

Cape May County Technical High School



Early Childhood Development Center Lab School Manual

Application and Program Guide

Cape May County Technical School District
Board of Education



CAPE MAY COUNTY TECHNICAL SCHOOL DISTRICT

Administration Office

188 Crest Haven Road
Cape May Court House, NJ 08210
Telephone: (609) 380-0200 ext. 605 Fax: (609) 465-3069
www.capemaytech.com

Administrative Staff

Nancy V. Hudanich, Ed.D. Superintendent
KC Fister. Secretary to the Superintendent
Nancy Wheeler Driscoll Director of Curriculum & Instruction

Board of Education

Telephone (609) 380-0200 ext. 605

Mr. Alan Gould, Board President
Ms. Jane Elwell, Board Vice-President
Mr. Robert L. Boyd, Board Member
Mr. Anthony L. Anzelone, Board Member
Mr. Kenneth Merson, Board Member
Ms. Nancy Ramundo, Board Member
Dr. Judith DeStefano-Anen, Executive County Superintendent

Cape May County Technical High School

Administrative Staff

Telephone (609) 380-0200 ext. 664

Steven Vitiello. Principal
Charles Powell. Assistant Principal/Athletics
John Longinetti. Assistant Principal /Career Technical
Denise Procopio. Director of Guidance/Special Education

Early Childhood Development Center Lab School

Pam Branco, Lab School Teacher & Certified Nursery School, Elementary Education
Linda Orsati-Wiker, Career and Technical Education High School Teacher

Early Childhood Development Center
 Lab School Manual Application and Program Guide
Table of Contents

Application	Page #
APPLICATION GUIDELINES	4
INTAKE FORM.....	5
APPLICATION FORM	6
INFORMATION SHEET	7
HEALTH HISTORY FORM.....	8
PHYSICAL EXAMINATION FORM	9
MULTIMEDIA PHOTO RELEASE FORM	10
FEE AGREEMENT.....	11
DISCIPLINE POLICY	12
INFORMATION GUIDE.....	13-14

Program Guide	Page #
PHILOSOPHY.....	15
CURRICULUM.....	16
SCHOOL YEAR CALENDAR.....	17
DAILY SCHEDULE	18
OPERATIONS GUIDELINES	19-21
<i>Parent/Center Communication</i>	19
<i>Parent/Teacher Conferences</i>	19
<i>Center Evaluation</i>	19
<i>Possessions from Home</i>	19
<i>Show and Tell</i>	19
<i>Birthdays</i>	19
<i>Management of Communicable Disease</i>	20
<i>Medications</i>	20
<i>Snacks/Lunches</i>	21
<i>Rest Time</i>	21
<i>Videos at School</i>	21
<i>Child Abuse and Neglect</i>	21
<i>School Closing</i>	21
<i>Enrichment Program</i>	21

**Cape May County Technical High School
188 Crest Haven Road
Cape May Court House, New Jersey 08210**

**EARLY CHILDHOOD DEVELOPMENT CENTER LAB SCHOOL
APPLICATION GUIDELINES**

1. Completion of the application and supporting documents are required elements for acceptance.
2. Notification of acceptance will be made after an in-person interview has been completed with staff and parent or guardian and the child.
3. Child must meet the following criteria:
 - Must attend in-person interview with staff and parent/guardian
 - Must be toilet trained prior to admission
 - Must have records of medical physical exam
 - Must have a health history submitted, signed by a physician
 - Children must be 3 years old by October 1, or 2-1/2 years old/toilet trained** and meet all other criteria
4. All parent/guardians are required to make arrangements for alternate care in the case of a child's illness or in the event of date changes.
5. Parents are required to submit a copy of the child's birth certificate and immunization record with the application.
6. An annual physical is required.
7. Application and other forms should be returned to the Early Childhood Development Technology Center Lab School.
8. An in-person interview with the parent or guardian and the child is required prior to admission.

***Children need to be toilet trained and able to handle their own hygiene in the bathroom. Occasionally, accidents will happen; however, if a child has frequent urine and/or bowel accidents or wears pull-ups, the child is not toilet trained. If a child shows any signs of not being toilet trained, parents/guardians will be directed to remove the child from the program.*

Child find activities are limited to the population of students enrolled in the lab school and the district will inform parents of lab school age children of these procedures and refer them to their home district. (Policy 6171.4)

The Cape May County Technical School ensures access to all schools, facilities, programs, activities, and benefits for all students, regardless of race, creed, color, national origin, ancestry, age, marital status, affectional or sexual orientation, gender, religion, disability or socioeconomic status. Programs and activities are operated in compliance with Title VI of the Civil Rights Act of 1964 (Title VI, 100.4), Title IX of the Education Amendments of 1972 (Title IX, 106.4), Section 504 of the Rehabilitation Act of 1973 (Section 504, 104.5), Family Educational Rights and Privacy Act (FERPA) for Elementary and Secondary Schools, and Protection of Pupil Rights Amendment (PPRA).

**Cape May County Technical High School
188 Crest Haven Road
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EARLY CHILDHOOD LAB SCHOOL INTAKE FORM

Child's Name _____

Parent/Guardian Name(s) _____

Birth Date: (month)_____ (day)_____ (year)_____

Requested Start Date _____

(office only)

Interview Date _____

Forms Completed:

____ Application

____ Health History

____ Information Sheet

____ Guide Sheet

____ Discipline Code

____ Media Release

____ Fee Agreement

Documents Received:

____ Birth Certificate

____ Immunization Record

Forms for Parents:

____ Discipline Code

____ Parent Handbook

____ Fee Agreement

Prior to Approval for Enrollment:

____ ECC Form Review

____ Health and Safety Review

____ Administrative Review

EARLY CHILDHOOD CENTER LAB SCHOOL APPLICATION

Child's Name: _____ Date of Birth: _____

Address: _____

City/State/Zip: _____

Previous Preschool experience _____

Primary Email Address of Parent/Guardian _____

Parent/Guardian Mrs/Ms/Dr _____ Home phone _____

Home address _____

City/State/Zip _____

Employed by _____ Office phone _____

Parent/Guardian Mrs/Ms/Dr _____ Home phone _____

Address _____

City/State/Zip _____

Employed by _____ Office phone _____

Pediatrician's name _____ Phone _____

Address _____

Street

City

State

Zip

Emergency Contact Person(s) authorized to pick up child from school

Name _____ Relationship _____ Phone _____

Name _____ Relationship _____ Phone _____

My child has the following allergies or restrictions _____

Parent/Guardian Signature _____ Date _____

EARLY CHILDHOOD CENTER LAB SCHOOL INFORMATION SHEET

Child's Name _____

Birth date _____ Birth weight _____ Birth length _____

Full term pregnancy? _____ If not, how many months? _____

Age child: sat up _____ crawled _____ walked _____

Spoke more than two-word phrases _____ toilet trained _____

Child's favorite toy _____ favorite food _____

Favorite story _____ favorite game _____

Do you read to your child regularly? _____

Does child have a pet? _____ What is it? _____ Name of pet _____

Child's responsibilities at home _____

Bedtime: weekdays _____ weekends _____

Does child have a wetting problem? _____ naptime _____ bedtime _____

T.V. shows child watches regularly _____

How many hours a day does your child watch tv or videos? _____

What does your child usually eat for breakfast? _____

Lunch _____ Dinner _____ Snack _____

What do you want your child to learn in school? _____

Cape May County Technical School District
188 Crest Haven Road
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380-0200 ext. 420

Early Childhood Development Center Lab School Annual Health History

(Parent completes) In the event of a medical emergency, your child will be transported to the nearest hospital emergency room. Please complete the following information in the event your child is injured or ill.

Student Name (print): _____ D.O.B. ___/___/___ Today's Date: ___/___/___

Physician: _____ Phone: _____ Dentist: _____
Phone: _____

Name of Health Insurance Plan: _____ Policy #: _____

Parent/guardian Name: _____ Address: _____
Street Town/City

Mailing address (if different from above): _____

Home Telephone: _____ Work Telephone: _____ Cell: _____

In the event we are unable to reach you, contact:

Name: _____ Relationship: _____ Home: _____ Work: _____

Name: _____ Relationship: _____ Home: _____ Work: _____

Check health conditions your child has:

Medication allergy: list _____ Latex allergy (medical gloves, tapes, etc) NO YES

Food allergy: List: _____ If exposed, does your child require emergency epinephrine medication? NO YES **If YES, please call the school for administering emergency epinephrine forms.**

Insect allergies (bees, wasps, etc.): Type of reaction and insects allergic to: _____

If exposed, does your child require emergency epinephrine medication? NO YES

If YES, please call the school for administering emergency epinephrine forms.

Allergies to animals: please list _____

Seasonal or Environmental allergies: please list _____

Diabetes: Insulin dependent? NO YES **If YES, please call the school for a Diabetic Health Care Plan**

Seizure Disorder: Type of seizure: _____ Date of last seizure: _____

If YES, please call the school for Seizure Disorder Health Care Plan

Asthma: inhaler or breathing treatment? NO YES **If YES, call the school for Asthma Management Plan**

Bleeding disorder: Type of disorder: _____ **If YES, call the school for Emergency Care Plan**

Heart Disease or Heart Defect? **Explain:** _____

Speech difficulty: Explain: _____

Hearing difficulty: **Which Ear(s):** ___Right ___Left **Ear tubes:** NO YES **Hearing aids?** NO YES

Vision Problem **Type of difficulty:** _____ **Which eye(s) is effected:** ___Right ___Left

___wears glasses ___wears eye patch (which eye is patched: Right or Left) ___ **History of eye infection**

Nervous Disorder: Type: _____

Muscle or Bone Disorder: Type: _____

Hospitalizations, surgeries, injuries or illnesses not listed above. **Explain:** _____

Needs to have other adaptive devices (wheelchair, leg braces, etc.): **Indicate type:** _____

iz :ECCC Health History and physical form 2015 **Health Care Provider completes other side "Student Examination"**

STUDENT EXAMINATION BY PRIVATE PHYSICIAN OR CNP: REQUIRED OF ALL ACCEPTED

STUDENTS (Health Care Provider completes this side of page)

(Please retain a copy for your records.)

**Cape May County Technical School District: Early Childhood Development Center Lab School
STUDENT EXAMINATION BY PRIVATE PHYSICIAN OR CNP: REQUIRED OF ALL ACCEPTED
STUDENTS**

Health Care Provider completes this page.

STUDENT: _____ D.O.B. ___/___/___ Male Female

Birth Weight: _____ Birth Apgar: ___ Ht.: _____ in. Wt: _____ lbs. B/P ___/___ Pulse: _____

Hearing: R ___ L ___ VISION: Amblyopia: YES NO ACUITY: R / / L / / OU / / Glasses

Allergic to the following: Medications: _____ Food: _____ Insects: _____ Latex _____

Documented life-threatening food or insect allergies: **Emergency medication orders must be provided on school form.**

<u>PHYSICAL EXAMINATION</u>	<u>NORMAL</u>	<u>ABNORMAL</u>	<u>COMMENTS</u>
EYES	_____	_____	Sclera: _____ Other: _____
EARS	_____	_____	_____
NOSE	_____	_____	_____
MOUTH/THROAT	_____	_____	_____
HEART	_____	_____	_____
LUNGS	_____	_____	_____
CHEST CONTOUR	_____	_____	_____
ABDOMEN/SPLEEN/LIVER	_____	_____	_____
NECK	_____	_____	_____
BACK	_____	_____	_____
SPINE/SCOLIOSIS EXAM	_____	_____	_____
SKIN	_____	_____	_____
MATURATIONAL LEVEL	_____	_____	_____
TESTES	_____	_____	_____
HERNIA	_____	_____	_____
UPPER EXTREMITIES	_____	_____	_____
LOWER EXTREMITIES	_____	_____	_____
NEUROLOGICAL/REFLEXES	_____	_____	_____
BALANCE/COORDINATION	_____	_____	_____

MEDICAL CONDITIONS NOT MENTIONED ABOVE: _____

RESULT OF TODAY'S CHECK-UP: _____ **REFERRALS MADE?** _____

CURRENT MEDICATIONS (LIST): _____

IMMUNIZATION DOCUMENTATION (OR PROVIDE A COPY OF OFFICIAL IMMUNIZATION RECORD):
Minimum vaccines required for entrance:
 DTaP (4 doses required): #1: _____ #2: _____ #3: _____ #4: _____
 IPV (3 doses required): #1: _____ #2: _____ #3: _____
 MMR: #1 (given on or after first birthday required for entrance): _____
 Haemophilus B/Hib: (*Minimum one dose after the 1st birthday*) #1: _____
 Varicella: #1: _____. OR Lab evidence of immunity: Titer: _____ OR History of varicella disease: Date: _____
 Pneumococcal Vaccine: (*Minimum of 1 dose after the 1st birthday*) #1: _____
 Annual Influenza: (For entrants after March 31st dose is not required but flu season may extend to May and therefore, getting a flu shot, even late in the season, may offer protection.) Date: _____

Physician's stamp (required):

Health Care Provider's Signature: _____ circle one: MD DO NCP Date: _____

**Cape May County Technical High School
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Multimedia Photo Release Form

I agree that all photographs and/or recordings of my son/daughter, taken as part of the Cape May County Technical School District's day, by Cape May County Technical School District or their designee may be used for the purposes of advertising or promotion of district programs or activities. I understand this distribution may include television, online or print media.

(Child's name: Please Print)

(Parent/Guardian name: Please Print)

Signature (by parent/guardian) _____

Street address: _____

City & State: _____

Today's date: _____

CAPE MAY COUNTY TECHNICAL SCHOOL
188 Crest Haven Road
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EARLY CHILDHOOD DEVELOPMENT CENTER FEE AGREEMENT

The following agreement is entered into between _____ and the Cape May County Technical High School Early Childhood Development Center.

Address of Parent/Guardian _____

Child's Name _____ Starting Date _____

Due Date: Payments will be made on a monthly basis and are due the first of each month.
If you are late paying your bill, you will have a one week grace period during which a \$10.00 late fee is assessed.
After the one week grace period, you may not use the Early Childhood Development Center Lab School until the account is brought current.

Method of Payment: Payment may be made by check, payable to the *Cape May County Technical School* or by cash (exact change only, please). In order to maintain the Center and to retain your child's spot **payment is due for every day the child is scheduled to attend regardless of whether he/she attends or not** (*sick and personal days included; there is no payment due on non-student school days*)

***Rate:** Two, Three, Four, or Five days a week full-day: \$20.00 per day, per child
Rate for half-day Pre-K program (up to five hours): \$15.00 per day, per child
Half-day is available in the AM only.

Late Fee: A late fee of \$10.00 per each 30 minute period, (or portion thereof), will be charged for children picked up past 2:45 P.M.

Registration Fee: The \$25.00 registration fee is non-refundable.

Withdrawal Notice: A two-week prior written notice must be given to avoid payment for scheduled tuition fees, once a child is accepted for enrollment.

I have read the above fee schedule and fully understand my responsibilities. I further understand that payment must be made in advance of my child attending the Early Childhood Development Center.

** Please note: The fee schedule is subject to change upon Board approval.**

Parent/Guardian Signature: _____ Date: _____

ECDC Representation Signature: _____ Date: _____

DISCIPLINE AND GUIDANCE PROCEDURES

There are three rules to be followed by all children in the Early Childhood Development Center.

1. Behavior that will result in injury to self is prohibited.
Examples: Running/jumping inside, climbing on inappropriate use of equipment
2. Behavior that will result in injury to other children or adults is prohibited.
Examples: Hitting, biting, kicking, wrestling, profanity, spitting, throwing sand
3. Behavior that will result in destruction of property is prohibited.
Examples: Writing in books, writing on other children’s work, knocking down or grabbing other children’s work, throwing or walking on toys and inappropriate use of equipment.

PROCEDURES IF DISCIPLINE AND CHILD GUIDANCE IS REQUIRED

1. Renewal Time - A child is placed in an alternative activity due to a loss of control or misuse of equipment or supplies, after an appropriate warning. The child will remain in another area until the supervising adult determines that the child understands what appropriate behavior could have been performed.
2. Removal of Child from the Early Childhood Development Center – If inappropriate behavior occurs which endangers the health and safety of self, other children, or staff members, a conference will be arranged with parents. Students may be put on probation for a time period as determined by the administrator in charge of the ECDC. If after the probation time and the parent conference, the child’s behavior is not positive, the child will be removed from the center and the parents will be told to arrange for other appropriate care.

I have read the above Discipline Policy.

Parent/Guardian Signature _____ Date _____

ECDC Representative Signature _____ Date _____

CAPE MAY COUNTY TECHNICAL SCHOOL
188 Crest Haven Road
Cape May Court House, NJ 08210

(Information and Instruction Guide-page 1 of 2)

**EARLY CHILDHOOD DEVELOPMENT CENTER LAB SCHOOL
INFORMATION AND INSTRUCTION GUIDE**

1. The school day for children begins at 7:45 a.m. and ends at 2:45 p.m. Please adhere to the arrival and pick-up times.
2. Children must be brought **into** the center by parent or authorized adult each morning. Children may not be “dropped off” by the outside door or given to an unauthorized adult or student to take into the center.
3. Payment is due in full the first of every month. Special arrangements can be made through the instructor for weekly or biweekly payments.
4. Children are not to bring toys, gum, blankets, videos, or money to school. Parents will provide a breakfast snack, a lunch and an afternoon snack. Parents will also provide an ice pack with foods if needed.
5. Keep the school up-to-date with information about your child: immunizations and health records, new address, new phone numbers, new doctor. A physical exam of the child before school starts is mandatory. A health form and immunization record must be completed and signed by the doctor before the child can start school.
6. Keep your child home if he/she shows any signs of illness: fever, vomiting, coughing, runny nose, rashes, and diarrhea. Please contact us about his/her illness especially if it is contagious (e.g., measles, mumps, chicken pox, flu, head lice). Administration of medicine must be arranged by you with the school nurse. If you send your child to school sick, we will call you to take him/her home.
7. Your child should wear comfortable clothing to school so that he/she can manage in the bathroom.
8. If your child wears sandals when weather permits, socks are required.
9. We request the following items are brought to school the first day, and are left for the year in a plastic bag marked with your child’s name*.
 - **Two (2) pair of underwear**
 - **Two (2) pair of pants - long**
 - **Two (2) pair of socks**
 - **One (1) shirt**
 - **One (1) sweater or sweatshirt**

**PLEASE MARK ALL PERSONAL ITEMS WITH CHILD’S NAME. Please also mark all outerwear items your child brings to school (boots, coats, sweater, jacket, hats, etc.). Please be sure your child wears gloves and a hat in cold weather.*

(Please retain a copy for your records.)

CAPE MAY COUNTY TECHNICAL SCHOOL
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(Information and Instruction Guide-page 2 of 2)

10. If any person other than the parent/guardian will be picking up your child on a particular day the parent/guardian must notify the Early Childhood Development Center in advance. **We will not release your child to anyone unless we are notified personally by you in writing. In addition, all authorized emergency contact and pick-up person(s) will be required to show identification.**

11. Please be advised that it is your responsibility to apply sunscreen and bug spray prior to your child attending preschool in the morning, if necessary. Sunscreen and bug spray applied in the morning will last, because the children are not involved in outside water activities. We will re-apply sunscreen that you provide, if we go outside in the afternoon. We are not responsible for any allergic reaction your child may have as a result of using the sunscreen provided.

12. As part of your child's program at the Early Childhood Development Center the following animals may be housed in the classroom or in visits to other classrooms (including but not limited to): hermit crabs, guinea pigs, hamsters, ducks, chicks, rabbits, fish, lizards, and frogs. The Board of Education realizes that you may have concerns about your child's contact with these animals due to allergies or other medical issues. Accordingly, please advise the Early Childhood Development Center of your concerns.

13. If you have any questions or problems, please schedule an appointment. You may ask for an appointment in person, request an appointment by phone at 609-380-0200 ext. 323 or you may email pbranco@capemaytech.com

Our job is to help you and your child have a positive and educational experience in school this year.

I have read the above information and instruction guide.

Parent/Guardian Signature: _____

Date:_____

EARLY CHILDHOOD DEVELOPMENT CENTER LAB SCHOOL PROGRAM

PHILOSOPHY

The mission of the Cape May County Technical School District is to produce graduates with the necessary skills to compete in the global workplace; the knowledge to pursue higher education; avocational skills for personal growth, achievement of the 21st Century and New Jersey Student Learning Standards, and life-long learning experiences through the combination of academic, technological, co-curricular and specialty training.

Philosophy of Early Childhood Development Center

The Early Childhood Development Center (ECDC) is designed for high school and adult students pursuing professions involving the care of young children. Experiences working with pre-school children under the direct supervision of certified teachers are provided.

Statements of Philosophy and Beliefs

The ECDC welcomes the children of staff, students, county employees and other families who wish to apply. The program is designed to meet the needs of children and their families. We believe: parents are a vital asset in promoting the development of their child; it is important for the child to have a balanced curriculum encompassing the whole child; the child should be provided with a safe, positive, accepting atmosphere that promotes his/her natural curiosity and desire to learn.

Program

The ECDC introduces children to a balanced program of interaction with friends in both teacher-directed and child-directed experiences. The daily schedule includes a wide range of free choice activities, both large and small group activities, and indoor/outdoor play.

Centers within the classroom include, but are not limited to, woodworking, blocks, dramatic play, dollhouse, sensorial, sand/water play, language arts and math, practical life and art center, the easel, library, Lego table, manipulative hands-on area, science, pre-writing, and computer center. Children are encouraged to use these centers through the planning board.

The planning board helps the children to make decisions and learn responsibility. The program is child-centered and based on the fact that play is the best way for children to learn. The professional staff encourages exploration and growth through small and large group activities such as: art, social studies, math, language arts, creative movement, and science.

Holidays are taught and the Pledge of Allegiance to the flag is recited daily.



(Please retain a copy for your records.)

**EARLY CHILDHOOD DEVELOPMENT CENTER LAB SCHOOL PROGRAM
Curriculum Outline Early Childhood**

PRACTICAL LIFE	SENSORIAL	LANGUAGE ARTS	MATH
<u>Concepts:</u> Control of movement Care of self Care of environment Order Self-discipline Cycle of work Courtesy <u>Activities:</u> Walking Thank You Pouring Spooning Tying Washing hands <u>Supplementary Activities:</u> Art Water/Sand play Blocks Dramatic play Woodworking Outdoor activities	<u>Concepts:</u> Size-Shape Color/visual Smell-Taste Weight Rough/Smooth Loud-soft High-low Hot-cold Baric-Tactile Auditory Olfactory Gustatory Thermic <u>Activities:</u> Beads Pegboard Sorting Puzzles Memory bag Pink cubes Brown rectangular Prisms Red rods Color shading Knobbed cylinders Knobbles cylinders Sound cylinders <u>Skills:</u> Fine motor Gross motor Eye-hand coordination Direction	<u>Concepts:</u> Pre-reading Rhyming Opposites Likeness/differences Sequence Spatial relations Association Direction Alphabet Sounds Blending Literature Puppets Music <u>Pre-writing:</u> Cutting Shapes Holding pencil Hand exercises Stencils Line drawing Coloring Recognizing name Printing <u>Oral language Concepts:</u> Vocabulary-development Social Studies Science Health and safety	<u>Concepts:</u> Numbers Counting # recognition # to quantity Copying numbers Time Fractions Measurement Writing numbers Place value Addition Subtraction Number words Ordinals <u>Activities:</u> Oral games, finger play Shelf material Water play Stories Flash cards Written Tile game Spindle box Sorting box



CAPE MAY COUNTY TECHNICAL SCHOOL
188 Crest Haven Road
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EARLY CHILDHOOD DEVELOPMENT CENTER LAB SCHOOL PROGRAM

School Calendar 2019-2020

**The Lab School is closed when the high school is closed. Please note additional information annually for start date and end date for Lab School operations.*

**High School Calendar
SY 2019-2020**

September						
S	M	T	W	T	F	S
		☀	☀	☀		
1	☀	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	J	26	27	28
29	30					
October						
S	M	T	W	T	F	S
		1	2	3	4	5
6	7	8	9	10	11	12
13	☀	15	16	17	18	19
20	21	22	23	24	25	26
27	28	29	30	31		
November						
S	M	T	W	T	F	S
					1	2
3	4	5	☀	☀	☀	9
10	11	12	13	14	15	16
17	18	19	20	J	22	23
24	25	26	☀	☀	☀	30
December						
S	M	T	W	T	F	S
1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	☀	☀	☀	☀	☀	28
29	☀	☀				
January						
S	M	T	W	T	F	S
			☀	2	3	4
5	6	7	8	9	10	11
12	13	14	15	16	17	18
19	☀	21	22	23	24	25
26	27	28	29	30	31	

Aug
27 New Teacher In-Service
28 Teacher In-Service
29 Teacher In-Service
Sept (20 student days)
2 Labor Day **
3 First School Day
25 Back to School Night
Oct (22 student days)
14 Columbus Day **
Nov (16 student days)
6 Teacher In-Service
7-8 NJEA Convention **
21 Open House
27 Abbreviated Day
28-29 Thanksgiving Break **
Dec (15 student days)
23-31 Winter Break **
Jan (21 student days)
1 New Year's Day **
2 School Reopens
20 Dr. King Day **
Feb (18 student days)
6 Advisory Council
14-17 Presidents' Weekend **
Mar (21 student days)
13 Teacher In-Service
April (16 student days)
9 Abbreviated Day
10-17 Spring Break **
20 School Reopens
May (20 student days)
25 Memorial Day **
June (11 student days)
10-15 Abbreviated Days - (Students Only)
*15 Last Day-Student Commencement
*16 Last Day-Teacher/Staff

February						
S	M	T	W	T	F	S
						1
2	3	4	5	J	7	8
9	10	11	12	13	☀	15
16	☀	18	19	20	21	22
23	24	25	26	27	28	29
March						
S	M	T	W	T	F	S
1	2	3	4	5	6	7
8	9	10	11	12	☀	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30	31				
April						
S	M	T	W	T	F	S
			1	2	3	4
5	6	7	8	☀	☀	11
12	☀	☀	☀	☀	☀	18
19	20	21	22	23	24	25
26	27	28	29	30		
May						
S	M	T	W	T	F	S
					1	2
3	4	5	6	7	8	9
10	11	12	13	14	15	16
17	18	19	20	21	22	23
24	☀	26	27	28	29	30
31						
June						
S	M	T	W	T	F	S
	1	2	3	4	5	6
7	8	A/S	A/S	A/S	A/S	13
14	A/S	16	17	18	19	20
21	22	23	24	25	26	27
28	29	30				

180 student days

A/S = Abbreviated Schedule in Effect (Students Only)

☀ = Abbreviated Schedule In Effect (Students/Staff)
☀ = School Closed**
J = Annual Event
☀ = Staff In-Service/No Students

*In the event of an unscheduled school closing, the calendar will be adjusted.

Board Approved: 3/28/2019

EARLY CHILDHOOD DEVELOPMENT CENTER LAB SCHOOL PROGRAM

Daily Schedule

7:45 AM – 8:30 AM	Self Chosen Activities – Free Play
8:30 AM – 8:45 AM	Clean-up/Wash hands
8:45 AM – 9:00 AM	Morning Snack
9:00 AM – 9:30 AM	Shared Reading & Morning Circle Time
9:30 AM – 9:45 AM	Bathroom/Prepare to go outside
9:45 AM – 10:15 AM	Outside Play
10:15 AM – 10:45 AM	Small Group & Teacher Directed Activities
10:45 AM – 11:15 AM	Story time and/or Music & Movement
11:15 AM – 11:30 AM	Bathroom/Wash hands for lunch
11:30 AM – 12:00 PM	Lunch
12:00 PM – 12:15 PM	Half Day Dismissal & Bathroom
12:15 PM – 1:00 PM	Rest Time/Quiet Activities
1:00 PM – 1:30 PM	Bathroom /Self Chosen Activities
1:30 PM – 2:00 PM	Small Group & Teacher Directed Activities
2:00 PM – 2:15 PM	Wash hands/Afternoon Snack
2:15 PM – 2:45 PM	Self Chosen Activities – Free Play



EARLY CHILDHOOD DEVELOPMENT CENTER LAB SCHOOL PROGRAM

Operations Guidelines

Parent/Center Communication

There is an open door policy. Parents are always welcome and are invited to visit the center. It is necessary for the teachers to devote their time to the children when they are in the center. If parents/guardians have any particular concerns and need to confer with a teacher, a parent/teacher conference will be scheduled, or arrangements can be made for a telephone conference. A monthly newsletter is provided to keep parents informed about themes and special events. Parents are invited to join the “Homeroom” app for shared news updates and photos from the classroom.

Parent/Teacher Conferences

Parent/teacher conferences will be held upon request

Center Evaluation

A parent opinion survey will be conducted twice a year. A suggestion box is also provided for parental input.

Possessions from Home

Children are not permitted to bring toys, watches, gum, candy, videos, or money to school. There are a wide variety of materials for the children to explore and share at school. The center is not responsible for any personal belongings that are brought from home. A lost and found box is provided in the reception area.

Each child has a specially marked cubby for jackets, lunch boxes, and any other approved personal belongings. There is a mailbox for each child’s school work, notes from teachers, and any other parent communications. **Please check it daily.*

Show and Tell

The children have an opportunity once a week to bring in **one** item from home for Show and Tell, (each Friday). The items will be used only during Show and Tell and should support the (monthly) weekly educational themes. Show and Tell encourages the development of oral language skills. Guns, knives, including replica and toy, are not permitted in the school building at any time.

Birthdays

Parents who plan a birthday party for a child away from school are encouraged to invite all the children and bring invitations to school for distribution. Please be considerate of the children’s feelings and comply with the above request. Children may celebrate their birthdays at school. Mini muffins, mini cupcakes, or donut holes are recommended. **No candles or presents.** The class will sing “Happy Birthday”.

(Please retain a copy for your records.)

Operations Guidelines (*continued*)

Management of Communicable Disease

The health of every child in our program is a concern.* To keep all children as healthy as possible, parents are asked to keep a child at home if there are any signs of:

1. Temperature of 100 degrees or more
2. Undiagnosed skin rash: unless documented by physician as non-contagious
3. Diarrhea
4. Vomiting
5. Signs of conjunctivitis (pink eye)
6. Excessive nasal discharge
7. Coughing
8. Evidence of lice infestation, scabies, or other parasitic infestation
9. Yellowish skin or eyes (jaundice)
10. Ringworm - unless under physician's care and covered (must be documented by physician)
11. Sore throat or difficulty in swallowing
12. Communicable diseases

****if a child is not well enough to play outdoors, he/she is not well enough to be in school.***

In order to return to school after an absence, a child must be free of vomiting, diarrhea, and fever for twenty-four hours. Children returned to the Center with signs of illness or disease will be refused admittance.

When a child exhibits one or more of behaviors #1-12 during the school day, a determination will be made by the teacher regarding the discharge of the child to the parent/guardian or emergency contact person listed on the child's application. If the child is to be dismissed, the parent will be notified and the child must be picked up within the hour.

Any child who is absent for illness for three days or more must present a signed release from a physician, or any agency of the public health department verifying the child's health status to return to school.

Medications

School policy allows for the administration of medication by the school nurse during the school hours when failure to take such medication would jeopardize the health of a student, or the student would be unable to attend school if the medication were not available to him/her during school hours. The school nurse is available from 8:00 a.m. to 2:00 p.m. *School policy mandates that before any medication be administered during school hours, the written request of the parent/guardian and the physician be obtained.

- a. Medication forms to be completed by physician and parent/guardian are available from the child's teacher.
- b. The medication **must** be in the original container and be appropriately labeled.
- c. Medication will not be given if the high school is closed.
- d. The first-aid and emergency care guidelines of the Cape May County Technical High School will be followed for all children.

Operations Guidelines *(continued)*

Snacks/Lunches

Parents are required to provide a breakfast snack, a lunch and an afternoon snack for their students. Please provide nutritious, ready-to-eat foods with an ice pack, if needed. *Please note:* all foods should be prepared in child-sized portions, cut up/sliced/peeled, and in non-breakable containers for easy and safe eating. Please **LABEL** lunch boxes, bags, and thermoses with the child's name. The use of sippy cups is discouraged.

A well-balanced, nutritious lunch may consist of the following:

- Protein sources such as meat, poultry, fish, eggs, cheese, or peanut butter
- 2 vegetables, 2 fruits, or 1 fruit and 1 vegetable. Grains such as cereal, whole grain or enriched bread products, crackers, or pasta
- Dairy products

Children will be encouraged to eat their “grow foods” before eating their treats. Treats which are “excessive” may be limited by the teacher at his/her discretion. Children are not allowed to share lunches. **CANDY AND SODA ARE NOT PERMITTED (Remove all candy and soda from Lunchables).**

Rest Time

Thirty minutes of quiet resting is provided daily. Blankets and sheets are available and are laundered on a weekly basis. The children are assigned a labeled cot on the first day of school. This cot is not used by any other child. Quiet music is played during rest time. Children who do not sleep will be able to participate in quiet, restful activities until the scheduled rest time is over.

Videos at School

Videos/DVD's are not regularly used in our school. Exceptions are made for very short films that relate directly to a theme that has been discussed with the children. On occasion, when weather is inclement, we may choose to show a short, educational video/DVD from our library of quality movies for children.

Child Abuse and Neglect

Staff members are required by law to report any suspected child abuse or neglect.

School Closing

- In the event it becomes necessary to close school for any reason, announcements will be made via the following: WCMC – 1230 AM, WCZT – 98.7 FM, WILL – 94.3 FM, WFPG – 96.9 FM, TV Stations – 3,6,10,40 AND Global Connect System (recorded phone call).
- If the high school is closed, or opening late, the lab school is closed or opening late.
- Any non-student day for the high school (such as an Inservice Day) is a non-student day for the lab school.
- The 10-month high school calendar reflects the planned school closings.

Enrichment Program

The children in the ECDC will interact with other students in addition to those students in our lab school and in the high school's early childhood education program.