BEANSTALK CHECKLIST FOR CENTER PARENTS

PARENT'S RESPONSIBILITIES INCLUDE: Daily sign in and out of each child (full legal signature) and record actual time Call with an explanation when child will be absent Make sure that child does not bring gum, candy, snack foods, money, valuables, inappropriate toys, printed materials, photographs, etc. to preschool Provide written authorization from both the physician and parent for prescription medications. Prescriptions must be in the original container and current (not expired). 'Children needing Incidental Medical Services have a plan on file (Asthma, epi-pen) Sunscreen application requires written authorization of the parent only. Keep child at home with symptoms of illness such as, but not limited to vomiting, diarrhea, Fever. See agency's Health Policy. Beanstalk follows SCPH COVID-19 Guidance for Children and Staff. Notify the center in writing of changes in emergency contact information – address, telephone numbers, other authorized adults who have permission to sign in & out, etc. Provide a 10-business day notice prior to dis-enrolling the preschool. For Part-day: Begins at and ends at Monday-Friday. For Full-day: Operates 8:00-5:00 M-F. Hours of services determined for each family Park vehicles in designated areas and spaces only. Expect traffic near school(s) Provide extra clothing (underwear, pull-ups, diapers & wipes, pants, shirt & socks) Read and follow rules, policies and procedures as stated in the Beanstalk Handbook for Parents and as posted on school campus. Beanstalk Handbook for Parent received (Parent Initial) OTHER INFORMATION REVIEWED WITH PARENT: Mission statement, philosophy, daily schedule, curriculum, and lesson plan, Portfolios, DRDP (child assessment, parent input, parent survey and conferences) Program's expectations and behavior management techniques Parent Involvement and Education – Open door policy, Parent Advisory Committee, Parent meetings, special projects, classroom support and volunteers (volunteers must provide perfussis & measles vaccine & TB screen/flu va	PARENT'S NAME	DATE
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