

Student Name:

Preschool Parent Orientation Document Checklist



Completed	Document	File
	Completed Transition Into Preschool Document	Student Ohio Department of Education Licensing File
	Parent Tips for Transitioning Into Preschool with Book List	Review with Parent and Provide Handout for Parent to Take Home
	CMSD Preschool Development and Health Milestones Handout	Review with Parent and Provide Handout for Parent to Take Home
	Attendance/Pick Up and Drop Off Policy	Student Ohio Department of Education Licensing File
	Preschool Eligibility Policy	Student Ohio Department of Education Licensing File
	Parent Physical Expiration Reminder Letter	Student Ohio Department of Education Licensing File
	Preschool Class Roster Form	Student Ohio Department of Education Licensing File & School Office File
	Preschool Medication Form if Needed	Student Ohio Department of Education Licensing File & School Office File
	Lead Consent Document	Student Ohio Department of Education Licensing File
	Lead Handouts	Review with Parent and Provide Handout for Parent to Take Home
	Preschool Orientation Meeting Signature Reviewed Handbook with Parent	Student Ohio Department of Education Licensing File & School Office File
	ELA Assessment Letter	Review and Provide Handout for Parent to Take Home
	Review Preschool Parent Group Letter	Teacher File
	<p style="text-align: center;">Review with Parent</p> <ul style="list-style-type: none"> • Daily Instructional Schedule • Date of Open House and First Parent Teacher Conference • Parent Communication Process (newsletter, email, seesaw app or classDoJo) • School's Drop Off and Pick Up Policy 	N/A



Cleveland Metropolitan School District Preschool Attendance and Pick-up Policy

- Children are to come to school **ON TIME** every day.
- Children must be picked up **ON TIME** every day.
- Children must be **SIGNED IN** and **SIGNED OUT** every day by an **Adult**. (No nicknames or initials are allowed.)
- If a parent/guardian is going to be late, he/she must call the school and explain the emergency situation. **Children, who are consistently late to school, (more than twice a week), will be removed from the program.**
- **Children, who are consistently picked up late (more than twice a week) will be removed from the program.**
- When a child is ill, the teacher must be notified. Upon returning to school, the child must return with a **WRITTEN** excuse for the absence.
- If the child has an irregular attendance pattern or is absent for a week without notification, the teacher will make **two (2)** attempts to reach the parent/guardian by phone. If there is no response to the phone calls the child **will be removed** from the program.
- If a child is left after school and the school staff is unable to reach someone from the approved emergency list to pick-up the child, the principal will determine if the local police will be called. Should this situation occur, the parent/guardian **MUST** have a conference with the teacher and the principal or his/her designee.
- Anyone picking up a child from preschool must be over the age of eighteen and must have a driver's license or state ID to prove identification upon pickup.
- The parent/guardian must sign the Attendance Policy Form after reading it and discussing the information with the preschool teacher.

Parent/Guardian Name:

Parent/Guardian Signature:

Date: _____



Preschool Class Roster

Dear Parent/Guardian,

The preschool program is preparing a class roster. The roster includes the following information:

- Child's Name
- Child's Parents or Guardians
- Child's phone number

Please indicate if you would like to have your child's information included in the class roster or not included. You can also request a copy of your child's class roster.

Yes, I want my child's information to be included in the class roster. Here is my information:

Name of Parent or Guardian	Phone Number	Signature of Approval	Date

No, I do not want my child's name to be included on the class roster.

Student Name:

Parent/Guardian Name:

Parent/Guardian Signature:



Preschool Eligibility Policy Statement

Child's Name:

School:

Parent/Guardian Name:

Phone Number:

I, _____ have read the preschool eligibility policies in the parent handbook. I understand that my child's participation in the preschool program depends on following these policies and I fully understand my responsibilities. I understand that my child(ren) must be completely potty trained (no pull-ups), have a current medical statement and an up to date immunization record. I also understand that my child(ren) must reside within the Cleveland Metropolitan School District. Failure to follow these policies may result in my child(ren) being withdrawn from the program.

Parent/Guardian Name:

Parent/Guardian Signature:

Date:



Parent Orientation Meeting

On _____, I attended my child's preschool parent orientation meeting.

At this meeting I received the following documents and reviewed them with the teacher:

- CMSD's Preschool Parent Handbook
- CMSD's Attendance Policy
- CMSD's Drop off and Pick Up Policy
- CMSD's Annual Physical Policy
- Ohio's Early Learning Assessment Process

School Name

Child's Name

Parent/Guardian Signature

Date



Please Join Our Preschool Parent Group



Join In On Your Child's Success!

Our preschool classroom is in need of a parent group!

- Assist with planning and supporting preschool parent engagement activities
- Assist with kindergarten transition activities

Please provide your contact information if you are interested:

Name:

Phone Number:

Email:



Transition into Preschool

Student Name _____ School Name: _____ Teacher name: _____

Family Information

Mothers name: _____ Father's name: _____

Mother's email: _____ Father's email: _____

Guardian name: _____ Guardian email: _____

Please list all individuals that live in the home with the child:

Are there any special family arrangements? (i.e.: shared parenting, custody arrangements, etc.?)

Are there any cultural or religious practices that we should be aware of? (i.e.: dietary restrictions, head covering)

Child Medical Information

Name of primary care provider: _____ Phone number: _____

Name of dentist: _____ Phone number: _____

Has your child been hospitalized, had a serious illness, or operation? Yes ___ No ___ If yes, please explain:

(Please select all that apply) I have concerns about my child's : Vision ___ Hearing ___ Speech ___

Please explain: _____

Does your child wear glasses? Yes ___ No ___

Has your child ever had a convulsion or seizure? Yes ___ No ___ Please explain: _____

Does your child have allergies? If yes, please list: _____

Please list all of your child's chronic illnesses/conditions: (i.e.: Asthma, Epilepsy, Sickle Cell, Diabetes, etc.)

Transition into Preschool Information

Does your child have any challenges separating from you or caregivers? Yes ___ No ___

Is your child able to easily transition from one task or activity to another? Yes ___ No ___

Is your child able to calm themselves after 3 to 5 minutes when they are upset? Yes ___ No ___

Is there anything that frightens your child? Yes ___ No ___

What routines, actions, or items do you use to comfort your child?

How does your child indicate that they need to use the bathroom? _____

Does your child need help with zippers, buttons, changing clothes, etc.? Yes ___ No ___

Has your child ever been in a school or daycare setting? Yes ___ No ___ Does your child take naps? Yes ___ No ___

Does your child play, share, and take turns with other children? Yes ___ No ___

Has your child experienced any major transitions in the past year? Yes ___ No ___ (i.e.: death, divorce, new home, etc.)

Please explain any "yes" answers and share any information that would be helpful when caring for your child?

Parent Signature: _____ Date: _____

Teacher Signature: _____ Date: _____

Informed Consent

Partners in Health: Comprehensive Lead Screening Project for Cleveland's children ages 3-6

We are asking your permission to allow your child to be tested for blood lead levels during the day at his/her school. This is a joint project conducted by the Case Western Reserve University, Frances Payne Bolton School of Nursing and the Cleveland Metropolitan School District (CMSD), The City of Cleveland and the Cleveland Department of Public Health.

Purpose

The purposes of this project are: to identify children who have lead in their blood at levels that can seriously damage the child's health including lowering their ability to learn; and, to support families in getting any necessary care for their children.

Procedures

We are asking you to consent:

- For your child to be tested by a finger stick procedure.

If the finger stick shows a high lead level:

- For your child to be tested by drawing blood from a vein.
**This will be done by pediatric nurses or other health professional with years of experience in drawing blood from children.
- For you to meet with a health professional graduate student to learn what steps can be taken to protect your child's health.

In addition, we are asking for your consent

- To use information with no names, addresses, telephone numbers or other personal information, to show whether we are meeting our goals.

This service is free to families of children in the CMSD

If you have questions:

You may contact:

Dr. Marilyn Lotas, PhD, RN, FAAN Case Western Reserve University at (216) 368-6333.

or

Ms. Deborah Aloschen, MEd. RN LSN Director of Nursing and Health Services, CMSD at (216) 544-9272

Please continue to next page.

Family Information

Please Print

Child's Name: _____ DOB _____ Age _____ Sex M F

Child's Name: _____ DOB _____ Age _____ Sex M F

Child's Name: _____ DOB _____ Age _____ Sex M F

Child's Name: _____ DOB _____ Age _____ Sex M F

Child's Name: _____ DOB _____ Age _____ Sex M F

Child's Name: _____ DOB _____ Age _____ Sex M F

Child's Name: _____ DOB _____ Age _____ Sex M F

Child's Name: _____ DOB _____ Age _____ Sex M F

Parent's Name (print) _____ **Phone Number** _____

Address _____ **City** _____ **Zip** _____ **County** _____

Lead Risk Assessment Questionnaire (A yes answer to any one question indicates a need for testing)	Y	N
1. Does your child live in or regularly visit an old house built or child care facility built before 1950?		
2. Does your child live in or regularly visit a house or child care facility built before 1978 that is being or recently has been renovated or remodeled <u>within the last six months OR do you have current plans to renovate?</u>		
3. Does the house have peeling, chipping, dusting, or chalking paint?		
4. Does your child have a sibling or playmate that has or did have lead poisoning?		
5. Does your child frequently come in contact with an adult who works with lead? Examples are construction, welding, pottery, or other trades practiced in your community.		
6. Does your child live near a lead smelter, battery recycling plant, or other industry likely to release lead?		
7. Do you give your child any home or folk remedies which may contain lead?		
8. Does your child live near a heavily traveled major highway where soil and dust may be contaminated with lead?		
9. Does your child drink well water?		
10. Does your home have lead pipes, or copper pipes that are soldered with lead?		
11. Does your child live in a high-risk area?		