



# Information and Registration Packet



**Growing One Community, One Family, One Child, At A Time...**

Preschool Programs  
122 Carlota Way  
Riverside, CA 92507  
951-323-0321

[applesinthemaking@yahoo.com](mailto:applesinthemaking@yahoo.com)

# General Information

## Ready, Set, Grow!!

Cost: Option 1: 1 Day a week-\$60.00 and \$10.00 curriculum Fee  
Option 2: 2 Days a week-\$120 and \$20.00 curriculum fee  
Option 3: 4 Days a week-\$240.00 and \$40.00 curriculum fee

Registration: Payment is due at time of registration. There will be a maximum of 20 students . A waiting list will be created if necessary. **Please bring a birth certificate with you to verify your child's date of birth.**

Day and Time: Ready, Set, Grow!! classes will occur on Monday-Thursday from 9:30am to 12:30pm. Late fees will be charged for tardy pick-up. (See Apples in the Making policies)

## Apples in the Making Program Policies

### Attendance Policy

A Ready, Set, Grow!! participant is allowed 2 unexcused absences a month. Unexcused absences are when Apples in the Making Staff does not receive a phone call, email, note or speak with a parent or guardian in regards to why their child was absent. An example of an excusable absence is a family or personal emergency, when the child is sick on family vacations. We understand there are exceptions, but you must speak to an Apples in the Making Program Teacher or Director if there is going to be more than 2 absences in a month's time.

If a child exceeds 2 absences, they will forfeit their spot in Ready, Set, Grow!! and it will be given to a child on the waiting list; the child will be eligible to register for the following month but will not be eligible for priority registration and the registration fee is forfeited.

### Drop-Off and Pick-up Policy

Parents/guardians must walk their child into the room and sign-in each morning. Parents must sign-in and sign-out their children at drop-off and pick-up times. This is a state law and must be followed. Children will not be released to any person that is not on the pick-up list, **unless notified in writing by the parent or guardian.** If child is picked up after our closing time of 12:30pm, the parent/guardian will be charged a late fee if \$1.00 a minute. It is extremely important that your child is picked up on time.

# Management of Communicable Disease for Children & Staff

## Illness Plan

It is our goal to keep all our students, safe, healthy and happy while attending our program. To assist us in this endeavor, please keep your child at home if he/she shows symptoms of a cold or fever within 24 hours. Also, if your child has been exposed to a contagious disease/health issue (i.e. Chicken Pox, lice), please notify the Program Teacher immediately. Though parents will be notified of their child's potential exposure, these issues will be handled with the utmost of care and respect to insure each child's privacy.

When a child arrives the teacher will check them over. If the teacher finds indication of illness or communicable disease, she notifies the Director. The Director then makes a decision to notify the caregiver that they will have to remove the child from the program until the child has returned to good physical health. If a child is removed from the classroom due to a communicable disease, the process is as follows:

1. Remove child from classroom, to office, where child will be supervised at all times. Make them comfortable.
2. Director notifies parents or guardian of illness or injury. If the parents cannot be reached, the Director will begin to contact persons listed on the Emergency Information Form.
3. If a child has been removed from classroom due to a communicable disease, parents should take the child to the doctor, then inform Apples in the Making of diagnosis.
4. If a child is diagnosed with a Communicable Disease, Apples in the Making will post information that children in the class have been exposed to a communicable disease. Staff will inform parents of symptoms to watch for and the incubation period. This is posted near the child's room for 72 hours.
5. No medication will be administered to a child by the staff. Medication doses must occur prior to or after program hours.
6. If a child will not be attending school, due to illness or other, please notify the staff.
7. Families are urged to keep their child home if they show any of the below symptoms, or have exhibited any of these symptoms in the last 24 hours.
8. Employees diagnosed as having a Communicable Disease, or have any of the below symptoms, are treated in the same manner. They will be excluded from the program for the appropriate period of time, may return when medicated, or with a doctor's release.

A child with any of the following signs or symptoms of illness shall be immediately isolated and discharged to his/her guardian:

- Diarrhea (1 or more abnormally loose stools within a 24 hour period), along with any of the below symptoms
- Vomiting
- Severe coughing, causing the child to become red or blue in the face or make a whooping sound
- Difficult or rapid breathing
- Yellowish skin or eyes
- Redness of the eye, obvious discharge, matted eyelashes, burning, itching of the eyes
- Temperature of 100 degrees Fahrenheit (under the arm method)
- Untreated infected skin patches, unusual spots or rashes
- Unusually dark urine and/or gray or white stool
- Stiff neck with an elevated temperature
- Unidentifiable rashes, unless released by a physician
- Evidence of untreated lice, scabies, or other parasitic infections
- Sore throat, difficulty in swallowing

# Refund Policy

**After the final day of registration, or two weeks before the program is due to start, whichever comes first.**

*Full refunds will be granted through the last day of registration for an activity or two weeks before program is due to begin (or when an activity has been cancelled). After that day, no refunds will be granted. In the event that a refund is granted there will be a **\$10.00** administrative fee deducted from the refund. The original customer receipt must accompany a refund request in order to receive a refund.*

## Miscellaneous

Please provide a change of clothes for your child (shirt, pants, underwear & socks). Please bring these items in a ziplock bag with your child's name on it.

Please make sure your child has used the bathroom prior to coming to class. Since we **cannot** assist your child with using the restroom (i.e. unzipping pants, pulling pants/underwear up/down, wiping, etc.), please make sure your child attends class in potty friendly clothing. Should your child have an accident, we will provide the change of clothes you have brought in for him/her and may need to call you if your child needs additional help that we cannot provide.

All toys and valuables must be left at home unless a child is asked to bring something in for Show and Tell. If you feel your child needs to bring something from home, please discuss this concern with the Program Teacher. Please know Apples in the Making is not responsible for any lost, stolen or broken items from home.

Should a child under the observation of the Program Teacher and other staff members experience difficulty performing at an appropriate developmental age level, has difficulty in adjusting to the classroom environment and/or is disrupting the learning environment for other children, efforts will be made to resolve the situation by working with the child, parents/guardians and program staff. Ready, Set, Grow!! reserves the right to withdraw a child from the program if the problem(s) become unmanageable and a viable solution cannot be found. No refund will be issued.

## **Apples in the Making Guidance and Management Policy**

It is our primary goal and purpose to provide a Preschool environment in which teachers and students experience successes and an enthusiasm for learning. We promise to provide the children with ample opportunities to grow socially, emotionally, physically, intellectually, and creatively in a child centered environment. With that in mind, we have developed the following Guidance and Management Policy.

1. Apples in the Making staff will abide by this Guidance and Management Policy.
2. Apples in the Making staff will approach any situations requiring guidance and management positively. They will guide and redirect children so that the children will learn appropriate and acceptable behaviors in the classroom. Positive language and encouraging statements will be used to assist children in defining limits and boundaries, observing logical consequences, managing emotions, and coping with stress or frustration. It is important to preserve, build, and maintain the child's self-esteem.
3. The values of sharing, working cooperatively, helping one another, and extending love and courtesy will be modeled by staff and reinforced in teaching throughout our curriculum. Although we do not have a religious based curriculum, our teachers model Christian morals and values throughout their day to day actions.
4. The Preschool's method of discipline is:
  - a. positive redirection within the area
  - b. positive redirection to another area
  - c. separation from the situation to regain control of emotions
  - d. discussion and encouragement for appropriate behavior is used at all time during each step.
5. Persistent, improper behavior may be handled by the Teacher, Director, and family in a conference.
6. Children will always be supervised.

# Apples in the Making Rules

1. Follow directions.
2. Be kind to one another.
3. Help each other.
4. Walk in the classroom. Run outside.
5. Keep the room neat.

## Guidance and Management Steps

If the above rules are broken, the Guidance and Management Steps will be used.

1. Staff will use guidance and redirection within the area or to another area.
2. Staff will help the child to calm down (if necessary), identify the problem and generate a solution.
3. If behavior does not change, the child will be reminded of the acceptable solution and receive a final choice.
4. The child will receive a warning.
5. The child will be given a time-out.
6. Parent phone call or conference.

Note: If behavior is deemed unsafe or harmful to other participants, the parent/guardian will be notified **immediately** and the child will need to wait in the center office.

Community Center Rules and Discipline Policies apply to all Apples in the Making participants as well.

*Please keep pages 1-6 of this packet for your file and turn pages 7-14 to Ready, Set Grow! Staff.*

# Registration Information

## Child's Information Sheet

Child's Name \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_  
Home Telephone: ( ) \_\_\_\_\_ - \_\_\_\_\_  
Home Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Primary Language \_\_\_\_\_  
Eye Color \_\_\_\_\_ Hair Color \_\_\_\_\_ Weight \_\_\_\_\_ Height \_\_\_\_\_  
Skin Color \_\_\_\_\_ Sex: M F (Circle One)  
Identifying Marks \_\_\_\_\_  
\_\_\_\_\_

## Developmental History and Background Information

### Developmental History

Age began sitting? \_\_\_\_\_ Crawling? \_\_\_\_\_ Walking? \_\_\_\_\_ Talking? \_\_\_\_\_  
Any speech difficulties? \_\_\_\_\_  
\_\_\_\_\_

Special words used to describe child's needs: \_\_\_\_\_  
\_\_\_\_\_

### Health

Any known complications at birth? \_\_\_\_\_  
\_\_\_\_\_

Serious illnesses and/or hospitalizations: \_\_\_\_\_

Special physical conditions, disabilities: \_\_\_\_\_  
\_\_\_\_\_

Allergies (asthma, hay fever, insect bites, medicine, food reactions) \_\_\_\_\_  
\_\_\_\_\_

Regular Medication taken: \_\_\_\_\_  
\_\_\_\_\_

### Eating Habits:

Special characteristics or difficulties: \_\_\_\_\_  
\_\_\_\_\_

Favorite Foods: \_\_\_\_\_  
\_\_\_\_\_

Foods Refused: \_\_\_\_\_  
\_\_\_\_\_

Child Eats with: Hands \_\_\_\_\_ Fork \_\_\_\_\_ Spoon \_\_\_\_\_

Is your child left or right handed? \_\_\_\_\_

## Developmental History and Background Information ( Cont.)

### Toilet Habits:

How does your child indicate their bathroom needs? (include special words)

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Is your child ever reluctant to use the bathroom?

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Does your child have accidents?

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### Sleeping Habits

Does your child become tired or nap during the day? (include when and how long?) \_\_\_\_\_

When does your child go to bed at night? \_\_\_\_\_ get up in the morning? \_\_\_\_\_

### Social Relationships

How would you describe your child?

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Previous experience with other children/daycare \_\_\_\_\_

Does your child enjoy playing alone? \_\_\_\_\_ One on One? \_\_\_\_\_ In Groups? \_\_\_\_\_

How does your child react to new experiences or people? \_\_\_\_\_

What helps your child adjust to new experiences or people? \_\_\_\_\_

Favorite toys or activities:

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Any fears: (i.e. dark, animals, etc.)

---

Behavior Management or discipline at home:

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Describe your child's schedule on a typical day:

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What would you like your child to gain from this childcare experience?

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## Medical/Health History

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

Child's Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

Child's Dentist: \_\_\_\_\_ Phone: \_\_\_\_\_

Does your child take any medications regularly? Yes / No (Circle One)

If yes, please indicate medication and what it is used for \_\_\_\_\_

Has your child any history of the following? Give dates (if possible):

Immunizations are current and up to date: Yes No (Circle one)

Hearing loss or difficulties: \_\_\_\_\_

History Of:	Yes/Date	No	History Of:	Yes/Date	No
Asthma			Meningitis		
Chicken Pox			Mumps		
Convulsions			Kidney Problems		
Diabetes			Pneumonia		
Ear Problems			Rheumatic Fever		
Epilepsy			Scarlet Fever		
German Measles			Whooping Cough		
Heart Disease			Other:		
Measles					

Vision difficulties: \_\_\_\_\_

Speech Disabilities: \_\_\_\_\_

Operations: \_\_\_\_\_

Serious Injuries: \_\_\_\_\_

Allergies (food/other): \_\_\_\_\_

Are there any medical problems of which we should be aware of?

Are there any problems which might limit your child's full participation in this program?

# Emergency Information

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

Preferred Name: \_\_\_\_\_ Date Of Birth: \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_ (check one)

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

Does the mother live in the home? \_\_\_\_\_ Does the father live in the home? \_\_\_\_\_

Names/ages of siblings that live in the home? \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Business Phone: \_\_\_\_\_ Cellular Phone: \_\_\_\_\_ Other: \_\_\_\_\_

Business Address: \_\_\_\_\_

(or address where mother can be located in case of emergency)

Email address: \_\_\_\_\_

Father's Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Business Phone: \_\_\_\_\_ Cellular Phone: \_\_\_\_\_ Other: \_\_\_\_\_

Business Address: \_\_\_\_\_

(or address where father can be located in case of emergency)

Email address: \_\_\_\_\_

## Alternate Emergency Contact (Other than Parents):

Name	Phone	Relationship to Child

## Permission to pick up child:

We need, in writing, the person(s) who has permission to pick up your child. We will not release your child to anyone other than the people listed on this form. Please give us the names, their relationship to the child, and phone number of anyone who might be requested to pick up your child.

Names of persons authorized to pick up your child from school (over 18 years of age):

Name	Phone	Relationship to Child

**This space for registrar's use only**

Child's date of birth: \_\_\_\_\_ Verified by: \_\_\_\_\_

Registrar's signature

# Emergency Information (Cont.)

It is the policy of Apples in the Making to first contact parents/guardians, or others designated by the parents/guardians, to authorize medical treatment in the event of an emergency. It is also our policy to move children in need of immediate professional medical care by way of ambulance. Therefore, Apples in the Making requests that parents/guardians sign the following consent to medical treatment for use in an emergency in the event that the child's parent(s)/guardian(s), or others designated by parents/guardians, are unavailable:

I, \_\_\_\_\_, parent/guardian of the child \_\_\_\_\_, born \_\_\_\_\_, do hereby authorize Apples in the Making to secure such medical advice and services in my absence as it deems necessary for the health and safety of my child. I shall be financially responsible for such advice and services.

Dated: \_\_\_\_\_ Signed: \_\_\_\_\_

## Insurance Information (optional):

Company Name: \_\_\_\_\_ Policy # \_\_\_\_\_

Participating Hospital: \_\_\_\_\_

Special Instructions: \_\_\_\_\_

## First Aid and/or CPR

In the event of an emergency, I authorize the staff to provide any first aid/CPR care deemed necessary for my child.

Parent's signature: \_\_\_\_\_ Date: \_\_\_\_\_

## Health Record Transfer

In the event of an emergency, I hereby authorize the transfer of my child's health record to the local hospital.

Parent's signature: \_\_\_\_\_ Date: \_\_\_\_\_

## Consent to Treatment of a Minor

I, (we), the undersigned, parent or guardian of, \_\_\_\_\_ a minor, do hereby authorize the City of Redlands as agent for the undersigned to consent to any x-ray examination, anesthetic, dental, medical, or surgical diagnosis or treatment and hospital care which is deemed advisable by, and is to be rendered under the general or special supervision of, any physician and surgeon licensed under the provisions of the Medicine Practice Act on the medial staff of a licensed hospital whether such diagnosis or treatment is rendered at the office of said physician or at said hospital.

It is understood that this authorization is given in advance of any specific consent to any and all such diagnosis, treatment or hospital care which the aforementioned physician in the exercise of his best judgment may deem advisable.

This authorization is given pursuant to the provisions of section 6910-6903 of the California Family Code. This authorization shall remain effective, unless revoked in writing and delivered to said agent.

## Hold Harmless Agreement

In consideration of the undersigned being permitted to participate directly or indirectly in various programs or events sponsored and arranged by the City of Redlands, I agree to defend, indemnify and hold harmless the City of Redlands, its elected officials, officers boards, commissions, agents and employees against any and all claims, demands, actions, suits, liabilities and judgments of every kind and nature and regardless of the merit of the same, arising out of use of Park/Recreation facilities, or arising out of my participation in city of Redlands sponsored events, programs or excursions.

I, the undersigned, have read and fully understand the above HOLD HARMLESS AGREEMENT AND CONSENT TO TREATMENT OF A MINOR.

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

FEE PAID: CASH \$ \_\_\_\_\_ CHECK#: \_\_\_\_\_ \$ \_\_\_\_\_

RECEIVED BY: \_\_\_\_\_ RECEIPT#: \_\_\_\_\_

Approved Scholarship amount: \$ \_\_\_\_\_ Staff Initialed: \_\_\_\_\_

# PHOTO RELEASE

On occasion, Apples in the Making staff will take photographs of enrolled children. These photos are primarily used for center purposes: to display in the center to show parents what the children have been involved in or to create keepsakes for the staff or children of their experiences. Occasionally we find the need to use a photo for marketing purposes: newsletter, website, summer brochure, local newspaper advertising.

We can only use your child's photo if we have permission from you. Please indicate below if you do or do not authorize the use of photos of your child for purposes other than center-based needs.

Please check the appropriate box:

- Yes, I authorize Apples in the Making to use photos of my child for marketing purposes.
- No, I do not allow Apples in the Making to use photos of my child for marketing purposes.

Child's Name (Please Print)	
Parent's Name (Please Print)	
Parent's Signature	Date

# Parent Agreement Sheet

I, \_\_\_\_\_, hereby enroll \_\_\_\_\_ in  
(Parent/Legal Guardian's Name) (Child's Name)

\_\_\_\_\_ from \_\_\_\_\_  
(Name of Class) (Dates of Class)

Checks are to be made payable to the City of Redlands, and may be mailed to:  
111 W. Lugonia Ave  
Redlands, CA 92373

**Full payment is due at time of registration.**

My signature below verifies I am enrolling my child in the above listed program and that I have read and understand the Apples in the Making Information Packet including Apples in the Making Rules and Policies and I commit to the rules and Apples in the Making Program policies set by the Redlands Police Recreation Bureau Apples in the Making Staff. All information I have submitted with this registration packet is true and correct. Please sign below and return this along with your registration to the Apples in the Making Staff.

Parent/Guardian's Signature: \_\_\_\_\_

Print Name: \_\_\_\_\_

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