

**Boys & Girls Club of Greater Salem Preschool**  
Information & Registration  
2026-2027

**Annual Tuition**

(will be divided into 10 equal payments) August 15th - May 15th.

PROGRAM	SCHEDULE	ANNUAL TUITION
Pre-Kindergarten Full Day	Mon through Fri 8:30am 3:00pm	\$8,750
Pre-Kindergarten plus Enrichment	Mon-Friday 7:00am-6:00pm	\$9,250

**\*All Children must be 3.9 years old by 9/30\***

**\*All children must be fully potty trained\***

**Registration Information**

To register, please fill out the form below and include a non-refundable registration fee of \$75.00 per child.

Child's Name \_\_\_\_\_ Age \_\_\_\_\_ D.O.B. \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Parent/Guardian Name(s) \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Male \_\_\_\_\_ Female \_\_\_\_\_ Phone \_\_\_\_\_ Email \_\_\_\_\_

Does your child have any special needs? \_\_\_\_\_

How did you hear about our program? \_\_\_\_\_

**Check Program Desired**

5-day Pre-K Plus Enrichment      Your monthly payment will be \$925.00.

5-day Pre-K Full Day      Your monthly payment will be \$875.00.

Boys and Girls Club of Greater Salem Preschool  
Salem, NH 03079  
(603) 898-7709

### *Tuition Contract*

#### **Tuition Payment Procedures**

All tuitions are based on the entire school year, inclusive of holidays and vacations. Tuitions are calculated from the total school year cost of the program. The monthly fee is a breakdown of the yearly cost to facilitate parent payment. The full monthly fee is due on or before the 15<sup>th</sup> day of each month, beginning August 15<sup>th</sup> and ending May 15<sup>th</sup>. Partial payments will be accepted provided that full payment is made by the 15<sup>th</sup> of each month to avoid a late fee. Payments made after the 15<sup>th</sup> will be subject to a \$25.00 surcharge. The surcharge and the tuition must be paid in their entirety. No family will be allowed to carry an outstanding balance into the following month. Any child for whom payment is more than 15 days in arrears will be asked to withdraw from the program. If tuition payment will be late because of financial or other personal difficulties, the parent(s) must contact the Preschool director before payment is due. There will be a \$25.00 surcharge for checks returned for insufficient funds.

Because our program and licensing requirements mandate that we engage staff based on the number of children enrolled, parents agree that the monthly sum shall be due even when the child does not attend school due to illness, vacation, weather restrictions, parents' choice, parents' schedule changes or otherwise.

#### **Termination**

Notice of intent to withdraw your child from the program before the term of this contract has expired should be made to the Preschool Director at least four weeks in advance. Parents remain responsible for the tuition of this four-week period. All program fees are non-transferable and non-refundable.

My child \_\_\_\_\_ is enrolled in the  
**Preschool Program at the Boys and Girls Club of Greater Salem.** I have read  
the tuition contract and agree to abide by it.

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Parent or Guardian's Signature

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Date

## BOYS & GIRLS CLUB OF GREATER SALEM PRESCHOOL

Dear Parents,

You can help make swimming fun and easy for your child if you, as parents, accept, observe, and reiterate the importance of our swimming policy: if your child attends school, then he/she will be expected to swim. THERE ARE NO EXCEPTIONS TO THIS POLICY!!! Swimming, which we consider a life skill, is an integral part of our school's curriculum, and our goal is to teach every Pre-K student to swim and to be comfortable in the pool. *We cannot do this without your support.* Please do not make promises to your child that you will be unable to keep. For instance, instead of telling them that they will not have to get her face wet, try explaining that it is impossible to swim without getting her face wet.

During swim lessons, however, direct parent involvement hinders our instructor's ability to effectively teach your children how to swim. We ask only that you send your children to school in clothes that make undressing and dressing easy! You will be invited to observe your child several times during the school year.

Sincerely,

Cynthia McKeon

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Please sign and return this section only acknowledging that you have read and agree with our swim policies.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Boys & Girls Club of Greater Salem  
Preschool

**FIELD TRIP PERMISSION FORM**

From time to time during the school year, your child's class may be taking a field trip. Your signature on this form is necessary for your child to accompany his/her class on such trips.

You will receive notification from your child's teacher prior to each trip regarding the details, but a separate permission slip will not be required.

If at any time there is a trip you do not wish to send your child on, as there is no care available, it would be considered an excused absence.

My child \_\_\_\_\_ has my permission to go on school field trips with the SBGC Preschool

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Parent's Signature

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Date



Excepting or adapting certain parts of



## Our class is using ClassDojo!

Hi parents,

This year I'm using ClassDojo to encourage important skills, like working hard and participating. I'll also use it to communicate with you: we can instantly share messages, updates and photos from class. It's the easiest way for you to see how your child is doing at school and to get in touch with me.

I'd like all families to join me and sign up for ClassDojo! You can use it on any device: it is a **simple, free mobile app** for iOS and Android, and can also be used from a computer at: [www.classdojo.com](http://www.classdojo.com).

I will need your cell number or email to invite you to ClassDojo. Our class goal is for every family to **fill out and return the slip below by tomorrow!** Feel free to ask me any questions.

Thank you so much!

A handwritten signature in black ink.

### Please send me my invitation to ClassDojo

Student name: \_\_\_\_\_

Your name: \_\_\_\_\_

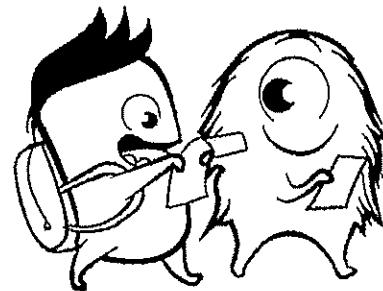
Your cell number  
OR email: \_\_\_\_\_

### Learn more about ClassDojo!

Used by teachers in 1 in every 2 schools, ClassDojo is the most popular classroom management app in the U.S. Find out more about why we're excited to use ClassDojo, and how it is safe and simple for everyone:

[www.classdojo.com/LearnMore](http://www.classdojo.com/LearnMore)

[www.classdojo.com/PrivacyCenter](http://www.classdojo.com/PrivacyCenter)



# New Hampshire Early Childhood Health Assessment Record

(page 1 of 2)

## FOR USE FROM BIRTH THROUGH GRADE 3

To Parent or Guardian: In order to provide the best experience for your child, early childhood providers and school staff must understand your child's health needs. This form requests information from you (Part I) which also will be helpful to the health care provider when he or she completes the health evaluation (Part II).

### Part I: FAMILY INFORMATION AND HEALTH HISTORY (to be completed by parent or guardian)

Important: Complete this page BEFORE you give this form to your child's primary care provider.

Please print

Name of Child/Student (Last, First, Middle)	Birth Date	Sex	Primary Care Provider
Address (Street)	Town and ZIP Code		
Parent/Guardian (Last, First, Middle)	Home Phone Number	Work/Cell Phone Number	

\*If your child does not have health insurance, call 1-877-464-2447 (NH Healthy Kids)

Is your child currently enrolled in WIC? Yes  / No

Does your child have health insurance? Yes  / No

Please check "Yes" or "No" next to each question below. Use this checklist to talk to your child's healthcare provider about your answers.

Yes No

- 1   Do you have any questions or concerns about your child's health, development, or behavior?
- 2   Do you have any concerns about your child's eating or sleeping habits?
- 3   Has your child had a dental exam in the past 6 months?
- 4   Does your child have any ongoing health problems (such as asthma, diabetes, or seizure disorder)?
- 5   Does your child have any allergies (to food, medication, insects, latex, etc.)?
- 6   Does your child require a special diet while in school or other early childhood program?
- 7   Does your child take any medications (daily or occasionally)?
- 8   Does your child have any difficulty with his/her vision, hearing, or speech?
- 9   In the past 12 months, has your child experienced any difficulty with wheezing or coughing?
- 10   In the past 12 months, have you been concerned about a change in your child's weight?
- 11   In the past 12 months, have you noticed any change in your child's appetite or thirst?
- 12   In the past 12 months, have you noticed that your child is urinating more frequently?
- 13   Has your child ever been hospitalized or had any operations, procedures, or special tests?

Explain any "yes" answers here. Give approximate dates for any hospitalizations, operations, or serious illnesses

### PERMISSION TO EXCHANGE INFORMATION

I, \_\_\_\_\_, Name of Parent/Guardian

authorize and request my child's primary care provider to exchange information about my child's health and development with the program/school listed below. The information may be provided by phone, fax, mail, or in person. I understand that the disclosed information will be considered confidential and will be used for the health and educational benefit of my child and family. Except as needed to comply with federal and state regulations, it will not be re-disclosed to any other person, school, or agency without my consent. I understand that this form will expire in one year unless I choose to cancel my permission in writing before that time.

Name of Program/School Requesting Information

Program/School Mailing Address

Program/School Telephone Number

Fax Number

Signature of Parent/Guardian

Date

Signature of Witness

Date

Endorsed by the NH Department of Health and Human Services; the NH Department of Education; NH Women, Infants & Children Nutrition Program; Head Start; and the NH Pediatric Society



May 2011

# New Hampshire Early Childhood Health Assessment Record

(page 2 of 2)

## Part II: PHYSICAL EXAMINATION, SCREENING, AND MEDICAL CONDITIONS

(To be completed by the child's primary care provider)

Name of Child/Student		Date of Assessment			PLEASE ATTACH COPY OF IMMUNIZATION RECORD			
Birth Date		Date of Next Scheduled Assessment						
Physical Examination	WT	(must be taken within 60 days for WIC)		lb / kg	Body Mass Index (BMI) (if $\geq 2$ years) <input type="text"/>			
	HT	(must be taken within 60 days for WIC)		in / cm	<input type="checkbox"/> 5-84th %ile <input type="checkbox"/> 85-94th %ile	<input type="checkbox"/> < 5th %ile <input type="checkbox"/> $\geq$ 95th %ile		
	HC	(if $\leq 2$ years)		in / cm	BP (if $\geq 3$ years) /	<input type="checkbox"/> Within normal range <input type="checkbox"/> $\geq$ 95th %ile		
			Normal	Follow-up Indicated	Please comment on any findings outside of normal range, including timeframe for re-evaluation, if applicable:			
	HEENT		<input type="checkbox"/> Yes	<input type="checkbox"/> No				
	Dental/Oral health		<input type="checkbox"/>	<input type="checkbox"/>				
	Cardiac		<input type="checkbox"/>	<input type="checkbox"/>				
	Lungs		<input type="checkbox"/>	<input type="checkbox"/>				
	Abdomen		<input type="checkbox"/>	<input type="checkbox"/>				
	Back/Extremities		<input type="checkbox"/>	<input type="checkbox"/>				
Breasts/Genitalia		<input type="checkbox"/>	<input type="checkbox"/>					
Neurologic		<input type="checkbox"/>	<input type="checkbox"/>					
Skin		<input type="checkbox"/>	<input type="checkbox"/>					
Preventive Screening	HEARING	PLEASE NOTE: Objective hearing screening beginning at age 4 years is REQUIRED for Head Start						
		Date performed: / /	L <input type="checkbox"/> Pass <input type="checkbox"/> Fail R <input type="checkbox"/> Pass <input type="checkbox"/> Fail	Method: <input type="checkbox"/> Audiometry <input type="checkbox"/> OAE				
	Was child referred for rescreen or further evaluation? Y <input type="checkbox"/> N <input type="checkbox"/>					Does child wear a hearing aid? Y <input type="checkbox"/> N <input type="checkbox"/>		
	VISION	PLEASE NOTE: Objective vision screening beginning at age 3 years is REQUIRED for Head Start						
		Date performed: / /	L 20/ R 20/	Both 20/	Method: <input type="checkbox"/> Snellen <input type="checkbox"/> Other <input type="checkbox"/> Tumbling E			
	Was child referred for rescreen or further evaluation? Y <input type="checkbox"/> N <input type="checkbox"/>					Does child wear glasses? Y <input type="checkbox"/> N <input type="checkbox"/>		
	LABS	PLEASE NOTE: Hgb or Hct values at ages 2 and 3 years, and lead levels at ages 3, 5, and 6 years are REQUIRED for Head Start					DEVELOPMENTAL SCREENING	
		HGB: g/dL	HCT: %	Date: / /	Typically developing: Y <input type="checkbox"/> N <input type="checkbox"/> Referred			
		HGB: g/dL	HCT: %	Date: / /	Gross motor <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>			
		Lead: mcg/dL		Date: / /	Fine motor <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>			
Lead: mcg/dL			Date: / /	Language/communication <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>				
Lead: mcg/dL			Date: / /	Problem-solving <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>				
Is child at risk for TB? N <input type="checkbox"/> Y <input type="checkbox"/>			Social/emotional <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>					
If yes, PPD result: POS / NEG Date: / /			Screening tool(s) used: <input type="text"/>					
Special Needs	Chronic medical conditions/related surgeries?			<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Special care plan attached*		List special needs/considerations and medications below (other than in attached special care plans). Please attach Special Needs Prescription Form, if applicable.		
	Medications or treatments?			<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Special care plan attached*				
	Allergies/sensitivities?			<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Special care plan attached*				
	Behavioral issues/mental health diagnoses?			<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Special care plan attached*				
	Limitations to physical activity?			<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Special care plan attached*				
	Special equipment needs?			<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Special care plan attached*				
	Special dietary requirements?			<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Special care plan attached*				

Name, address, and telephone no. of health care provider (please print or use stamp):

Signature of Health Care Provider

Date

\*Please attach any special care plans or other information

### AUTHORIZATION TO ADMINISTER PRESCRIPTION AND NON PRESCRIPTION MEDICATION

IN ACCORDANCE WITH HE C 4002.18, THIS FORM MUST BE COMPLETED PRIOR TO THE ADMINISTRATION OF ANY PRESCRIPTION OR NON-PRESCRIPTION MEDICATION.

PRESCRIPTION MEDICATION WILL BE ADMINISTERED IN ACCORDANCE WITH THE PRINTED PRESCRIPTION LABEL, WHICH MUST BE ATTACHED TO THE ORIGINAL PRESCRIPTION CONTAINER.

NON-PRESCRIPTION MEDICATION MUST BE IN ORIGINAL CONTAINER, AND WILL BE ADMINISTERED IN ACCORDANCE WITH THE MANUFACTURER'S PRINTED INSTRUCTIONS. IF THERE ARE NO MANUFACTURER'S PRINTED INSTRUCTIONS FOR THE AGE OF THE CHILD, THE PROGRAM MAY ADMINISTER THE NON-PRESCRIPTION MEDICATION IN ACCORDANCE WITH THE WRITTEN, DATED AND SIGNED INSTRUCTIONS FROM THE CHILD'S PARENT, INCLUDING A STATEMENT THAT THE INSTRUCTIONS HAVE BEEN REVIEWED/APPROVED BY THE CHILD'S LICENSED HEALTH PRACTITIONER, OR WITH SIGNED, DATED WRITTEN INSTRUCTIONS FROM CHILD'S LICENSED HEALTH PRACTITIONER.

#### PARENT'S AUTHORIZATION

I AUTHORIZE CHILD CARE PERSONNEL AT \_\_\_\_\_ TO ADMINISTER THE  
NAME OF CHILD CARE PROGRAM \_\_\_\_\_

FOLLOWING MEDICATION TO MY CHILD: \_\_\_\_\_ CHILD'S NAME \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_

NAME OF MEDICATION	DOSAGE	TIMES TO ADMINISTER	BEGINNING DATE	ENDING DATE
PRINTED NAME AND PHONE NUMBER OF CHILD'S LICENSED HEALTH PRACTITIONER _____				
PARENT/GUARDIAN'S SIGNATURE _____ DATE SIGNED _____				
SPECIAL INSTRUCTIONS FOR ADMINISTRATION OF NON-PRESCRIPTION MEDICATION:				
THE ABOVE SPECIAL INSTRUCTIONS WERE:		□ REVIEWED AND APPROVED BY THE ABOVE NAMED LICENSED HEALTH PRACTITIONER □ COMPLETED BY THE LICENSED HEALTH PRACTITIONER WHO'S SIGNATURE IS BELOW		
LICENSED HEALTH PRACTITIONER'S SIGNATURE _____ DATE SIGNED _____				

### CHILD CARE PROGRAM RECORD OF MEDICATION ADMINISTRATION (TO BE COMPLETED BY CHILD CARE PERSONNEL FOR ALL MEDICATION ADMINISTERED)

NAME OF MEDICATION	AMOUNT	TIME	DATE	INITIALS
NAME OF MEDICATION	AMOUNT	TIME	DATE	INITIALS
NAME OF MEDICATION	AMOUNT	TIME	DATE	INITIALS

SIGNATURE AND POSITION/TITLE OF PERSON SUPERVISING ADMINISTRATION/CONTROL OF MEDICATION

(15)

DATE SIGNED

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# Guidance and Discipline Policy

At The Boys and Girls Club of Greater Salem Preschool program, our goal is to maintain a safe environment in which your child can learn. Therefore, we place great emphasis on encouraging appropriate behavior of children to help them develop self-control, self-confidence, and self-discipline. An effort is made to help children understand why some behaviors are not acceptable, and suggestions for more desirable behaviors are offered. The expectations are posted in the classroom and reviewed often with children.

All classroom expectations will be clearly taught and reinforced in a positive manner. Students will receive verbal praise when observed meeting expectations. Students struggling with expectations will be verbally reminded of what it looks like to follow the expectations.

To ensure the safety of all participants and staff, the BGC Preschool staff will implement a positive discipline program. The following are guidelines used when disciplinary action becomes necessary due to unacceptable behavior. Severe behavior will be addressed by the Preschool Director.

1. Positive redirection and reteach of expectations.
2. Verble warning for specific unacceptable behavior.
3. Separation from the group with a warning of future consequences for repeated behavior.
4. Separation from the group with a warning and write-up for repeated behavior.
5. Separation from group with a call to parent or guardian and write up.
6. Parent/Guardian conference to discuss corrective action and consequences for future incidents.
7. Suspension-1 to 2 days from the program and /or remainder of the day.
8. Repeated aggressive/inappropriate behavior may result in removal from the program with approval from the Lead Teacher, Preschool Director and Director of Operations.

The Boys & Girls Club of Greater Salem Preschool reserves the right to withdraw a participant from the program if all discipline options have been exhausted and/or demonstration of extreme behavior that may put participants and staff in danger.

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I have read the Preschool Discipline Policy and fully understand the process to be used for discipline issues.

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Childs Name

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Parent/Guardian Signature

Date