**NEW BETHEL CHRISTIAN PRESCHOOL**

**ENROLLMENT APPLICATION FOR 2024-2025 SCHOOL YEAR**

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

NAME CHILD GOES BY: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ AGE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

SEX: \_\_\_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ COUNTY: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

ADDRESS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

CITY/STATE/ZIP: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

HOME PHONE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ CELL PHONE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

NAME OF CHURCH FAMILY ATTENDS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**PARENT/GUARDIAN INFORMATION:**

MARRIED\_\_\_\_\_\_ SEPARATED \_\_\_\_\_\_\_\_ DIVORCED \_\_\_\_\_\_\_\_\_ LIVE-IN \_\_\_\_\_\_\_\_\_\_

FATHERS NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_CELL PHONE \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

EMPLOYER: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_WORK # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

MOTHERS NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ CELL PHONE \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

EMPLOYER: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ WORK # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**EMERGENCY INFORMATION: IF PARENTS ARE UNREACHABLE, LIST OTHER CONTACTS.**

NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ RELATIONSHIP TO CHILD \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

HOME # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ CELL # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ RELATIONSHIP TO CHILD \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

HOME # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_CELL #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Notice of Exemption**

I,\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_acknowledge that I have been informed that this program is not a licensed child care facility. I also understand this program is not required to be licensed by the Georgia Department of Early Care and Learning and this program is exempt from state licensure requirements.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Parent Signature Date

**MEDICAL RECORDS:**

DOES YOUR CHILD HAVE ASTHMA? YES \_\_\_\_\_\_\_\_\_\_\_\_ NO\_\_\_\_\_\_\_\_\_\_\_\_

LIST ANY ALLERGIES WHETHER MAJOR OR MINOR: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

DOES YOUR CHILD HAVE ANY MEDICAL DIAGNOSIS, MEDICAL CONDITIONS, OR MEDICAL DISEASES? \_\_\_\_\_\_\_\_\_\_\_\_YES \_\_\_\_\_\_\_\_\_\_\_NO. IF YES EXPLIAN: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DOES YOUR CHILD HAVE ANY MENTAL OR PHYSICAL HANDICAPS? (VISUAL, HEARING, SPEECH, SURGERIES, THERAPIES, TREATMENTS, OR PHYSICAL LIMITATIONS). IF YES PLEASE EXPLAIN.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

ANY MEDICATIONS \_\_\_\_\_\_\_\_\_\_\_\_\_\_YES \_\_\_\_\_\_\_\_\_\_NO

NAME OF MEDICATIONS \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PURPOSE OF MEDICATIONS \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**TRANSPORATION: LIST ANYONE ALLOWED TO PICK UP YOUR CHILD.**

NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ PHONE # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

RELATIONSHIP TO CHILD: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ PHONE # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

RELATIONSHIP TO CHILD: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**CHECK THE CLASS YOU ARE REGISTERING FOR:**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Check the Chosen Class.** | **Class** | **Available Days** | **Cost Per Month** | **Approximate Cost Per Day** | **# of Students** |
|  | **3 Year Old** | **Mon. – Thurs.** | **$150** | **$10** | **10** |
|  | **4 & 5 Years Old** | **Mon. - Thurs.** | **$150** | **$10** | **10** |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

**\*\*\*REGISTRATION FEE OF $100.00 (NON-REFUNDABLE) IS DUE AT THE TIME OF ENROLLMENT FOR ALL CLASSES.**

**\*\*\*A COPY OF YOUR CHILD’S BIRTH CERTIFICATE AND IMMUNIZATION RECORDS ARE REQUIRED AT THE TIME OF REGISTRATION.**

**PLEASE INITIAL
\_\_\_\_\_\_\_\_\_\_I acknowledge that my child MUST have a birth certificate and current immunization record on file and cannot be placed in class without these forms.**

**\_\_\_\_\_\_\_\_\_\_I acknowledge that tuition is based on a 10-month school year. The first payment will be due in August and last full payment in May.**

**\_\_\_\_\_\_\_\_\_\_Tuition is due by the 1st of the month. A late fee of $10.00 will be added after the 10th.**

**\_\_\_\_\_\_\_\_\_\_In case of withdrawal, tuition must be paid through the month the child is enrolled.**

**\_\_\_\_\_\_\_\_\_\_Children 3 years and older MUST be completely potty trained before attending preschool.**

**\_\_\_\_\_\_\_\_\_\_I acknowledge that all fees are non-refundable.**

**\_\_\_\_\_\_\_\_\_\_I understand that NBC Preschool is not a licensed childcare facility by the State of Georgia. I also understand this program is not required to be licensed by the Georgia Department of Early Childcare and Learning and that this program is exempt from state li ensure.**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **PARENT/GUARDIAN SIGNATURE DATE**

**OFFICE USE ONLY:** BIRTH CERTIFICATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ IMMUNIZATION RECORDS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

AMOUNT PAID: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ CHECK/CASH:\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

NEW BETHEL CHRISTIAN PRESCHOOL

1310 New Bethel Rd.

Carnesville, GA 30521

Office 706-384-4028

Dear Parents,

It is a pleasure to introduce to you and a delight to welcome your child to New Bethel Christian Preschool. We are looking forward to getting to know your child and having you as a part of our preschool family.

As a dedicated staff to the concerns and needs for your child, our desire is to meet or exceed your approval and prepare your child for the next level of education. We strive to provide and maintain a safe, warm and loving atmosphere with Jesus Christ in our daily activities. Here at New Bethel, we are here to provide a learning environment in which your child will blossom into the special individual that we know is inside each of God’s children. Your child will receive the educational structure that is necessary to prepare them for kindergarten.

If there is anything we can assist you with, please don’t hesitate to let us know. Our doors are always open for your comments, suggestions and concerns. We want you to be involved and participate with us.

In closing, it is our desire to move forward into a new and exciting journey filled with adventure for your child’s life and our lives too. We ask that you remember our school, staff and all of our families in your prayers.

Sincerely,

The Staff at New Bethel Preschool

 **POLICIES AND PROCEDURES**

**ENROLLMENT:**

Enrollment is done on a first come first served basis. All applications must meet age requirements and it is a requirement to have your child potty trained before beginning pre-school(3 year olds). A student application form must be completed. It is important to include emergency and transportation information on application. We also need to know any allergies your child may have. At time of enrollment, we need a copy of your child’s Birth Certificate and up-to-date Immunization Records. Enrollment fee of $100.00 is required at time of Registration. The Registration fee is non-refundable & non-transferable.

**INCLEMENT WEATHER & SCHOOL CALENDAR**

We follow the Franklin County School Calendar for holidays and weather cancellations. You can tune to the local radio stations for information about the Franklin County Schools closing. If they are not having school, we will not have school. If Franklin County is on a delayed schedule, we will not have school unless you get a call or text from us. Some Holidays we will change to accommodate the Preschool Parties to allow all children to come and participate with classmates. We will notify you if we change our school calendar.

**DROP-OFF & PICK UP**

**1. Early Drop Off 7:15 – 7:30-** Monthly Charge of $20 per child. Come to the Playground Entrance Door and you are to bring your child to the door. If you want just 1 day or for the month, cost will be $20 in addition to your Monthly Tuition.

**2. Drop off 7:45 – 8:15 –** Door will be locked after 8:15. For **Late Drop Off** you will need to call Ms. Gina 7067-498-8954 or 706-384-4028, and then bring child to the back door.

**3. Early Pick up:** Please notify Ms. Gina or church office as soon as possible.

**4. Drop-off and pickup Instructions:**

When you drop off or pick up your child, drive to the **back** of the church to the awning area. **Drop-off time is 7:45-8:15.** Teachers will unload children from your vehicle and load children into your vehicle. All doors are **locked after 8:15.** When leaving Parking Lot, go out the back and do not go around the side of the church by the offices. We are trying to avoid head on collisions & wrecks. Please let others, that will be picking up or dropping off your child, know of these directions.

**5.Pickup:** Be in line by **11:30 and be prompt**. Please follow car rider line and be courteous of other drivers.

**6. Monthly Tuition: Required to be paid on time-1st of each month.**

**SNACK TIME:**

You will need to provide a drink and snack for your child each day. Snacks need to be in a lunch box or small paper bag with the child’s name on it. Please have all food already prepared. Do not send in anything that has to be cut up or a food item that has to be cooked by the teachers.

**CLOTHING:**

Be sure your child has a change of clothing each day in their book bag. Please dress your child in play clothes. We will go outside each day that weather permits. We also recommend your child wear tennis shoes. If your child wears a dress, she must wear either shorts or tights or leggings underneath.

**ATTENDANCE:**

If for any reason (sickness, vacation or just taking a day off) you decide not to send your child to school, this will not affect Tuition in any way. Tuition is still due the 1st of the month in full

**ABSENTEEISM:**

If your child is unable to attend on the days they are scheduled to come, there will not be any makeup days. There are different age groups being taught on different days of the week, so we are unable to do make up days. There are no discounts for days missed due to illness, breaks, holidays or inclement weather. Your child must come on their designated days. They are not allowed to swap days around. Tuition is the same, no matter how many days your child may be absent during the month.

**FUNDRAISERS:**

Every year, we do fundraisers to help purchase supplies and new equipment for the Preschool. You will be notified by Text or a Memo about any fundraisers or special events coming up. We encourage you to participate.

**DISCIPLINE:**

The Preschool wishes to provide an environment conductive to both the spiritual and mental development of its students. We believe the Bible teaches respect for authority and discipline for children. Therefore, we expect obedience and respect and the practice of Christian habits in language and behavior during attendance at school. When a child has displayed bad behavior (such as hitting, kicking, biting) or is disobedient in the classroom, the teacher will correct the child. We use the “TIME OUT” method for disciplinary action. The child will be given a warning prior to disciplinary action being taken. Then, we explain to them why their behavior is wrong. If “TIME OUT” does not work on the third try with no results; child will be dismissed from school until behavior is under control.

**CHANGES DURING THE YEAR:** If you change your phone number or address during the school year, please notify us. We need this for our files to be correct. Also, so we will have updated phone numbers in case of an emergency.

**TUITION:**

Tuition is due on the 1st of each month. If not paid by 5th; a $10.00 late fee will be added. After the 10th; $1.00 a day is added until the Tuition is paid.

Tuition is non-refundable**.** Tuition payment schedule is as follows:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Class** | **Available Days** | **Cost Per Month** | **Approximate Cost Per Day** | **# of Students** |
| **3 Year Old** | **Mon. – Thurs.** | **$150** | **$10** | **10** |
| **4 & 5 Years Old** | **Mon. - Thurs.** | **$150** | **$10** | **10** |

**\*\*\*One Time $100 Registration Fee Per Child (Non-Refundable & Non-Transferable)**

All other paid activities are 2nd in line to the Tuition. If you send in money for any extracurricular activity and have not paid tuition, that money will be credited to tuition and then dispersed accordingly.

We recommend that all children come on their assigned days. This is for their benefit. We try to get them ready for Kindergarten. All 4 & 5 year old’s attending should be here 5 days a week.

**DAILY SCHEDULE:**

 7:45-8:15 Drop-off and Computers

 8:20-9:00 Calendar & Weather

 9:00-9:15 Pledges, Prayer Time, Bible Story & Singing

 9:15-9:30 Letter & Letter Recognition

 9:30-10:00 Snack Time

 10:00-10:30 Colors, Numbers, Shapes / Circle Time

 10:30-11:00 Centers/Arts and Craft Time

 11:00-11:25 Play Time (Outdoors if Weather Permitting)

 11:30 Dismissal & Pickup of Child(Must be in car rider line by 11:30)

**SICKNESS**

We would like for everyone to know that we do all that we can to try to prevent sickness at school. We wipe down everything with Clorox wipes. We spray Lysol, wash hands with soap and water. We also use germ-x constantly. We will also be taking every child’s temperature daily as soon as they arrive at school. No child should come to school visibly sick. If a child becomes ill during the day, a parent will be called to come pick them up. We ask that you notify us if your child has been exposed to a contagious disease. Likewise, we will notify you if this should happen at school. If you child comes with any of the following we will send them home. If your child has to be picked up because they are sick; they are not to return to school for 24 hours.

**FEVER**: This is the body’s way of destroying germs. Free without the use of fever reducing medicine (ex. Tylenol or Motrin) for 24 hours.

Free of vomiting or diarrhea for at least 24 hours.

Free of flu like symptoms for at least 24 hours.

Signs and symptoms of the flu, fever (although not everyone with the flu-has a fever, cough, sore throat, runny or stuffy nose, body aches, headache, chills, tiredness, sometimes diarrhea and vomiting.

**DIARRHEA**: This is often a result of infection, keep child home until stools are formed and they are not to return to school for 24 hours.

**VOMITING**: This is the body’s way of getting rid of germs. They can return to school after no longer having symptoms. They are not to return to school for 24 hours.

**RASHES**: Children should be kept home until diagnosed or the doctor gives the ok to return.

**LICE:** If your child is scratching their head repeatedly it is a sign your child could have lice. Lice are small black bugs that lay eggs on the hair follicle. If your child has lice they should be treated and not return to school until completely free of lice.

**PINK EYE**: Is contagious and children should stay home until symptoms have cleared up. Matted eyes, red itchy and swollen are signs they might have pink eye.

**SEVERE COUGH AND COLD AND SORE THROAT:** A severe cough can be a sign of viral bronchitis croup, or even whooping cough and needs to be checked by a physician. A sore throat can be a sign of strep throat and should be kept home for 24 hours after starting antibiotics.

**YOUR CHILD DOES NOT HAVE TO STAY HOME FROM SCHOOL IF YOUR CHILD HAS:**

**AN EARACHE:** An earache is not contagious. Your child should not stay home unless they don’t feel well enough to concentrate.

**MILD COLD/ALLERGIES**: There is no reason to keep your child at home for simple cold as long as their nasal drainage is clear and their cough is mild. If drainage is green this means infection. Keep your child home until your doctor gives them permission to return to school.

**NOTE TO PARENTS**: **All Money Due by Deadline Date - NO EXTENSIONS!!!**

Occasionally, we go on field trips and observe special days at the Preschool. Anyone who wants to send additional party items, please let us know in advance.

You are always welcome to come along with us or attend activities at the Preschool. We welcome and appreciate your ideas and suggestions to make our Preschool enjoyable and safer for the children. We will notify you through text. This is our way of keeping you informed about what your child is learning each week and any upcoming events or activities. We will do our best to let you know well in advance of activities coming up. We look forward to a wonderful year and thank you for choosing New Bethel Christian Preschool!

 Jesus said, “Let the little children come unto me and do not hinder them, for the

 kingdom of God belongs to such as these.” Mark 10:14

 THE STAFF OF NEW BETHEL CHRISTIAN PRESCHOOL

Rev. Joey Gilbert/Pastor

Mr. Grayson Segars/Youth Pastor

Ms. Gina Murley/Director & Teacher

Ms. Denise Crunkleton/Teacher

Ms. Brenda Hallford/Secretary