

Boys & Girls Club of Greater Salem Preschool

Information & Registration

2026-2027

Annual Tuition

(will be divided into 10 equal payments) August 15th - May15th.

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
Pre-Kindergarten 3 Full Day	Mon, Wed, Fri, 8:30am 3:00pm	\$5,250
Pre-Kindergarten plus Enrichment	Mon, Wed, Fri 7:00am-6:00pm	\$5,550

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.**

____ 3-day Pre-K plus Enrichment Your monthly payment will be **\$555.00.**

____ 3-day Pre-K Full Day Your monthly payment will be **\$525.00.**

CHILD CARE REGISTRATION AND EMERGENCY INFORMATION

NAME OF CHILD CARE PROGRAM

LICENSE NUMBER

TO THE PARENT OR GUARDIAN: This form must be completed for each of your children who will be enrolled in the program, and must be updated whenever information changes.

DATE OF CHILD'S ENROLLMENT _____

Child's name:	Date of birth:
Address:	Phone number:

IDENTIFYING INFORMATION OF PARENT/S OR GUARDIAN/S LEGALLY RESPONSIBLE FOR CHILD:

Name:	Name:
Address:	Address
Home phone number:	Home phone number:
Indicate where parent/guardian above can be reached while child is in care. Include name, address and phone number of business if applicable.	
Business Name:	Business Name:
Address:	Address
Phone number: Hours:	Phone number: Hours:
Email:	Email:
Special Instructions for reaching parent/guardian:	

EMERGENCY CONTACT PERSON: You (parent/guardian) are required to list at least 1 person with whom you would feel comfortable leaving your child, and who could assume responsibility for your child if you could not be reached immediately in an emergency, or if for some reason you could not pick up your child and were unable to communicate with the program. Examples: if your child was sick and you were not accessible, or if you experienced sudden illness between work and picking up your child.

Name:	Name:
Relationship:	Relationship:
Address:	Address:
Phone number:	Phone number:

NON-EMERGENCY ALTERNATE PICK-UP PERSON/S: I, _____
(Parent/Guardian Signature)

authorize the following individual(s) to pick up my child from the program on a non-emergency basis.

Name:	Name:
Relationship:	Relationship:
Address:	Address:
Phone number:	Phone number:

CHILD CARE REGISTRATION AND EMERGENCY INFORMATION

The licensing authority for this program is the child care licensing unit (CCLU) within the bureau of licensing and certification in the department of health and human services. Child care programs are required to post a copy of the most recent statement of findings (SOF) and the corresponding corrective action plan (CAP) in a location which is accessible to parents, and programs must maintain copies of the most recent SOF with CAP and make them available for parents to review upon request. SOFs and CAPs are also available on-line at: https://new-hampshire.my.site.com/nhccis/NH_ChildCareSearch or by contacting the unit at cclunit@dhhs.nh.gov or 603-271-9025.

WHAT WE DO: The CCLU regulates and oversees child day care programs for compliance with licensing rules. A licensing coordinator conducts a yearly, unannounced monitoring visit at every program, as well as an unannounced visit prior to the expiration of a license every three years. CCLU also investigates allegations of non-compliance with licensing rules. Information about CCLU can be found on our website: <https://www.dhhs.nh.gov/programs-services/childcare-parenting-childbirth/child-care-licensing>.

CONVERSATIONS WITH CHILDREN – MONITORING VISITS: During routine monitoring visits, the Licensing Coordinator (LC) informally speaks with children to ask general questions about their day-to-day experiences in the child care program, using developmentally appropriate speech and language. The conversations and interactions take place while children are engaged in their daily routine with their class or group. At no time will a child be forced to speak with a LC.

CONVERSATIONS WITH CHILDREN – COMPLAINT INVESTIGATIONS: During visits to investigate a complaint, if the LC believes your child may have relevant information, and that it would be best to interview your child separately, away from their class or group, the LC will ask the classroom staff which children they may interview, based upon your choice below. If you wish to be notified prior to an LC speaking with your child, the LC will contact you for permission to speak with your child either at the program but away from the group, or arrange a date, time, and location with you to speak with the child. If you approve the on-site conversation with your child, the LC will ask staff to recommend a place in the program. The LC will introduce themselves, ask your child their name, and explain that their job is to make sure child care programs are safe. The LC will ask your child if they want to talk to the LC about their child care. The LC will ask open-ended, non-leading questions, and at no time will your child be forced to speak with the LC.

The LC will ask children questions such as: routines for snacks/lunch, handwashing, outdoor play, the rules, what happens when a child breaks a rule, rest/nap, fire drills, and what they like/dislike about child care.

Based upon the information above, please indicate your preference:

- ☐ I give permission for child care licensing staff to speak with my child while with their class or group.
- ☐ I give permission for child care licensing staff to interview my child at the child care program separate from their class or group.
- ☐ I wish to be notified prior to child care licensing staff interviewing my child at the child care program separate from their class or group.
- ☐ I do not give my permission for child care licensing staff to speak with my child while with their class or group.

CHILD CARE REGISTRATION AND EMERGENCY INFORMATION

MEDICAL INFORMATION

Any chronic conditions, allergies or medications that could be important in case of sudden illness or injury:

EMERGENCY MEDICAL TREATMENT AUTHORIZATION

I hereby give permission for the staff of _____ to provide simple first aid treatment to my child, _____ when necessary. In the event of a more serious illness or injury, I give permission for my child to be transported to a hospital or other emergency medical facility to receive emergency medical treatment. I also authorize ambulance/rescue squad attendants to administer such treatment as is medically necessary, and I authorize licensed health practitioners working in the hospital or emergency medical facility to examine and provide emergency medical treatment to my child if warranted. I understand that I will be contacted by child care program personnel as soon as possible regarding any emergency involving my child.

Parent/Guardian Signature

Date

New Hampshire Early Childhood Health Assessment Record

FOR USE FROM BIRTH THROUGH GRADE 3

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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
Address (Street)	Sex
Parent/Guardian (Last, First, Middle)	Primary Care Provider
Home Phone Number	Town and ZIP Code
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 2021

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(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 ≥ 2 years)									
	HT (must be taken within 60 days for WIC)	in / cm		☐ 5-84th %ile ☐ 85-94th %ile ☐ < 5th %ile ☐ ≥ 95th %ile									
	HC (if ≤ 2 years)	in / cm		BP (if ≥ 3 years) / ☐ Within normal range ☐ ≥ 95th %ile									
	Normal Yes No Follow-up Indicated Please comment on any findings outside of normal range, including timeframe for re-evaluation, if applicable:												
	HEENT	☐	☐	☐									
	Dental/Oral health	☐	☐	☐									
	Cardiac	☐	☐	☐									
	Lungs	☐	☐	☐									
	Abdomen	☐	☐	☐									
	Back/Extremities	☐	☐	☐									
Breasts/Genitalia	☐	☐	☐										
Neurologic	☐	☐	☐										
Skin	☐	☐	☐										
Preventive Screening	HEARING	PLEASE NOTE: Objective hearing screening beginning at age 4 years is REQUIRED for Head Start Date performed: / / L ☐ Pass ☐ Fail R ☐ Pass ☐ Fail Method: ☐ Audiometry ☐ OAE Was child referred for rescreen or further evaluation? Y ☐ N ☐ Does child wear a hearing aid? Y ☐ N ☐											
	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: ☐ Snellen ☐ Other ☐ Tumbling E Was child referred for rescreen or further evaluation? Y ☐ N ☐ Does child wear glasses? Y ☐ N ☐											
	LABS	PLEASE NOTE: Hgb or HCT values at ages 1 and 2 years, and lead levels at ages 1, 2, and 3-5 years are REQUIRED for Head Start			DEVELOPMENTAL SCREENING	Typically developing:	Y	N	Referred				
		HGB:	g/dL	HCT:		%	Date:	/	/	Gross motor	☐	☐	☐
		HGB:	g/dL	HCT:		%	Date:	/	/	Fine motor	☐	☐	☐
		Lead:	mcg/dL	Date:		/	/	Language/communication	☐	☐	☐		
		Lead:	mcg/dL	Date:		/	/	Problem-solving	☐	☐	☐		
		Lead:	mcg/dL	Date:		/	/	Social/emotional	☐	☐	☐		
		Is child at risk for TB?				N ☐ Y ☐	Screening tool(s) used:						
	(If yes, PPD result: POS / NEG Date: / /												
Special Needs	Chronic medical conditions/related surgeries?			☐ No ☐ Yes ☐ Special care plan attached*	List special needs/considerations and medications below (other than in attached special care plans). Please attach Special Meals Prescription Form, if applicable.								
	Medications or treatments?			☐ No ☐ Yes ☐ Special care plan attached*									
	Allergies/sensitivities?			☐ No ☐ Yes ☐ Special care plan attached*									
	Behavioral issues/mental health diagnoses?			☐ No ☐ Yes ☐ Special care plan attached*									
	Limitations to physical activity?			☐ No ☐ Yes ☐ Special care plan attached*									
	Special equipment needs?			☐ No ☐ Yes ☐ Special care plan attached*									
	Special dietary requirements?			☐ No ☐ Yes ☐ 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

NAME OF MEDICATION	AMOUNT	TIME	DATE	INITIALS

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

DATE SIGNED

(15)

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 too 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.

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

Childs Name

Parent/Guardian Signature

Date

Exciting and important news!



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.

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.

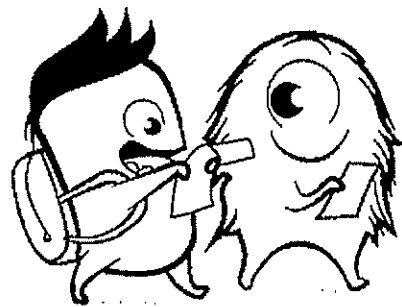
Thank you so much!

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

www.classdojo.com/PrivacyCenter



Please send me my invitation to ClassDojo

Student name: _____

Your name: _____

Your cell number
OR email: _____

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

Parent's Signature

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,

Jennifer McGrath

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

Signature _____ Date _____

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 15th day of each month, beginning August 15th and ending May 15th. Partial payments will be accepted provided that full payment is made by the 15th of each month to avoid a late fee. Payments made after the 15th 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.

Parent or Guardian's Signature

Date