

# TINY TOTS

## Preschool Program

### Information Packet



**Learn**

**Play**

**Grow!**

Carmichael



Carmichael



**Carmichael Recreation and Park District**

5750 Grant Avenue Carmichael, Ca 95608  
(916) 485-5322 ♦ Tiny Tot Room (916) 972 – 7647  
[www.carmichaelpark.com](http://www.carmichaelpark.com)



Dear Parents:

The Carmichael Recreation and Park District (CRPD) Tiny Tot program is focused on developing a positive self-image by emphasizing the emotional, physical, social, and cognitive development of the child. We understand that children develop at different levels, therefore, we allow the children to proceed at their own pace.

Please carefully read and complete the attached forms, and bring them with you to the next class. Bring the child's vaccination records so that we can verify pertinent information. You may contact our instructor at 972-7647 (Monday – Friday from 9am to 12:15pm) or me at 483-7826 x 26 if you have any questions or require additional information.

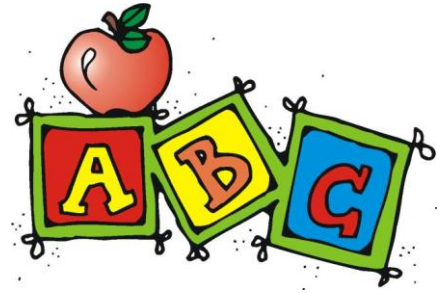
Sincerely,

*Alaina Lofthus*

Alaina Lofthus  
Recreation Supervisor

## GOALS

The major goal of the CRPD Tiny Tot program is to introduce the children to participation in a group environment. We help the children develop an appreciation for art and music. With our lessons about the calendar and weather, we hope to teach the children about the world around them. Our ultimate goal is to teach children to respect themselves and those around them.



In the 4-5 year old group, we concentrate on preparing the children for kindergarten. We emphasize the following skills: recognizing and writing the alphabet and numbers, counting skills, colors and shapes. Cutting skills are used in coordination with learning letters and numbers.

## ATTENDANCE

Doors will open at 9:00am at which time you must sign your child in. Prior arrangements and authorization are required when someone besides the parents/guardians will pick up the child. A sign-in/sign-out sheet will be inside the classroom by the door for parents/guardians to use. Classes will end promptly at 12:00pm (noon). Please contact the instructor if you will be late to pick up your child.



## HEALTH AND SAFETY

The CRPD Tiny Tot program requires a report on the child's history, including a record of the child's current immunization record and any emergency I.D. information. California State Law requires that all children attending our Tiny Tot program have current immunizations. Please bring proof of immunization.



**Important Note:** In the event of illness, please keep sick children at home as they will benefit more by returning to class well rested and healthy. Further, the instructor should be notified immediately if by chance the child is diagnosed with a communicable disease, such as Pink Eye, Strep Throat, Head Lice, Chicken Pox, Measles, or Mumps.

Should the child become ill during class, the parents will be notified and asked to pick the child up. It is the policy of the CRPD Tiny Tot program that medications will not be dispensed during class time. In the event of an emergency, certified personnel will administer appropriate First Aid procedures. If an extreme situation should arise, 911 will be called and the parent will be notified.

## SNACK AND SHARING

This program is NOT a parent participation program; however, the District has an open door policy so you may visit any time. Besides bringing the children to class and picking them up, parents are asked to provide a nutritious snack. At the beginning of each session, a calendar will be sent home noting your assigned snack day(s), sharing days, and special events. For snacks, please include cups, napkins, juice, and snack for the entire class.



A list of snack ideas is posted on the parents' bulletin board in the classroom. You will be contacted on the first week of class with the snack schedule and the number of students. Children are assigned a special day to bring a non-breakable item for sharing. Please have children bring only one item to share on their given sharing day.

## DISCIPLINE

Using reasoning, the instructor will attempt to demonstrate to the child the inappropriateness of the child's action(s). This will be followed by suggestions of alternative forms of behavior. If reasoning should fail and three warnings have been given, then the child will have a "Time-Out." If problems should continue a Parent-Staff conference will be scheduled. After all other behavior modifications have been exhausted; we reserve the right, and have the authority, to dismiss the child from the program. Physical behavior is not allowed in our programs. Any child who demonstrates physical behavior may be dismissed from the program handled on a case-by-case basis.

## BATHROOM PROCEDURES



All children must be toilet-trained prior to enrollment in the Tiny Tot program. Please speak to the instructor if you have any questions regarding this.

## HOLIDAY OBSERVANCES



In the CRPD Tiny Tot program, we understand that holidays and birthdays are important to children. We enjoy celebrating these times with the children, but we can also appreciate how certain holidays are celebrated by different beliefs. Therefore, to remain neutral in our participating families' given beliefs, all holidays are celebrated without religious slant.

## PHONE NUMBERS

Tiny Tot Room: (916) 972-7647

For information regarding registration please contact our District Main Office at: (916) 485-5322  
Alaina Lofthus, Recreation Supervisor: (916) 483-7826 x26 [alaina@carmichaelpark.com](mailto:alaina@carmichaelpark.com)

## LOCATION

Our Tiny Tot program is located at the Veteran's Building at Carmichael Park (5750 Grant Ave). The facility has private bathrooms, kitchen and a fenced in playground designed for children 5 years and younger. The playground area also has a track around it, perfect for our participants to ride one of our many tricycles during play time!



## EMERGENCY PROCEDURES

Instructors teach and review with children various emergency procedures.

- Fire Drills – Where to go, what to do, and practice time.
- Strangers – On walking field trips to the back of the park, instructors review safety measures to take including not to talking to strangers, staying with class, etc.
- Animals – Watching out for stray dogs and what they should and should not do.

## INSTRUCTORS/DISTRICT STAFF

The program has a head instructor and an assistant. They are on site with the children on a day-to-day basis. We fingerprint, drug test, and TB test all staff who have direct contact with the children. Our on site Maintenance employees are also fingerprinted. If any instructor is ill, we will attempt to have recreation staff available to assist with the program. Our staff strives to create a nurturing, fun, and creative atmosphere for all children. We hope you enjoy our program.

# CHILD EMERGENCY FORM:

Child's Name: \_\_\_\_\_ Sex: M F Birth Date: \_\_\_\_\_ Age: \_\_\_\_\_

Mother: \_\_\_\_\_ Father: \_\_\_\_\_ Guardian: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

## EMERGENCY CONTACTS:

Parent/Guardian's Name: \_\_\_\_\_ Parent/Guardian's Name: \_\_\_\_\_

Home Phone Number: \_\_\_\_\_ Home Phone Number: \_\_\_\_\_

Work Phone Number: \_\_\_\_\_ Work Phone Number: \_\_\_\_\_

Cell Phone Number: \_\_\_\_\_ Cell Phone Number: \_\_\_\_\_

Email: \_\_\_\_\_ Email: \_\_\_\_\_

Alternative Contact: \_\_\_\_\_ Alternative Contact: \_\_\_\_\_

Home Phone Number: \_\_\_\_\_ Home Phone Number: \_\_\_\_\_

Work Phone Number: \_\_\_\_\_ Work Phone Number: \_\_\_\_\_

Cell Phone Number: \_\_\_\_\_ Cell Phone Number: \_\_\_\_\_

## EMERGENCY INFORMATION:

Consent for Medical Treatment: As the parent/legal guardian, I hereby give consent to the Carmichael Recreation and Park District to obtain all emergency medical or dental care deemed necessary by a duly licensed physician (M.D.) or dentist (D.D.S.) for (child's name) \_\_\_\_\_. This care may be given under whatever conditions are necessary to preserve the life, limb or well-being of my dependent.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Medical Conditions: \_\_\_\_\_ Physician: \_\_\_\_\_

Allergies: \_\_\_\_\_ Address: \_\_\_\_\_

Current Medications: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Dentist: \_\_\_\_\_ Hospital Desired: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Insurance Company: \_\_\_\_\_

## AUTHORIZED INDIVIDUALS TO BRING AND TAKE YOUR CHILD TO AND FROM THE FACILITY:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

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Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

## HEALTH HISTORY:

1. Past Illnesses: Mark illnesses that your child has had and approximate dates.

YES	NO	ILLNESS	DATE
		Asthma	
		Diabetes	
		Chicken Pox	
		Epilepsy	
		Hay Fever	
		Measles (3 days)	

YES	NO	ILLNESS	DATE
		Measles (10 days)	
		Mumps	
		Poliomyelitis	
		Rheumatic Fever	
		Whooping Cough	
		Other: _____	

2. Infectious Diseases? No \_\_\_ Yes \_\_\_ (If yes, please explain)

\_\_\_\_\_

3. Other Serious/Severe Illness/Accidents? No \_\_\_ Yes \_\_\_ (If yes, please explain)

\_\_\_\_\_

4. Does your child have any diet/food restrictions? No \_\_\_ Yes \_\_\_ (If yes, please explain)

\_\_\_\_\_

5. Is your child diabetic and/or require special medical attention? No \_\_\_ Yes \_\_\_ (If yes, please explain)

\_\_\_\_\_

6. Does your child tire easily? No \_\_\_ Yes \_\_\_ (If yes, please explain) \_\_\_\_\_

7. Is your child: Left Handed \_\_\_ Right Handed \_\_\_ Unsure \_\_\_

8. What is your overall evaluation of your child's health?

\_\_\_\_\_  
\_\_\_\_\_

9. Does your child tire easily? No \_\_\_ Yes \_\_\_ (If yes, please explain)

\_\_\_\_\_

10. How does your child get along with parents, siblings, and other children?

\_\_\_\_\_

Number of Children in the Home: \_\_\_\_\_ Their Ages: \_\_\_\_\_

11. How does your child handle group experiences?

\_\_\_\_\_

12. Does your child have any special problems (fears, etc.)? No \_\_\_ Yes \_\_\_ (If yes, please explain)

\_\_\_\_\_

13. Does your child have any disabilities? No \_\_\_ Yes \_\_\_ (If yes, please explain)

\_\_\_\_\_

14. What is your overall evaluation of your child's personality?

\_\_\_\_\_  
\_\_\_\_\_

15. Comments?

\_\_\_\_\_  
\_\_\_\_\_

Help us get to know your child. Please check the following:

My Child...	Yes	No
1. Can take care of toilet needs		
2. Can manipulate scissors		
3. Can form a circle with other children		
4. Knows which side of the paper to apply paste		
5. Knows primary colors		
6. Can recognize colors		
7. Knows how to count to ten		
8. Knows the alphabet and can recognize most letters		
9. Can print his/her name		
10. Will go through a major adjustment the first week of school (parent/child separation)		

Do you have any additional comments?

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**Please remember to bring us a copy of your child's vaccination records!**