

Language spoken at home \_\_\_\_\_

Any additional information you feel would help us to avert any problems, and in turn, make this an exceptional Preschool experience for your child, i.e., this is the first time for the child to be in a class setting, child is very shy, child usually has a mid-morning nap, etc. Please attach another sheet if more information is needed.

## Health History Information Form #3

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Child's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Age: \_\_\_\_\_ Sex: \_\_\_\_\_

Please check if any of the following apply and explain fully below: (Use a separate sheet of paper if necessary.)

Diabetes \_\_\_\_\_ Speech \_\_\_\_\_ Heart Problems \_\_\_\_\_

Asthma \_\_\_\_\_ Allergies \_\_\_\_\_ Emotional \_\_\_\_\_

Hearing \_\_\_\_\_ Epilepsy \_\_\_\_\_ Behavioral \_\_\_\_\_

Other, please explain:

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Status of Above Child's Health:

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**CARE INSTRUCTIONS FOR SPECIFIC HEALTH PROBLEMS (BE VERY SPECIFIC)**

Does your child have frequent? (Please check the following)

Colds \_\_\_\_\_ Tonsillitis \_\_\_\_\_ Earaches \_\_\_\_\_

Sore Throat \_\_\_\_\_ Stomach Aches \_\_\_\_\_ Bloody Nose \_\_\_\_\_

High Fever \_\_\_\_\_ Low Grade Fever \_\_\_\_\_

Explain:

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**DOES YOUR CHILD TAKE MEDICATION ON A REGULAR BASIS?**

You must have doctor's note on file for any medication on site at SNACS (including over the counter medicine).

Explain:

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Physician: Phone: \_\_\_\_\_

SNACS Preschool is in no way financially responsible for any medical care and/or emergency transportation supplied to your child(ren) in the case of an emergency. (See *Emergency Procedure and Release of Liability Affidavit* for further details.)

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

Signature: \_\_\_\_\_  
Parent or legal Guardian

Nevada Record of Immunization Form #4

**The Nevada State Health Division requires this information. Your child will not be admitted without these records.**

Please provide us with a current and legible copy of your child's record.

His/Her name must appear on the record.

**Emergency Procedure and Release of Liability Affidavit Form #5**

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I, true parent or legal guardian of (child's name)

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Do hereby grant permission to the staff of SNACS Preschool to administer first aid and emergency treatment in the event of an accident or emergency. It is understood that said parent should be reached as soon as possible in case of accident or emergency.

DOCTOR'S NAME:

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ADDRESS:

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PHONE:

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In the event that neither physician nor parent or legal guardian can be reached, SNACS Preschool may contact any Nevada State licensed practicing physician. I agree to pay for any costs and medical bills incurred. I understand that SNACS Preschool is not responsible for any medical care and/or emergency transportation supplied to my child in the case of an emergency. It is understood that SNACS Preschool and staff are released from liability for any accidents or emergencies.

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

Signature:

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(Parent or Legal Guardian)

**Registration Form #6**

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**Parent/Guardian Financial Agreement**

I agree to enroll my child (name) \_\_\_\_\_

At SNACS Preschool. I have received and read a copy of the Policies and Procedures of the SNACS Preschool. I agree to adhere to said policies and procedures. Normal operating hours are from 6:30 am to 6:00 pm Monday Thru Friday.

**I UNDERSTAND AND AGREE TO THE FOLLOWING TERMS AND CONDITIONS:**

1. Payments are due monthly or weekly, in advance. SNACS Preschool operates solely from tuition and donations. This program time is being reserved for my child. My child's tuition is due whether or not my child is in attendance that week/day. Because this is an annual tuition, sick days are not discounted.
2. Late pick-up fee is \$1.00 per minute beginning at 6:00 pm.
3. Registration fee and all tuitions are non-refundable. There is a \$25 service charge on all returned checks plus bank fees.
4. Checks and money orders are the only form of payment that will be accepted. PLEASE NO CASH

Late fees of 2% may be applied to all accounts past due 10 days or more. In the event of an emergency, I understand that SNACS Preschool is not financially responsible for any emergency vehicle transportation costs or for any medical care or costs incurred by my child/children as a result of SNACS Preschool initiating this care. I understand this is a preschool program, not daycare. Curriculum is structured around standards. It is in my child(ren)'s best interest to attend daily between the hours of 8:00 a.m. - 3:30 p.m. I plan to ensure my child attends consistently to provide he/she with the best learning opportunities. I will contact the school and communicate if my child will be absent. For staffing purposes, we need to know the time your child(ren) will be in preschool.

Hours I plan for my child(ren) to attend: \_\_\_\_\_

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

Parent or Legal Guardian Signature: \_\_\_\_\_

**Field Trip Permit Form #7**

### Authorization for Escort

I understand that during the year my child may take part in field trips and educational excursions either by public bus or on foot. My child will be chaperoned by a responsible adult at all times while away from school. Notice of field trips will be posted in advance in the weekly calendar and on the parent bulletin board.

Should any accident or illness occur while my child is away from the school on the

Aforementioned trip, I shall not hold responsible the child's teacher, members of the

Staff of neither SNACS Preschool nor any participating adult.

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

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(Parent or Legal Guardian)



**Emergency Card #9**  
**SNACS Preschool**

D.O.B. \_\_\_\_/\_\_\_\_/\_\_\_\_

Child's Name:

Last \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_  
\_\_\_\_\_

Address:

\_\_\_\_\_

Mother's Name:

\_\_\_\_\_

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

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

Home Phone:

\_\_\_\_\_ Work: \_\_\_\_\_

Guardian's Name

\_\_\_\_\_

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

Mother's Cell #: \_\_\_\_\_ Father's Cell #:

\_\_\_\_\_

#1 Alternate Contact: \_\_\_\_\_ Phone #:

\_\_\_\_\_

#2 Alternate Contact: \_\_\_\_\_ Phone #:

\_\_\_\_\_

Physician: \_\_\_\_\_ Phone #:

\_\_\_\_\_

Hospital Preferred:

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Medical Insurance:

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I, \_\_\_\_\_, give consent for my child, to be treated for medical or surgical emergencies by any licensed physician or hospital in the event that I cannot be located.

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

(Parent or Legal Guardian)

Allergies (and usual symptoms)

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Date of last Tetanus Shot: \_\_\_\_\_

Has your child ever had a seizure? \_\_\_\_\_ If yes  
when: \_\_\_\_\_

Under what conditions did the seizure occur?

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Please list any other health problems such as an unusual tendency to bleeding, fainting, etc.

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

(Parent or legal guardian)

# S.N.A.C.S.

## FEDERAL IMPACT AID

The following information will help SNACS Preschool to complete its application for certain federal funding.

PRINT STUDENT'S

NAME: \_\_\_\_\_

LAST FIRST M.I.

BIRTHDATE: \_\_\_\_\_ AGE: \_\_\_\_\_

Please check one of the following letters if the information applies to your child(ren)

STUDENT LIVES ON THE FOLLOWING:

- \_\_\_\_\_ A. Pyramid Lake Paiute Reservation
- \_\_\_\_\_ B. Reno/Sparks Indian Colony - 98 Colony Road., Reno
- \_\_\_\_\_ C. Reno/Sparks Indian Colony - Eagle Valley (Hungry Valley)

Please check one of the following letters if the information applies to one or both parents, stepparents, or guardians.

ON FULL TIME MILITARY DUTY:

- \_\_\_\_\_ D. Navy/Marine Corps Reserve Training Center (Circle: Navy or Marines)
- \_\_\_\_\_ E. Naval Air Station Fallon
- \_\_\_\_\_ F. Armed Services Recruiting Center (Circle one: Army Navy Air Force Marines)
- \_\_\_\_\_ G. Circle one of the following: Army Navy Air Force Marines Coast Guard

Please check one of the letters if the information below applies to your student.

STUDENT LIVES IN ONE OF THE RENO HOUSING AUTHORITY COMPLEXES:

- \_\_\_\_\_ H. Essex Manor
- \_\_\_\_\_ I. Hawk View Apartments
- \_\_\_\_\_ J. Mineral Manor

\_\_\_\_\_ K. Myra Birch Manor

\_\_\_\_\_ L. Stead Manor

**PLEASE BRING YOUR NAME AND HOME ADDRESS IF ANY OF THE INFORMATION ABOVE APPLIES TO YOU AND SIGN WHERE INDICATED.**

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**Parent/Guardian's Last Name Parent/Guardian's First Name**

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**Street Number Street Name City Zip**

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**Parent/Guardian's Signature Date**

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\_\_\_\_\_ **PLEASE CHECK IF NONE OF THE INFORMATION LISTED ABOVE APPLIES.**

**Please return with your child(ren)'s enrollment packet.**