



Centerville Preschool Academy

Shaunna Cross, Director

July 28, 2020

Dear Parents,

With the start of the school year coming soon, we want to be proactive about our students learning. I understand that this is a difficult time and that we will be doing virtual learning, which can be hard on students, teachers and parents. To help with some of the stress we have several items we will need daily:

- Backpack
- Laptop/charger
- Binder/Pronged folder
- Paper: lined and grid paper
- Pencils/crayon/colored pencils in a pencil box
- Earbuds/headphones with microphone
- Something to stay busy if completed early
- A refillable water bottle/small jacket

We will also be asking for student/teacher information.

Please know, our teachers will work hard to encourage students to finish class-work quickly and correctly, but the ultimate responsibility will be the students. We will have time set up for playtime and outside time.

The students will continue to be allowed to bring tablets but will be more restricted with time on them. We will also ask that you continue to bring healthy snacks and lunch, no sugary snacks or caffeinated soda.

Thank you,

Shaunna Cross,
Director



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Virtual Learning Pricing

Hours of Operation

7:00 AM – 6:00 PM

Virtual Learning

Registration Fee

Full Week

3 days

2 days

Weekly Rates

\$ 65.00

\$125.00

\$ 85.00

\$ 65.00

Drop-In by Appointment

Daily

Full Week

\$ 35.00

\$130.00

****Must be enrolled in public school****

*Nutritious snacks and lunches to be provided by parent

*No refund of fees



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Closings 2020

September 7 th	Labor Day
November 26 th -27 th	Thanksgiving Break
December 24 th & 25 th	Christmas Break

Closings 2020

January 1 st	New Year's Day
May 31 st	Memorial Day
July 5 th	Observance of Independence Day
September 6 th	Labor Day
November 25 th -26 th	Thanksgiving Break
December 24 th	Christmas Break

Schedule is TENTATIVE and MAY change



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Information Card

Child's Name: _____ Date of Birth: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

To Parent or Guardian: To better serve your child in case of accident or sudden illness that occurs at school or at a school related activity, it is required that **all** information be completed.

Program: _____Preschool _____Kindergarten _____Before & After Care/Summer

Hours: _____Full Days _____Half Days _____AM Care ____PM Care

Emergency Contacts		
Name	Relationship	Telephone
	Mother/Guardian	Work ()
	Email:	Cell ()
	Father/Guardian	Work ()
	Email:	Cell ()
		Work ()
		Cell ()
		Work ()
		Cell ()

Additional adult authorized to pick up your child		
1)	2)	3)
4)	5)	6)

Media Consent: _____ yes _____ no

Special Health Conditions (Include Allergies): _____

Signature of Parent/Guardian: _____ Date: _____



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School Information

Child's Name: _____ School Name: _____

School Information		
Primary Contact Name	Parent Email:	Work ()
		Cell ()
Computer Login:	Student Email:	Passwords:
Program Name	Login ID	Passwords
Teacher's Name	Teacher Email:	()

Zoom Call/Google Meet Schedule				
Monday	Tuesday	Wednesday	Thursday	Friday
Time:	Time:	Time:	Time:	Time:

Other:



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Before and After Care FYI

Please initial the following items:

- _____ 1. Centerville Preschool is a private, religious exempt program. We are not licensed with the state, but closely monitored and abide by the regulations set by the state. We reserves the right to teach Bible stories, Bible songs, and to offer prayer.
- _____ 2. Tuition is due and expected on your child's **first day of service**, regardless of attendance. A late fee of \$35.00 will be applied to payment not received by Tuesday at close of business. Any account that goes 2 weeks delinquent, we **will suspend** service until account is current.
- _____ 3. There is a late fee of \$5.00 every 5 minutes for children not picked up by 6.00 pm. If it is 6:01pm, by our clock, you are late and a late fee will be assessed. At 6:30pm, late pick up increases to \$10 every 5 minutes.
- _____ 4. There is a \$40.00 charge levied on all returned checks. Upon receipt of the second return check, all payments must be made by a money order or cash. A \$20.00 charge on checks put through once.
- _____ 5. Assigned key fob(s) must be returned upon withdrawal of child. Additional or lost key fobs may be purchased for \$10.00.
- _____ 6. Children MUST be kept home if any of the following conditions exist:
- a. A temperature of 100°F or higher
 - b. Intestinal disturbance such as diarrhea or vomiting
 - c. Any undiagnosed rash or sore
 - d. Discharge of eyes or ears
 - e. Profuse nasal drainage
 - f. If child is not capable of full participation
- _____ 7. C.P.A. chooses NOT to administer prescription and non-prescription medication, with the exception of over-the-counter topical ointments, sunscreen and topically applied insect repellant provided by the parent.
- _____ 8. Parents must provide healthy snacks and lunch. No sugary snacks or caffeinated sodas or food that needs preparation.
- _____ 9. Toys and electronic devices brought to the center are the parent's/child's responsibility. The center will not be held liable for the damage. Electronic devices are for **game use** only. TEXTING, CALLS, WEB SURFING AND MUSIC will **NOT** be allowed.
- _____ 10. If, after a reasonable period of time, it is found that a child is unable to adjust to the center or the center's program, the center reserves the right to request withdrawal of the child. No refund of fees will be granted.
- _____ 11. Regular fees are due and not refundable if the school must close due to act of God or holiday closures. Call the center (757-424-2501) after 6:30 am for any announcements of closure due to increment weather.
- _____ 12. There is **NO FREE WEEK** during the school year.

I (**give/do no give**) consent to Centerville Preschool Academy to publish or copyright any photographs or videos in which my child appears while enrolled as a student in any programs of Centerville Preschool Academy. This would include but not be limited to use of photographs/videos in school brochures, school media sites, advertising, videotapes, and other like publications.

Please sign and date below:

Signature: _____ Date: _____



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Decision to Not Administer Prescription Medications

My program has made the following decision regarding the administration of medications to a child in my program: (Check one)

☐ I (or my staff) **WILL NOT** administer any medications – prescription or non-prescription medication (non-prescription medications include but are not limited to, Tylenol, cough syrup, diaper ointment, sunscreen, and topical insect repellants).

☒ I (or my staff) will administer **ONLY** non-prescription medications (non-prescription medications include but are not limited to, Tylenol, cough syrup, diaper ointment, sunscreen, and topical insect repellants).

Provider and the parent of each enrolled child must sign below. The provider must maintain a copy of this form in each child's individual record.

Provider's Name: Shaunna Cross	Facility Name: Centerville Preschool Academy
Provider's Signature:	Date:
Parent/Guardian Signature:	Date:

Confidentiality Statement

Information about any child in my program is confidential and will not be given to anyone except VDSS' designees or other persons authorized by law unless the child's parent or guardian gives written permission. Information about a child in my program will be given to the local department of social services if the child received a day care subsidy or if the child has been named in a report of suspected child abuse or maltreatment or as otherwise allowed by law.

Rehabilitation Act of 1973

I understand that if my program received any federal funding (such as child care subsidy from a local department of social services), I am subject to section 504 of the Rehabilitation Act of 1973 which is similar to the provisions of the Americans with Disabilities Act. If a child enrolled in my program now or in the future is identified as having a disability covered under the Rehabilitation Act, I will assess the ability of the program to meet the needs of the child. For further information on the Rehabilitation Act seek legal counsel and/or go to the following website: <http://www.dol.gov/oasam/regs/statutes/sec504.htm>

Provider Statement

I understand that it is my responsibility to follow my *Program's Decision Regarding Medication* plan and all health, infection control, and medication administration regulations applicable to my child day program. The Program Decision Regarding Medication plan will be made available to my parents at enrollment, whenever changes are made, and upon request.