

STUDENT REGISTRATION CHECKLIST

Thank you for choosing Fort Collins Montessori School for your child. To register your child for the upcoming school year, please submit the following forms and documents to the school office.

FORMS TO COMPLETE IN THIS PACKET

- Parent Acknowledgment Form
- Emergency Information and Authorization Form
- Student Health Information Form
- Request to Release Records Form (NEW 1st-6th GRADE STUDENTS ONLY)
- Authorization to Share Confidential Information
- Before and After Care Agreement (only for families needing this service)
- Before and After Care Enrollment Form (only for families needing this service)
- Photo, Video and Audio Release Form
- Family Directory Permission Form
- Topical Products Acknowledgment Form
- Volunteer Interest Form
- Family Economic Data Survey
- Poudre School District Home Language Form (NEW STUDENTS ONLY)

ADDITIONAL DOCUMENTS/ITEMS TO INCLUDE

- A copy of child's Birth Certificate (NEW STUDENTS ONLY)
- General Health Appraisal signed by your child's physician
- An up-to-date copy of your child's Immunization Record or Exemption Form
- Proof of residency in one of the following forms:
 - Utility bill with guardian name and address on FCMS application
 - Lease or mortgage paperwork with guardian name and address on FCMS application
- Primary Only: Your deposit, where applicable, in the appropriate amount. Please visit the [FCMS website](http://www.focomontessori.org/enrollment/tuition/) (www.focomontessori.org/enrollment/tuition/) for current Before and After Care cost and fees.

Questions?

Email office@focomontessori.org
Call (970) 631-8612 for Elementary
Call (970) 672-8492 for Preschool-K

FCMS Parent Acknowledgment

Please find and review the most updated FCMS Family Handbook at the following web address: www.focomontessori.org/about/policies/.

I hereby acknowledge that I have been given access to or received a copy of the Fort Collins Montessori School Family Handbook. I understand that if I have any questions about the information in the handbook, I will address them with a school administrator.

I understand that the provisions of the handbook are the most current at this time and supersede all previous policies, manuals or handbooks issued by Fort Collins Montessori School. Further, I understand that the provisions of the handbook are subject to modification at any time, at the sole discretion of Fort Collins Montessori School, with or without notice to me.

Student's Name: _____

Signature of Parent: _____ **Date:** _____

Signature of Parent: _____ **Date:** _____

FCMS Emergency Information and Authorization for Treatment and Transportation

Child's First Name: _____ Child's Last Name: _____ Nickname: _____

Date of Birth: _____ Home Address: _____

1. Parent/Guardian Name: _____ Home Phone: _____ Cell Phone: _____

Email: _____ Employer: _____

Employer Address: _____ Phone: _____

2. Parent/Guardian Name: _____ Home Phone: _____ Cell Phone: _____

Email: _____ Employer: _____

Employer Address: _____ Phone: _____

ALTERNATE EMERGENCY CONTACTS *(please list at least two):*

1. Name: _____ Address: _____

Relationship: _____ Home Phone: _____ Cell: _____ Authorized to pick up? Yes No

2. Name: _____ Address: _____

Relationship: _____ Home Phone: _____ Cell: _____ Authorized to pick up? Yes No

3. Name: _____ Address: _____

Relationship: _____ Home Phone: _____ Cell: _____ Authorized to pick up? Yes No

PREFERRED HOSPITAL: POUDRE VALLEY HOSPITAL at 1024 S Lemay Ave or OTHER: _____

Child's Doctor: _____ Address: _____ Phone: _____

Allergies/Reactions: _____ Chronic Illnesses/Special Needs: _____

Medications: _____ Insurance Carrier/Number: _____

Child's Dentist: _____ Address: _____ Phone: _____

AUTHORIZATION FOR EMERGENCY MEDICAL CARE AND TRANSPORTATION:

In the event of an emergency I hereby give my permission for Fort Collins Montessori School staff to access emergency medical services for my child, including transport to the nearest health care facility, to receive emergency medical or surgical care and treatment. It is understood that a conscientious effort will be made to locate me, and I accept the expense of care and transport.

Parent/Guardian Signature: _____ Parent/Guardian Signature: _____

Date: _____

Date: _____

Student Health Information

School Year: _____

Student Name: _____ Birthdate: _____ Grade: _____

HEALTH CONCERNS	YES	NO	MEDICATION Name/Dosage	REQUIRES MONITORING AT SCHOOL?	COMMENTS/DESCRIBE
ASTHMA/RESPIRATORY			_____	_____	_____
SEVERE ALLERGIES					Type/date of last reaction? _____
DIABETES					
HEAD INJURY					
SEIZURES/MIGRAINES/ NEUROLOGICAL					Type/date last episode? _____
HEART/BLOOD					
MUSCLE/JOINTS/ BONES/SKIN					
BLADDER/KIDNEY					
STOMACH/INTESTINES					
IMMUNE					
GROWTH/NUTRITIONAL					
HEARING CONCERNS				Hearing Aids? Preferential Seating? _____	
VISION CONCERNS				Glasses? Contacts? Reading only? _____	
DEVELOPMENTAL					
EMOTIONAL/BEHAVIORAL					
OTHER CONCERNS					

Student Health Information (continued)

School Year: _____

Student Name: _____

Routine or daily medications, treatments or therapies (not listed above):

Activity Restrictions in school?

Special diet or dietary restrictions?

Special medical equipment required in school (e.g. oxygen, wheelchair)?

Have there been any significant changes in your child's health of the last year?

Illnesses, hospitalizations, accidents and injuries AND dates:

Parent/Guardian Signature: _____ Date: _____ Phone Number: _____

Authorization to Share Confidential Information

Name of Student: _____ Date of Birth: _____

School Contact: Fort Collins Montessori Head of School — 970-631-8612

I authorize the exchange of information described below between Fort Collins Montessori School and the following agency(s) and/or individual(s):

Kinderlime: This is the program we use for attendance, sign-in and out, and billing and requires the sharing of student names, class, parent names and parent emails only. You may view Kinderlime's Privacy Policy at www.kinderlime.com/privacy-policy/.

School Photographer: This organization is to be determined and requires the sharing of student names and classes only.

This authorization expires when my student leaves the school.

Name of Parent/Guardian: _____

Name of Parent/Guardian: _____

Signature of Parent/Guardian: _____

Signature of Parent/Guardian: _____

Relationship to Student: _____

Relationship to Student: _____

Date: _____

Date: _____

YOUR RIGHTS:

You may refuse to sign this form. You may cancel it at any time by informing Fort Collins Montessori School in writing. If you cancel your permission to allow the release of information about you/your child, it will go into effect immediately (unless someone already released information). You have a right to receive a copy of this Authorization.

Request to Release Records

This is a request to release secure student records/information to:

Fort Collins Montessori School
1900 South Taft Hill Road
Fort Collins, CO 80526
970-631-8612

Legal Name of Student: _____

Date of Birth: _____

Records to be released or secured:

- Official transcript/report card, test scores, birth certificate, health/immunization records, language surveys, legal/custody documentation, special education records/other student cumulative records.

Signature of Parent/Guardian: _____

Date: _____

Per Family Educational Rights Privacy Act (FERPA), upon request, a School may disclose education records without parental consent to officials of another school district in which a student seeks or intends to enroll, or is already enrolled if the disclosure is for purposes of the student's enrollment or transfer.

Before and After Care Agreement

By signing below, the parent(s)/guardian/responsible party and FCMS Before & After Care agree to the following:

1. Payment of Before an After Care tuition is due on the first of each month when childcare services will be provided. If your child(ren) are not registered for specific days per week of After Care, we ask that you provide at that time a list of the specific childcare needs for the upcoming month. Random and Drop-In care on days other than your listed needs can only be provided at the Drop-In rate (see fees below) if there is space, per ratio rules. These Drop-In charges must be paid by the next month's payment due date. INITIAL
2. We will keep record of Before & After attendance and payments on Kinderlime. INITIAL
3. Changes made to your Before and After Care schedule must be made prior to the 1st of each month. If you need to increase the number of days of care before the end of the month, you will be charged the Drop-In rate for the remainder of the month. Likewise if your care needs decrease, we are unable to issue a credit for the remainder of that month. INITIAL
4. Care is tuition-based and will be paid monthly on the first of the month (just as preschool/K tuition is billed). We cannot credit your account for days your student misses due to illness or absence or on days when school is canceled due to inclement weather. INITIAL
5. After Care closes daily at 5:10pm. There will be a 5 minute grace period after that, late fees will apply. Late pick-up fees increase every 15 minutes. If my child is picked up late, I agree to pay the late pick-up fee (see the [FCMS website](http://www.focomontessori.org/enrollment/tuition/) (www.focomontessori.org/enrollment/tuition/)). Pick-ups after 6:00 will be charged a fee to be determined by the After Care Director. Cell phone clock time will be used to certify lateness. INITIAL
6. Activities provided will include outdoor and indoor free play, outdoor and indoor organized activities, arts and crafts, board games, Legos and other building materials, and some group time each day. This program has been approved and cleared as part of our childcare license, so be assured that all safety measures and staff requirements have been and will continue to be met. All snacks and breakfasts will have to come from home, just like the rest of the school day. There will be a time for eating in both the Before and After Care schedules. INITIAL
7. Before Care students will need to be signed in by a parent/guardian and will be escorted to their classrooms when school begins. After Care students will be signed in by our staff, and must be signed out by a parent/guardian or approved pickup person from the list on your student's registration form. INITIAL
8. Accounts past due 7 days will be assessed a late fee charge. Refer to the [FCMS website](http://www.focomontessori.org/enrollment/tuition/) (www.focomontessori.org/enrollment/tuition/). INITIAL
9. Payments must be made by check or electronically. Any costs assessed to FCMS for checks drawn on insufficient funds shall be the responsibility of the check writer. Any cost incurred to collect past due INITIAL

Signature of Parent/Guardian or Responsible Party: _____

Signature of Parent/Guardian or Responsible Party: _____

Printed Name: _____

Printed Name: _____

Date: _____

Date: _____

Before and After Care Enrollment Form

Name of Student: _____ Date of Birth: _____

Allergies: _____

EMERGENCY CONTACTS DURING BEFORE AND AFTER CARE HOURS *(please list at least two):*

1. Name: _____ Home Phone: _____ Cell Phone: _____

Relationship: _____ Email: _____ Authorized to pick up? Yes No

2. Name: _____ Home Phone: _____ Cell Phone: _____

Relationship: _____ Email: _____ Authorized to pick up? Yes No

3. Name: _____ Home Phone: _____ Cell Phone: _____

Relationship: _____ Email: _____ Authorized to pick up? Yes No

Days attending BEFORE CARE *(additional days will be charged at the Drop-In rate):*

Monday Tuesday Wednesday Thursday Friday

Days attending AFTER CARE *(additional days will be charged at the Drop-In rate):*

Monday Tuesday Wednesday Thursday Friday

Changes made to your Before and Aftercare schedule must be made prior to the 1st of each month. If you need to increase the number of days of care before the end of the month, you will be charged the drop-in rate for the remainder of the month. Likewise if your care needs decrease, we are unable to issue a credit for the remainder of that month.

BEFORE AND AFTER CARE COST AND FEES

I agree to the costs and fees associated with Before and After Care. Please visit the [FCMS website](http://www.fcomontessori.org/enrollment/tuition/) (www.fcomontessori.org/enrollment/tuition/) for current Before and After Care cost and fees.

Signature of Parent/Guardian
or Responsible Party: _____

Date: _____

Photo, Video and Audio Release

Name of Student: _____

Fort Collins Montessori School uses photographs, audio and video of our students for a variety of projects and media. We have expanded our forms of communication to now include social media platforms such as Facebook, YouTube, Twitter, Instagram and podcasts.

Because we are sensitive to the safety and privacy of your family, at no time will the names of our students accompany their photo, video or audio recordings (unless additional consent is requested and granted). Below is a release, which allows you to indicate your preferences.

Please indicate below whether Fort Collins Montessori School has permission to use photographs, images, or video of your child.

PLEASE CHECK ONLY ONE:

- I AGREE that photographs, images and/or video of my child may be used for any publications, including those prepared for both an internal and external audience.
- I AGREE that photographs, images and/or video of my child may be used for in-house publications only.
- I AGREE that photographs, audio and/or video of my child may be used for any of FCMS projects and on social media EXCEPT:
- School Website
 - YouTube
 - Print Ads/Material
 - Facebook
 - Instagram
 - Twitter
 - Podcasts

NO, I DO NOT want my child's photograph, image, or video used in any way.

Signature of Parent/Guardian: _____ **Signature of Parent/Guardian:** _____

Date: _____

Date: _____

Family Directory Permission Form

I/We give permission for Fort Collins Montessori School to share my name and email contact information in association with my student's name with the families of FCMS exclusively in the form of a Family Directory.

Name of Student: _____

Student's Teacher: _____

Name of Parent/Guardian: _____

Name of Parent/Guardian: _____

Signature of Parent/Guardian: _____

Signature of Parent/Guardian: _____

Parent/Guardian Email: _____

Parent/Guardian Email: _____

Date: _____

Date: _____

Topical Products Acknowledgment

Name of Student: _____

- I will apply sunscreen to my child before school.
- I will send my child to school with a hat, long-sleeved shirt and/or other SPF approved clothing.
- I will apply insect repellent to my child before school.

Name of Parent/Guardian: _____

Signature of Parent/Guardian: _____

Date: _____

Rules regulating child care centers 7.702.52D

Volunteer Interest Form

Fort Collins Montessori School is a community of committed families, friends and staff. We rely on community collaboration and involvement to organize and facilitate a wide variety of activities. Not only does volunteering enrich the educational environment for our students, it ensures the kind of school community we all hold dear.

YOUR NAME: _____

CHILD'S TEACHER: _____

PHONE: _____

EMAIL: _____

VISIT FOCOMONTESSORI.ORG AND COMPLETE THE *VOLUNTEER INTEREST FORM*.

In addition, the Parent Volunteer Committee would appreciate your completing this form so that they can help match you with ideal volunteer opportunities.

WHAT SKILLS AND/OR EXPERIENCE COULD YOU BRING TO THE TABLE?

- | | |
|---|---|
| <input type="checkbox"/> Information Technology | <input type="checkbox"/> Construction |
| <input type="checkbox"/> Finance | <input type="checkbox"/> Copywriting |
| <input type="checkbox"/> Teaching | <input type="checkbox"/> Photography |
| <input type="checkbox"/> Health & Wellness | <input type="checkbox"/> Farm & Gardening |
| <input type="checkbox"/> Commercial Driver | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Administrative | _____ |
| <input type="checkbox"/> Computer Science | _____ |
| <input type="checkbox"/> Design (Web or Print) | _____ |
| <input type="checkbox"/> Architecture | _____ |

HOW MANY HOURS CAN YOU VOLUNTEER EACH MONTH?

- 0-1
- 1-2
- 2-3
- 3-4
- 4-5
- Other: _____

CHECK THE ITEMS YOU WOULD LIKE TO HELP WITH:

- At home work (cutting, folding, etc)
- At school work (laminating, filing, etc)
- Box Top collection and mailing
- Provide snacks for staff on conference days
- Grant writing
- Laundry
- Packing up rooms for church events
- Escorting students on campus*
- Escorting students off campus*
- Material repair or cleaning
- Provide flowers for classroom(s)
- Bring in classroom project supplies
- Lead extra-curricular classes
- Run errands for teachers
- Join a school committee
- Special projects (work days, fundraisers, etc)

WHAT INTERESTS OR HOBBIES WOULD YOU BE WILLING TO SHARE WITH OUR SCHOOL/CHILDREN:

*All volunteers will be given instructions for how to log volunteer hours. These records are important for school funding purposes. There are certain levels of volunteering. If you volunteer in a way that you will be interacting with children, you must complete a background check, fingerprinting, and/or driving record check.

General Health Appraisal Form

Parent: Please complete

Child's Name: _____ Birthdate: _____

Allergies: None Describe: _____

Type of Reaction: _____

Diet: Breast Fed Formula: _____ Age Appropriate

Special Diet: _____

Preventive creams/ointments/sunscreen may be applied as requested in writing by parent, unless skin is broken or bleeding.

Sleep: Your health care provider recommends all infants less than 1 year of age be placed on their back for sleep.

I, _____ give consent for my child's health provider, school or camp personnel to discuss my child's health concerns.

Parent or Legal Guardian Signature Date: _____
Authorization expires 365 days after this date

Health Care Provider: Please complete after parent section has been completed

Date of Last Exam: _____ Recent Weight: _____ **HCT: _____ ** B/P: _____ **Lead Level: _____

Physical Exam: Normal Abnormal (see explanation of significant health concerns:)

Significant Health Concerns: None Reactive Airways Disease Seizures Diabetes Developmental Delays

Vision Hearing Hospitalizations Severe Allergies Other (dental, nutrition, behavior, etc.) _____

Explain above concerns (if necessary, include instructions to childcare providers): _____

Current Medications/Special Diet: None Describe: _____

(Separate medication authorization form required for medications given in Child Care)

Fever reducer or pain reliever (mark only one product: max. 3 consecutive days without additional medical authorization)

Acetaminophen (Tylenol®) may be given for pain or fever over 102° every 4 hours as needed:

Dose _____ See attached Dosage Schedule from our office

OR

Ibuprofen (Motrin®, Advil®) may be given for pain or fever over 102° every 6 hours as needed:

Dose _____ See attached Dosage Schedule from our office

Immunizations: Up-to-date See attached immunization record Administered today: _____

Signature:

Next Well Visit: Per AAP Guidelines* or Age: _____

This child is healthy and may participate in all routine activities, sports, camps, and child care. Any concerns or exceptions are identified on this form.

Signature of Health Care Provider (certifying form was reviewed) Date

Office Stamp: Or write Name, Address, Phone Number

The Colorado Chapter of the American Academy of Pediatrics (AAP), Healthy Child Care Colorado, and Headstart have approved this form 04/04.

* The AAP recommends that children from 0-12 years have health appraisal visits at: 2, 4, 6, 9, 12, 15, 18 and 24 months, and age 3, 4, 5, 6, 8, 10 and 12 years.

** Required by Head Start programs only per state EPSDT schedule

© Copyright 2004 Colorado Chapter of the American Academy of Pediatrics.

Frequently Asked Questions

What Does the Typical Daily Schedule Look Like?

PRIMARY STUDENTS

7:30 - 8:15	Before Care
8:15 - 8:30	Arrival and Drop-Off
8:30 - 11:30	Morning Work Period & Snack Time
11:30 - 12:00	Outdoor Time
12:00 - 12:30	Lunch
12:30	Half Day Dismissal
1:00 - 1:30	Rest Time
1:30 - 3:00	Afternoon Work Period
3:00 - 3:15	Dismissal
3:00 - 5:10	After Care

ELEMENTARY STUDENTS

7:30 - 8:00	Before Care
8:00 - 8:15	Arrival and Drop-Off
8:15 - 11:30	Morning Work Period & Snack Time
11:30 - 12:30	Lunch/Outdoor Time
12:30 - 2:00	Afternoon Work Period
2:00 - 3:00	P.E.
3:15 - 3:30	Dismissal
3:15 - 5:10	After Care

How Do I Make Payments?

Payments can be dropped in the grey metal lockbox by the front desk at the Primary Site. At the elementary site you can drop your payments in the black box outside the Elementary office. You can pay cash, check, or on Kinderlime using bank or credit card. There is a fee associated with this service. \$1.95 + 2.95%

When is Tuition Due?

FCMS is a publicly supported school. Tuition only applies to preschool and full day kindergarten students. Payments are due the 7th of every month. There is a late fee if it is received after the 7th (see the [FCMS website](http://www.fcomontessori.org/enrollment/tuition/) for current tuition rates and fees www.fcomontessori.org/enrollment/tuition/). Reduced tuition is available based on your qualifications using the Family Economic Data Survey.

Does FCMS Offer Before and After School Care?

Yes! Before and After School care is provided for all ages of children enrolled in Fort Collins Montessori School, and is available all days we have school. Age appropriate activities are available. Afternoon snacks need to be brought from home. Contact the FCMS Office for more information.

How Does Drop-Off and Pick-Up Work?

PRIMARY DROP-OFF: Drop-off is from 8:15 to 8:30 am. Classroom doors will be locked at 8:30 am. Drop-off will happen outside the front doors. Please keep goodbyes short and sweet, this will help both you and your child ease the transition from home to school. Assistants will be ready to greet you and your child with an iPad for sign-in and children will enter the classrooms independently.

PRIMARY PICK-UP: Pick-up is from 3:00-3:15. If the weather is nice, teachers will wait outside on the front lawn with the students. In inclement weather, teachers will be waiting right inside the double doors.

ELEMENTARY DROP-OFF: Drop-off is from 8:00-8:15. A loving but clear drop-off procedure with your child will send the message that you are confident in her being at school and that you trust her enough to handle it on her own. If you need to communicate with your child's teacher in the morning, please send an email.

ELEMENTARY PICK-UP: Pick-up if from 3:15-3:30 outside on the front sidewalk.

What If My Student Is Going to Be Absent?

If you know in advance that your child will be absent, please let the teacher and the office know. If your child is sick please send an email to office@focomontessori.org or call the school office and let us know.

What If I Need to Pick My Child Up Early From School?

The office should always be the first point of contact. Email office@focomontessori.org to notify FCMS office staff of the student you will be picking up and the time. Advance notice is greatly appreciated. When you arrive, proceed to the school office to sign your child out. If you need to pick your child up spontaneously, proceed to the office and wait. An office staff member will go to the classroom to gather your child.

What If I Need Someone Else to Pick-Up/Drop-Off My Child?

Please let the office know in advance by emailing office@focomontessori.org. We will verify that the person is on your list for approved pick-ups and create a unique 4-digit pin for them to sign your child out using Kinderlime. If we do not receive prior notice and someone shows up to pick your child up, we will not be able to release the child.

Will My Child Bring School Work and Homework Home?

Young children are naturally process-oriented. This is supported in the classroom by not sending work home until Conference time. We collect a portfolio of the child's work so that children, teachers and parents can see progress that the child has made throughout the year. Furthermore, your child will not bring home homework.

Will We Have Conferences and Receive Progress Reports?

Conferences and Progress Reports are administered twice a year (Spring and Fall). Conferences are a time to check in with your child's teacher about progress, both academic and social/emotional. When other issues arise, please contact your teacher via email and she will schedule a meeting. See the School Calendar for the current Conference dates.

What is the Best Way to Communicate With My Child's Teacher?

Email is the best way to contact your child's guide. Teachers typically reply within 24 hours and are also available to set up conferences as needed. We currently use Kinderlime to share classroom photos.

May I Observe My Child in the Classroom?

Parents and caregivers are invited to come and observe anytime after October 1st. These observations are 30 minutes long and typically scheduled in the morning work cycle. They offer an opportunity to be a fly on the wall and unobtrusively peek into a Montessori day.

Am I Required to Attend Parent Education Nights?

We strongly encourage you to attend Parent Education events held throughout the year. These events offer you an opportunity to deepen your understanding of your child's education and development. Please check the School Calendar for dates.

How Does FCMS Celebrate Birthdays?

Birthdays in the Montessori classroom are simple, beautiful celebrations. Parents are invited in to share the child's life story, accompanied by one photo from each year of their life. In lieu of treats or favors, please consider donating a book or material from your student's teacher's classroom wish list.

How Much Time Will My Child Have Outside?

Each classroom has a 30 minute recess. Classrooms that have a door leading to the playground will have an outdoor classroom environment they may access throughout the day. If your child is in After Care, they will spend about an hour outside each day.

Can My Child Bring Items From Home ("Show and Tell")?

Please keep your child's toys, books, etc. safe at home. If there is a specific need for the classroom, children will be invited to bring something in (i.e. books or cultural items for specific celebration). Please refrain from sending in stickers, multiple headbands and hair clips, plastic bracelets and necklaces, and other accessories that would distract your child and their friends or create unhealthy competition.

What is the FCMS Illness Policy?

Be considerate of others in your child's class. Do not send your child to school if s/he is "coming down with something." Children who are not feeling well have a more difficult time participating in the classroom. Please keep your child at home until they are fully well and no longer contagious. This is so important for the well-being of all in our school community.

Please remember that children go outside daily except in inclement weather. If your child is unable to take part in outdoor activities because of illness, please keep him/her at home for the day since we cannot keep individual children indoors during these activities.

*** CHILDREN WITH ANY OF THE FOLLOWING SYMPTOMS ARE NOT PERMITTED TO REMAIN IN CARE ***

- Fever of 100°F or higher (axillary).
- Diarrhea or vomiting
- Earache with fever
- Profuse green nasal discharge
- Headache that affects activity level
- Rash, undiagnosed or quickly spreading
- Eye discharge or conjunctivitis (pinkeye) until clear or until 24 hours of antibiotic treatment
- Sick appearance, not feeling well, and/or not able to keep up with program activities
- Open or oozing sores, unless properly covered and 24 hours has passed since starting antibiotic treatment, if antibiotic treatment is necessary
- Head lice—until no nits are present
- Scabies—until after treatment is begun
- Any major medical event such as but, not limited to: Head/neck injury, seizure, severe allergic reactions, severe asthma attacks. Keep child home for 24hrs after the event to monitor

For the complete FCMS Illness Policy, please consult the FCMS Family Handbook on the FCMS website.

How May I Volunteer?

Please stay tuned for volunteer opportunities. Classroom parents and the PVC (Parent Volunteer Committee) will reach out to you. Classroom needs vary weekly and laundry volunteers are always welcome!

What Does My Child Need to Have Everyday at School?

1) LUNCH: Lunch is an opportunity for children to enjoy food and conversation while practicing table manners. Children will independently set up, unpack, and clean up from the meal. Please pack lunch in containers children can open independently. Additional beverages or desserts are not necessary. Children will use their water bottles and refill them as needed. We have 30 minutes to eat lunch. Our role as adults is to provide healthy food and model appropriate mealtime behavior, but we do not force children to eat. Uneaten food will be sent home in lunch boxes. Lunches will be kept in the refrigerator, but we will not have a microwave for heating food up. Small containers filled with small amounts of proteins, fruits, and veggies are most successful. If mealtimes tend to be a struggle, please contact us for additional resources!

A note on allergies: We strive to be a PEANUT-FREE SCHOOL—please do not bring peanut-based foods into class. If your child brings other nuts, please have them request an allergen card at Drop-off or from the front desk to let the community know. Our best method for preventing allergic reactions is creating a culture of awareness. Please look over the "known allergies list" for your child's class.

2) SNACK: Please pack a separate, small non-refrigerated snack in a container labeled with your child's name. Snacks will be stored in a basket or on a shelf for children to choose during the work cycle when they are hungry. Some suggestions: fruit, almonds, veggies, etc. Please no dessert items.

3) **WATER BOTTLE:** Children will use reusable water bottles to stay hydrated throughout the day. Please choose one that is size appropriate so that your child can independently open, fill, and carry it around. Please refrain from “sippy cup” type lids. Bottles with an open mouth lid allow for ease of cleaning and practice drinking from a real cup. Water bottles will be sent home daily to be washed.

4) **EXTRA CLOTHES:** Please provide an extra change of seasonally appropriate clothes for your child in a gallon Ziplock bag labeled with their name. Replenish the clothes when needed (i.e. when we send home soiled clothes, as seasons change). Please label your all child’s belongings, especially clothes. It will help us identify them.

5) **INDOOR SHOES:** Please bring a comfortable pair of shoes (not slippers) that your child will change into at arrival and leave at school for the duration of the year. Children at this age are still developing coordination and foot muscles. Please send shoes that support this by allowing natural walking posture.

6) **REST ITEMS:** (Full Day Primary only) Please send a crib sheet and small blanket every Monday for your child’s rest mat. These will go home every Friday to be washed.

What You Can Expect the First Few Weeks of School

- Communication from office and the teacher
- Your child will be tired

What Does FCMS Expect of Parents?

- On-time arrival
- Observe in the classroom (beginning in October)
- Sending healthy lunches/snacks
- Well-rested children
- Children with appropriate outdoor clothing for the weather
- To read of the Parent Handbook (found on the Policies page or the FCMS website)
- To attend Parent Education events
- Volunteering
- Understanding that e-mail is the best way to contact your child’s teacher