COMMONWEALTH OF VIRGINIA
SCHOOL ENTRANCE HEALTH FORM
Health Information Form/Comprehensive Physical Examination Report/Certification of Immunization

Part I – HEALTH INFORMATION FORM

State law (Ref. Code of Virginia § 22.1-270) requires that your child is immunized and receives a comprehensive physical examination before entering public kindergarten or elementary school. **The parent or guardian completes this page (Part I) of the form.** The Medical Provider completes Part II and Part III of the form. This form must be completed no longer than one year before your child's entry into school.

Name of School: _____ Current Grade: _____

Student's Name: _____
Last First Middle

Student's Date of Birth: _____/_____/_____ Sex: _____ State or Country of Birth: _____ Main Language Spoken: _____

Student's Address: _____ City: _____ State: _____ Zip: _____

Name of Parent or Legal Guardian 1: _____ Phone: _____-_____-_____ Work or Cell: _____-_____-_____

Name of Parent or Legal Guardian 2: _____ Phone: _____-_____-_____ Work or Cell: _____-_____-_____

Emergency Contact: _____ Phone: _____-_____-_____ Work or Cell: _____-_____-_____

Condition	Yes	Comments	Condition	Yes	Comments
Allergies (food, insects, drugs, latex)			Diabetes		
Allergies (seasonal)			Head injury, concussions		
Asthma or breathing problems			Hearing problems or deafness		
Attention-Deficit/Hyperactivity Disorder			Heart problems		
Behavioral problems			Lead poisoning		
Developmental problems			Muscle problems		
Bladder problem			Seizures		
Bleeding problem			Sickle Cell Disease (not trait)		
Bowel problem			Speech problems		
Cerebral Palsy			Spinal injury		
Cystic fibrosis			Surgery		
Dental problems			Vision problems		

Describe any other important health-related information about your child (for example; feeding tube, hospitalizations, oxygen support, hearing aid, dental appliance, etc.):_____

_____

List all prescription, over-the-counter, and herbal medications your child takes regularly:

_____

Check here if you want to discuss confidential information with the school nurse or other school authority. ☐ Yes ☐ No

Please provide the following information:

	Name	Phone	Date of Last Appointment
Pediatrician/primary care provider			
Specialist			
Dentist			
Case Worker (if applicable)			

Child's Health Insurance: ____ None ____ FAMIS Plus (Medicaid) _____ FAMIS _____ Private/Commercial/Employer sponsored

I, _____ (do___) (do not___) authorize my child's health care provider and designated provider of health care in the school setting to discuss my child's health concerns and/or exchange information pertaining to this form. *This authorization will be in place until or unless you withdraw it.* ***You may withdraw your authorization at any time by contacting your child's school****. When information is released from your child's record, documentation of the disclosure is maintained in your child's health or scholastic record.*

Signature of Parent or Legal Guardian: _____Date: _____/_____/ _____

Signature of person completing this form: _____Date:_____/_____/_____

Signature of Interpreter: _____Date: _____/_____/_____

COMMONWEALTH OF VIRGINIA
SCHOOL ENTRANCE HEALTH FORM

Part II - Certification of Immunization

Section I

To be completed by a physician or his designee, registered nurse, or health department official.
See Section II for conditional enrollment and exemptions.

A copy of the immunization record signed or stamped by a physician or designee, registered nurse, or health department official indicating the dates of administration including month, day, and year of the required vaccines shall be acceptable in lieu of recording these dates on this form as long as the record is attached to this form.
Only vaccines marked with an asterisk are currently required for school entry. Form must be signed and dated by the Medical Provider or Health Department Official in the appropriate box.

Student's Name:_____ Date of Birth: |____|____|____|
Last *First* *Middle* *Mo. Day Yr.*

IMMUNIZATION	RECORD COMPLETE DATES (month, day, year) OF VACCINE DOSES GIVEN				
*Diphtheria, Tetanus, Pertussis (DTP, DTaP)	**1**	**2**	**3**	**4**	**5**
*Diphtheria, Tetanus (DT) or Td (given after 7 years of age)	**1**	**2**	**3**	**4**	**5**
*Tdap booster (6th grade entry)	**1**				
*Poliomyelitis (IPV, OPV)	**1**	**2**	**3**	**4**	
*Haemophilus influenzae Type b (Hib conjugate) *only for children <60 months of age	**1**	**2**	**3**	**4**	
*Pneumococcal (PCV conjugate) *only for children <60 months of age	**1**	**2**	**3**	**4**	
Measles, Mumps, Rubella (MMR vaccine)	**1**	**2**			
*Measles (Rubeola)	**1**	**2**	Serological Confirmation of Measles Immunity:		
*Rubella	**1**		Serological Confirmation of Rubella Immunity:		
*Mumps	**1**	**2**			
*Hepatitis B Vaccine (HBV) ❑ Merck adult formulation used	**1**	**2**	**3**		
*Varicella Vaccine	**1**	**2**	Date of Varicella Disease OR Serological Confirmation of Varicella Immunity:		
Hepatitis A Vaccine	**1**	**2**			
Meningococcal Vaccine	**1**				
Human Papillomavirus Vaccine	**1**	**2**	**3**		
Other	**1**	**2**	**3**	**4**	**5**
Other	**1**	**2**	**3**	**4**	**5**

I certify that this child is **ADEQUATELY OR AGE APPROPRIATELY IMMUNIZED** in accordance with the MINIMUM requirements for attending school, child care or preschool prescribed by the State Board of Health's *Regulations for the Immunization of School Children* (Reference Section III).

Signature of Medical Provider or Health Department Official:_____ **Date (*Mo., Day, Yr.*):**___/___/____

Student's Name:_____Date of Birth: |____ |_ ___|___ _|

Section II
Conditional Enrollment and Exemptions

Complete the medical exemption or conditional enrollment section as appropriate to include signature and date.

MEDICAL EXEMPTION: As specified in the *Code of Virginia* § 22.1-271.2, C (ii), I certify that administration of the vaccine(s) designated below would be detrimental to this student's health. The vaccine(s) is (are) specifically contraindicated because (please specify):

_____

_____

_____.

DTP/DTaP/Tdap:[___]; DT/Td:[___]; OPV/IPV:[___]; Hib:[___]; Pneum:[___]; Measles:[___]; Rubella:[___]; Mumps:[___]; HBV:[___]; Varicella:[___]

This contraindication is permanent: [___], or temporary [___] and expected to preclude immunizations until: Date (*Mo*., *Day*, *Yr*.): |___|___|___|.

Signature of Medical Provider or Health Department Official:_____ Date (*Mo., Day, Yr.*):|___|___|___|

RELIGIOUS EXEMPTION: The *Code of Virginia* allows a child an exemption from receiving immunizations required for school attendance if the student or the student's parent/guardian submits an affidavit to the school's admitting official stating that the administration of immunizing agents conflicts with the student's religious tenets or practices. Any student entering school must submit this affidavit on a CERTIFICATE OF RELIGIOUS EXEMPTION (Form CRE-1), which may be obtained at any local health department, school division superintendent's office or local department of social services. Ref. *Code of Virginia* § 22.1-271.2, C (i).

CONDITIONAL ENROLLMENT: As specified in the *Code of Virginia* § 22.1-271.2, B, I certify that this child has received at least one dose of each of the vaccines required by the State Board of Health for attending school and that this child has a plan for the completion of his/her requirements within the next 90 calendar days. Next immunization due on _____.

Signature of Medical Provider or Health Department Official:_____ Date (*Mo., Day, Yr.*):|___|___|___|

Section III
Requirements

For Minimum Immunization Requirements for Entry into School and Day Care, consult the Division of Immunization web site at http://www.vdh.virginia.gov/epidemiology/immunization

Children shall be immunized in accordance with the Immunization Schedule developed and published by the Centers for Disease Control (CDC), Advisory Committee on Immunization Practices (ACIP), the American Academy of Pediatrics (AAP), and the American Academy of Family Physicians (AAFP), otherwise known as ACIP recommendations (Ref. *Code of Virginia* § 32.1-46(a)).
(Requirements are subject to change.)

Part III -- COMPREHENSIVE PHYSICAL EXAMINATION REPORT

A qualified licensed physician, nurse practitioner, or physician assistant must complete Part III. The exam must be done no longer than one year before entry into kindergarten or elementary school (Ref. Code of Virginia § 22.1-270). Instructions for completing this form can be found at www.vahealth.org/schoolhealth.

Student's Name: _____ Date of Birth: _____/_____/_____ Sex: ☐ M ☐ F

Health Assessment

Date of Assessment: _____/_____/_____

Weight: _____lbs. Height: _____ ft. _____ in.

Body Mass Index (BMI): _____ BP_____

❑ Age / gender appropriate history completed

❑ Anticipatory guidance provided

Physical Examination

1 = Within normal 2 = Abnormal finding 3 = Referred for evaluation or treatment

	1	2	3		1	2	3		1	2	3
HEENT	☐	☐	☐	Neurological	☐	☐	☐	Skin	☐	☐	☐
Lungs	☐	☐	☐	Abdomen	☐	☐	☐	Genital	☐	☐	☐
Heart	☐	☐	☐	Extremities	☐	☐	☐	Urinary	☐	☐	☐

TB Screening: ☐ No risk for TB infection identified ☐ No symptoms compatible with active TB disease
☐ Risk for TB infection or symptoms identified
Test for TB Infection: TST IGRA Date:_____ TST Reading _____mm TST/IGRA Result: ☐ Positive ☐ Negative
CXR required if positive test for TB infection or TB symptoms. CXR Date: _____ ☐ Normal ☐ Abnormal

EPSDT Screens Required for Head Start – include specific results and date:
Blood Lead: _____ Hct/Hgb _____

Developmental Screen

Assessed for:	*Assessment Method:*	*Within normal*	*Concern identified:*	*Referred for Evaluation*
Emotional/Social				
Problem Solving				
Language/Communication				
Fine Motor Skills				
Gross Motor Skills				

Hearing Screen

❑ Screened at 20dB: Indicate Pass (P) or Refer (R) in each box.

	1000	2000	4000
R			
L			

❑ Screened by OAE (Otoacoustic Emissions): ☐ Pass ☐ Refer

☐ Referred to Audiologist/ENT ☐ **Unable to test – needs rescreen**

☐ Permanent Hearing Loss Previously identified: ___Left ___Right

☐ Hearing aid or other assistive device

Vision Screen

❑ With Corrective Lenses (check if yes)

Stereopsis	❑ Pass	❑ Fail		❑ Not tested
Distance	Both	R	L	Test used:
	20/	20/	20/	

❑ Pass ❑ Referred to eye doctor ❑ **Unable to test – needs rescreen**

Dental Screen

❑ Problem Identified: Referred for treatment

❑ No Problem: Referred for prevention

❑ No Referral: Already receiving dental care

Recommendations to (Pre) School , Child Care, or Early Intervention Personnel

Summary of Findings (check one):
☐ **Well child; no conditions identified of concern to school program activities**
☐ **Conditions identified that are important to schooling or physical activity** (complete sections below and/or explain here): _____
_____

___ **Allergy** ☐ food: _____ ☐ insect: _____ ☐ medicine: _____ ☐ other: _____
Type of allergic reaction: ☐ anaphylaxis ☐ local reaction Response required: ☐ none ☐ epinephrine auto-injector ☐ other: _____

___**Individualized Health Care Plan needed** (e.g., asthma, diabetes, seizure disorder, severe allergy, etc)

___ **Restricted Activity** Specify: _____

___ **Developmental Evaluation** ☐ Has IEP ☐ Further evaluation needed for: _____

___ **Medication**. Child takes medicine for specific health condition(s). ☐ Medication must be given and/or available at school.

___ **Special Diet** Specify: _____

___ **Special Needs** Specify: _____

Other Comments: _____

Health Care Professional's Certification (Write legibly or stamp) ☐ **By checking this box, I certify with an electronic signature that all of the information entered above is accurate (enter name and date on signature and date lines below).**

Name: _____ **Signature:** _____ Date: ____/_____/_____

Practice/Clinic Name: _____ **Address**: _____

Phone: _____-_____-_____ **Fax**: _____-_____-_____ **Email:** _____

Villa Montessori

PROCEDURES FOR EMERGENCIES

Virginia Licensing Standards require our school to have an emergency preparedness plan that addresses staff responsibility and facility readiness with respect to emergency evacuation and shelter-in-place. Virginia Licensing Standards require our school to conduct an emergency evacuation drill each month and a minimum of two shelter-in-place practice drills per year with the staff and children. Emergency evacuation and shelter-in-place procedures/maps are posted in each classroom, the main hallways, and the Director's office. Procedures for the safe evacuation of the building and shelter-in-place have been discussed with staff members before they begin work with the children. All staff members are trained to use fire extinguishers. Emergency telephone numbers and guidelines for telephoning are posted by all telephones accessible to the staff.

EMERGENCY EVACUATION

Should the alarm sound indicating an emergency evacuation, the following procedures will be followed:

1. Signal to leave building: Bell or buzzer used for that purpose.
2. Leaving the building: Teacher has class follow her through the door and out of the building to the green space adjacent to the pool. Each class will have a specific route designated on the posted emergency evacuation procedures.
3. The assistant gets the roll sheet, emergency bag, phone and follows the group to the gathering point, checking to be sure no one is still left in the room.
4. Upon arrival at the gathering point, the teacher is given the roll book.
5. The teacher checks the roll (or counts heads) to make sure that all children are present and out of the building.
6. Signal to return: The director calls the phone to signify it is safe to return to the building.

7. Prior to leaving, the Teacher recounts children before returning to the classroom.
8. Return to room: The children and adults return to the classroom by the same route they exited. The Teacher will check roll once again to make sure all children are present.

DISASTER EVACUATION PLAN

Personnel in charge of evacuation:

1. The Director is responsible for all phases of evacuation. In the Director's absence, the Assistant Director shall assume responsibility.
2. The Director is responsible for bringing the file and/or tablet containing current names, addresses, and phone numbers of children enrolled.
3. The teacher and assistants will be responsible for the children in the classroom, the emergency bags, phone and the attendance sheet.

4. The rooms will be designated as follows:
    - 1= Primary; 2= Primary; 3=Pre-Primary; 4= Pre-primary; 5=Toddlers.
    - All employees are required to be familiar with the evacuation plan.
5. Employees will evacuate immediately taking the children outside after alarm, weather station report, or notification by runner.
6. See posted evacuation notice for proper exit routing from the classroom.

Precautions to observe:

1. Keep all children as calm as possible.
2. Keep all children together in a group.
3. Remind children to walk as they exit the building.
4. Close all classroom doors.
5. Reassure the children of their safety.
6. Move the children out of danger as far as possible. Take children to emergency shelter area if deemed necessary.
7. Take attendance sheet when exiting the building.
8. After the children are evacuated from the building, the Director or Assistant should check the attendance sheet, the sign-in sheet, and count the children to be sure all children and teachers are accounted for and no one returns for personal belongings. Directors should check restrooms for children.
9. No one is to re-enter the building until proper authorities have deemed building safe.

In cases where removal to emergency shelter is necessary, emergency accommodations will be provided at Gum Spring Library, until further arrangements are made. Parents will be notified to pick up their child at the Library.

SHELTER IN PLACE

Procedures in the Event of a Tornado or Shelter in Place:

1. Shelter in Place drills will be conducted twice a year.
2. During the tornado season, the Director and/or Assistant Director will serve as weather spotters and be particularly alert to threatening weather. (Examples; dark, rolling clouds, hail, driving rain, a sudden increase in wind, in addition to the telltale funnel cloud.)
3. During threatening weather, the Director and/or Assistant Director will monitor commercial radio stations for announcements of tornado warnings.
4. The local city alarm warning system will be used as well as the center alarm system.
5. Each classroom will go to the interior main hallway when the alarm sounds.
6. Children in shelter during warning shall assume protective postures during imminent danger. Facing interior walls: Command: "Knees and elbows on the floor!" Command: "Everyone down!" Command: "Hands over the back of the head"
7. Children will remain in the shelter until warning has been lifted.

Villa Montessori

Infection Control Policy

It is inevitable that children will get sick, no matter where they are. As children begin to have contact with the world outside that of their own families, they are exposed to viruses and bacteria that are foreign to their bodies. This is the way they build immunities. We cannot, nor would we want to, shield a child completely from the outside world. If we did, the natural immunities a child gains through contact with others would not develop and a simple cold could become a serious illness. However, we do want to protect a child from an unusually high exposure to germs all at once.

In a child care setting, children come into contact with groups of other children outside their families. It is in this situation that the illness of one child can spread rapidly through the group to other children and staff members if stringent measures to prevent this spread are not taken.

For this reason, the staff at the center will take constant precautions to prevent the spread of disease. Many common childhood diseases are contagious. They are caused by germs which may be spread in several ways. Intestinal tract infections are spread through stools. Respiratory tract infections are spread through coughs, sneezes, and runny noses. Other diseases are spread through direct contact. Careful handwashing by staff and children can eliminate approximately 75 percent of the risk of spreading these illnesses. Other precautions include separating sick children from those who are well, taking extra precautions with diapering or toilet training children, and working to maintain sanitary conditions throughout the center.

You, the parents, can help us in our effort to keep your children healthy. We ask your cooperation in the following ways:

1. If your child has been exposed to any of the diseases listed on the accompanying chart, we ask that you notify us of the exposure.
2. If your child shows any of the following symptoms you will be called and asked to come immediately. Please help us protect the other children by responding promptly. If your child has any of the following symptoms at home, we ask that you keep him/her out of school until the symptoms are gone or until your physician says it is all right to return.

The symptoms include:

- fever greater than 101°F.
- severe coughing - child gets red or blue in the face
- high-pitched croupy or whooping sounds after coughing
- difficult or rapid breathing - especially in infants

- yellowish skin or eyes
- pinkeye - tears, redness of eyelid lining, followed by swelling and discharge of pus
- unusual spots or rashes
- sore throat or trouble swallowing
- infected skin patches
- crusty, bright yellow, dry, or gummy areas of skin - possibly accompanied by fever
- unusually dark, tea colored urine - especially with a fever
- grey or white stool
- headache and stiff neck
- vomiting
- severe itching of body or scalp or scratching of scalp

If any of the above symptoms are present or if a child appears cranky or less active than usual, cries more than usual, or just seems generally unwell at home, you are asked to look for any of the above symptoms or inform the child's teacher so that the child can be watched carefully for the development of symptoms.

It is imperative that we all work together to keep all of the children who attend the center as healthy and happy as possible. We thank you for your cooperation.

I have read and understand the attached infection control policies, and I agree to abide by them for the protection of my child as well as the other children and staff members at Center.

_____ _____

Date Signature of Parent or Guardian

The infection control policies and procedures have been presented and explained to

Parent/Guardian _____

by Staff Member_____ Date _____

Signature of Staff Member

_____

Villa Montessori

STUDENT INFORMATION CARD

School Year: _____

(valid for 1 year)

Date _____ Unique ID _____

Student Name _____ Nickname _____

Address _____ Home Phone _____

Age _____ Birthday _____

Mother's Name _____ E-Mail Address _____

Address _____ Home Phone _____

Employer & Address _____

Work Phone _____ Cell Phone _____

Father's Name _____ E-Mail Address _____

Address _____ Home Phone _____

Employer & Address _____

Work Phone _____ Cell Phone _____

Teacher's Name _____ Room Number _____

EMERGENCY INFORMATION

Physician's Name _____ Office Phone _____

Dentist Name _____ Office Phone _____

Hospital preferred _____

Allergies or other medical information _____

_____

Insurance Company _____ Policy ID _____

Name of person(s) to contact in case of emergency if parents are unavailable: ***must be persons other than parents***

Contact #1

Name _____ Phone _____

Address _____ Relationship _____

Contact #2

Name _____ Phone _____

Address _____ Relationship _____

Emergency Permissions: I give Villa Montessori Preschool permission to seek emergency medical care of my child.

Name of Child _____ Date _____

Signature _____ Name of parent signing _____

Villa Montessori

Child's Emergency Medical Authorization

Name of Child_____Birth date_____

Name of Parent(s) or Guardian_____

Home Address_____

_____

Telephone _____ Mobile_____

Email _____

The Parent(s)/guardian authorizes **Villa Montessori** to obtain immediate medical care and consents to the hospitalization of, the performance of necessary diagnostic test upon, the use of surgery on, and/or the administration of drugs to, his/her child or ward if an emergency occurs when he/she cannot be located immediately. It is also understood that this agreement covers only those situations which are emergencies and only when he/she cannot be reached. Otherwise, he/she expects to be notified immediately.

1. I/we will be responsible for payment of medical care expenses. _____

2. Medical treatment costs are covered by:
   a. Private Insurance (name & policy no.) _____
   b. Medicaid Coverage No. _____
   c. Other medical insurance:
      Name of Insurance Company _____
      Policy No. _____
   d. No insurance _____

Child's physician or clinic attended _____

_____ _____

Signature Parent(s)/Guardian Date

This form is to be kept by Villa Montessori and is to be taken to the doctor or treatment facility in case of emergency.

Villa Montessori

I have received and accept the school policies listed in Villa Montessori Preschool Parent Handbook.

- Admissions
- Safe Arrival and Departure
- Hours, Holidays and Inclement Weather
- Tuition / Due Dates / Annual Registration / No Refund Policy
- Late Pickup
- Vacation Credits
- Withdrawal / Absences / Change of Schedule
- Menus/ Food
- Emergencies
- Emergencies / Immunizations/ Health Records / Medication / Allergies
- Outdoor Activities / Fences
- Behavior Plan & Discipline / Potty Training / Biting
- Photos
- Reporting of Child Abuse and Neglect
- Chain of Command

I have received a copy of the Parent Handbook, understand and agree with the policies, including those listed above.

Child's Name_____

Parent
Signature _____ Date_____

Administrator
Signature _____ Date_____

Parents:
Please do not sign until:
1. You have recieved an electronic or paper copy of the manual AND
2. We have reviewed the parent manual and the above key points with you

Villa Montessori
PRESCHOOL

Consent & Release

For film, photos, videotape, social media; as well as any other form of electronic or digital communication.

On various occasions, your child may be photographed while at Villa Montessori Preschool. These photographs may be used by Villa Montessori Preschool and or its affiliated companies, in program planning and/or public relations. They also may be used in various types of advertising or by public television, newspapers, magazines, and electronic or digital communication. For this reason, we request that each parent sign the following release:

I hereby give or do not give Villa Montessori Preschool and its agents, the absolute right and permission to copyright and/or publish, or use with photographic portraits or pictures of my child or reproductions thereof in color or otherwise, made through any media for art, advertising, trade, electronic or digital communication or any other lawful purpose whatsoever. These pictures may be used in conjunction with his/her own fictitious name.

Name of child _____

____ No, I do not grant full permission.

____ Yes, I do grant full permission.

____ Yes, I grant permission for internal use only: i.e. bulletin boards, newsletters, etc.

Parent Name: _____

Signature: _____ Date: _____

Center Director: _____

Signature: _____ Date: _____

Villa Montessori

Dear Parents,

Welcome to the Villa Montessori Stone Ridge family!

Your child's first day at school is a new experience and we are committed to making the transition as smooth as possible. Below are some tips to help get the family ready for this new adventure.

A week before your Child's First Day at School

Preparing your child before the first day of school can greatly reduce any separation anxiety your child may feel.

- Schedule a visit to the school before your start date.
- Introduce your child ahead of time to common school activities, such as drawing pictures or storytelling.
- Don't minimize the importance of easing your fears as well as your child's. If you feel guilty or worried about leaving him/her at school, your child will probably sense that. The calmer and more assured you are, the more confident your child will be.
- Understand the first few weeks can be emotional. This is very normal.

First Day at School

- Arrive at least 5 to 10 minutes before the start of school (8:30 a.m.)
- Please bring the following items on your first day:
  - ✓ Classroom slippers (Children will change into slippers while working inside the classroom.)
  - ✓ Two extra pairs of clothes, including underpants and socks. Please make sure you change these clothes periodically as the weather changes. Make sure to label and pack the items in zip lock bags with your child's first and last name and date of packing.
  - ✓ Parents of children using diapers or pull-ups should bring a 4-6 week supply of each.
  - ✓ Appropriate weather attire.
  - ✓ A water bottle.

Tips for Tear-Free Goodbyes

Saying goodbye on that first day can be the hardest moment for parents and children. Here are some tips on how to ease the separation anxiety.

- **Reintroduce the teacher to your child.** Allow them to form an initial relationship. Make it clear that you trust the teacher and are at ease with her watching your child.
- **Once you say good-bye, leave promptly.** A long farewell scene might only serve to reinforce a child's insecurities.
- **Express your ease with leaving.** Some parents wave from outside the classroom window or give a special high-five.
- **Don't linger.** The longer you stay, the harder it is. Let your child know that you'll be there to pick him/her up later in the day.
- **Create your own ritual.** Every parent has a unique way to say goodbye, create your own special way with your child.
- **Learn the names of classmates.** When you can call your child's classmates by name ("Look, Matthew, there is a space at the light table with Eli and Katie,") it makes school seem much safer and more familiar.
- **Crying is normal and expected.** We expect children to cry during drop off times. Our teachers are wonderfully caring and experienced with making this transition process as smooth as possible. Typically, once you are out of sight, the tears dissipate, and children begin to explore and acclimate to their new environment.

We are so happy you are here, and look forward to months and years of partnership in your child's growth and education!