CASA DEI BAMBINI MONTESSORI SCHOOL

POLICIES AND PROCEDURES

**Items from home**: must be marked with your child’s name.

**No:** sandals, slip-on shoes. Children must wear sneakers for safety.

**Fever:** Children must be fever free for 24 hours before returning to school.

**Medication:** NO over-the-counter medication will be given without written permission. Please state the dosage and frequency.

**Emergency Card**: School’s link to the parent. KEEP ALL INFORAMTION CURRENT!!!

**Outdoor play:** We go outside every day, weather permitting, dress for the weather.

**Parking:** Please hold your child’s hand, do not allow your child to run ahead of you through the parking area.

**School Newsletter**: contains information on events happening.

**Snack**: Healthy food packed in an ant-proof lunch box. On hot days if needed please include a cold pack or let us know we can put it the refrigerator. Please try to limit sweets and chips from your child’s snack, they do not contain the needed nutritional value that will help your child feel his/her best during the day.

**NO NUTS!!!**

**Birthdays:** Talk with your child’s teacher 1 week before their birthday to find out more about the classroom’s birthday procedure. We do a celebration of life, and the children enjoy the activity. Parents may also attend and bring a special snack.

**Drop-off:** Establish a short routine to follow that may include a hug and a kiss, a special wave etc… Your child will look forward to the daily routine.

**Cell Phones:** We ask that our parents not use cellphones while dropping and picking up child/ren

**Picking up:** Anyone you name on the authorized pick up person has your permission to pick up the child at any time. You will need to inform the teacher or the school if someone not authorized on the form will be picking up the child.

**CCTV:** We have a CCTV in place at the front door for security purposes this footage will not be used for anything other than monitoring the school premises.

**Photography:** Your child’s teacher may photograph throughout the school year with work that they are doing. We will not use the photos unless permission is obtained from the parent/guardian. If for any reason you do not want your child to be photographed please let us know.

**SIGN AND RETURN THIS FORM:**

I\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ PARENT/GUARDIAN OF\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ HEREBY AGREE TO ABIDE BY THE ABOVE SCHOOL POLICIES. I AGREE TO PAY THE SCHOOL FEES ON THE TERM PLAN.

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NAME SIGNATURE DATE