

**WATCH ME GROW DAYCARE
CENTER OF WESTERN NEW YORK**

2550 Union Road
Cheektowaga, New York 14227
(716) 656 - 8050



Dedicated to the growth of children

Dear Parents,

Thank you for your interest in Watch Me Grow Daycare Center of WNY. The following will give you some information about the Center, as well as some information about us (the owners/operators of the Center). Our Parent Handbook, a fee schedule, and a registration packet are also available upon request. The Parent Handbook outlines the basic policies and procedures of our Center. The registration packet will start the registration process for your child.

You are also welcome to come in and tour the Center at any time (we are open Monday through Friday from 6:30AM to 6:00 PM), although you can get the best idea of our programs and curriculum between the hours of 9:15AM and 11:45AM. We would be happy to show you and your child our facility and the programs that we offer. We are confident that you will find our Center to be bright, cheerful, and inviting, with outstanding programs to enhance your child's growth and development!

The Center has been built specifically for childcare, which has afforded us with the opportunity to provide a facility with distinctive and unique features. Some of these features are:

1. Emergency exit doors from all classrooms
2. Observation windows in all classrooms and gymnasium
3. Climate-controlled environment
4. Coded security entrance system
5. Small, personalized class sizes
6. At least three exterior windows in all classrooms
7. Fully equipped kitchen to prepare meals at Center and to accommodate special dietary requests
8. Indoor gymnasium
9. Large outdoor fenced-in playground
10. Nature trail where children can take walks and explore the outdoor world
11. Bright and warm atmosphere; your child's home away from home

We are confident that you will find our physical facility one of the finest in the area.

Although the quality of the physical facility is important, the quality of the curriculum and staff are even more important in providing your child with the best possible care. The Center's program is focused on the whole child. Our program (curriculum, staff qualifications, materials, and equipment) have been designed to enhance the development of your child's emotional, social, intellectual and physical growth. It is the Center's philosophy that children learn through play, and thus it is the Center's responsibility to provide an environment rich with materials and activities for your child to explore and experience. Our Center places an emphasis on child-directed activities in which children will be free to choose the materials and areas that interest them. The teacher's function is to provide developmentally appropriate materials and experiences, as well as interact with, question, and challenge the children to enhance their learning experience. All of the curriculum is developmentally appropriate and includes science, art, math/cooking, literature, movement and music, and gross motor activities. The classrooms are also arranged in such a way as to provide even more learning experiences as they are divided into a variety of learning centers that are child-directed. These include dramatic play, creative art, reading corner, sensory center, science, blocks, and learning games and manipulatives.

Our curriculum and philosophy meet the standards established by the National Association for the Education of Young Children (NAEYC) and are approved by the Director of the Center. By having your child's teacher prepare the curriculum for your child's classroom, the curriculum is developmentally

appropriate and is tailored to meet your child's needs and interests. Who better than your child's teacher knows best your child's learning style and his or her strengths and weaknesses? Captivating your child's interest is one of our teaching staff's primary goals. In this way, your child becomes engaged, and therefore learns!

All teachers at Watch Me Grow are educated in early childhood education. They also receive continuing in-service training in early childhood development and have training in both First Aid and CPR. They are second to none! They truly strive to be an extension of your family and do all they can to provide the best possible care for your child. We all love to "watch them grow!"

We also offer a vast array of enrichment programs at our Center. We provide special visitors, and special events for the children to enhance their learning and fun including Spanish and sign language.

We also have both a Pre-K and Kinder-Readiness Program. These programs have been designed in partnership with the Cheektowaga Central School District to ensure that your child is well prepared for both their Kindergarten screening and their Kindergarten year of school. Our Pre-K and Kinder-Readiness graduates have shown a noticeable head start in their first year in elementary school. We track and monitor your child's progress throughout the school year and specifically tailor the curriculum to meet your child's individual needs. These programs also include extensive use of our Learning Center, where there is a strong emphasis on printing, computer, listening, and phonemic awareness skills.

We decided as mature parents to operate a daycare center due to our love of children, and our belief that we can provide a unique environment above and beyond that of other daycare centers. Both of our children had attended daycare and we understand the demands placed upon today's working parents, as well as their concerns about obtaining quality care for their children. We realize that you, as parents, are the primary caregivers of your children, and it is our role to be an extension of your family and provide care that will enhance your child's learning and development. We are committed to providing a healthy, safe, loving, caring and stimulating environment in which your child will know he/she belongs, and one in which you will be secure in entrusting your child's care.

If you wish to register your child, please complete and return to us a registration packet with the \$30 registration fee and one (1) week's tuition, which will be held as a security deposit and applied to your child's last week of care at the Center. This will secure a spot for your child. Registration is on a first-come, first-serve basis.

Once again, thank you for your interest in the Center. We are extremely proud of our Center's quality and believe it to be one of the finest Centers in Western New York. Please call us at 656-8050 with any questions you may have. We welcome your calls and look forward to meeting you and your child in the near future.

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REGISTRATION FORM

CHILD'S NAME: _____ AGE: _____

MALE FEMALE BIRTHDATE: _____

TODAY'S DATE: _____

PARENT(S) NAME: _____
: _____

ADDRESS: _____ PHONE: _____
: _____

STARTING DATE FOR CARE: _____

ESTIMATED ARRIVAL TIME: _____

ESTIMATED DEPARTURE TIME: _____

DAYS CARE NEEDED:

MON. TUE. WED. THU. FRI.

FULL DAYS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
HALF DAYS (AM)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
HALF DAYS (PM)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

A non-refundable \$30 registration fee and 1 week's tuition must accompany this registration form. Make checks payable to Watch Me Grow Daycare Center. The 1 week of tuition will be applied to your child's last week of care.

How did you hear about our Center? _____

For Office Use Only:

Registration Fee Due: _____

Security Deposit Due: _____

Amount Paid: _____

Check Number: _____

Date Paid: _____



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I understand that upon enrolling my child in the Center, a \$30.00 registration fee and one (1) week's tuition must be paid to the Center. The one (1) week of tuition will be applied to my child's last week of care. If my child does not attend the Center, I understand that the enrollment deposit (both the one (1) week of tuition & registration fee) are **NON-REFUNDABLE**.

I understand that if I register my child for the fall of any given year AND choose to transfer the one (1) week of tuition to my child's fall registration, both the one (1) week of tuition and registration fee are **NON-REFUNDABLE** if my child withdraws from the Center prior to September 30th of that same year. In this case, I also understand that the one (1) week of tuition that I transferred to my child's fall registration will **NOT** be applied to my child's last week of care if my child withdraws from the Center prior to September 30th. In this instance, I understand that I am responsible for the full amount of tuition for my child's last week of care.

I agree to comply with the policies and procedures as set forth in the Parent Handbook. I understand the fee schedule and that tuition is due weekly, in full, on or before the first day of the period for which my child will be attending. I understand that failure to pay tuition in a timely manner will result in a \$10.00 late fee for any given week, on any and all unpaid balances, and may result in loss of enrollment.

I understand that I am responsible for payment of tuition regardless of vacations, illness, holidays, Center closings or any other absenteeism.

I also agree to give the **Center at least two (2) weeks WRITTEN notification of withdrawal** of my child from the Center. I understand that I am still responsible for two weeks of tuition even if I fail to give two (2) weeks notice of withdrawal from the Center.

I agree to pay all of Watch Me Grow Daycare Center of WNY Inc.'s cost and expenses, including attorney fees and interest, in any way relating to the collection of the amounts due here or to the enforcement or protection of the rights of Watch Me Grow Daycare Center of WNY Inc.

I agree to release and hold harmless Watch Me Grow Day Care Center of WNY, Inc., its officers, directors, shareholders, employees, representatives and agents from any and all claims arising out of or related to the services to be rendered pursuant to this agreement other than as a result of the gross negligence or willful misconduct of Watch Me Grow Daycare Center of WNY, Inc.

I have also provided the Center with all pertinent medical and health information regarding my child as well as emergency notification information. I agree to keep the Center informed of any changes regarding this information.

I also authorize the Center to provide and/or arrange for treatment in case of a medical emergency.

I give my permission for Watch Me Grow Daycare Center of WNY, Inc. to videotape and photograph my child for use in the Center, marketing materials, our website, and social media.

Signature of Parent/Guardian-Mother

Date

Signature of Parent/Guardian-Father

Date

NEW YORK STATE
OFFICE OF CHILDREN AND FAMILY SERVICES
CHILD IN CARE MEDICAL STATEMENT

To Be Completed By Licensed Physician, Physician Assistant or Nurse Practitioner

Name of Child:	Date of Birth: / /	Date of Examination: / /
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Immunizations required for entry into day care

Medical Exemption The physical condition of the named child is such that one or more of the immunizations would endanger life or health. Attach certification specifying the exempt immunization(s). Yes No

Diphtheria, Tetanus and Pertussis (DPT) Diphtheria and Tetanus and acellular Pertussis (DTaP)	1 st Date / /	2 nd Date / /	3 rd Date / /	4 th Date / /	5 th Date / /
Polio (IPV or OPV)	1 st Date / /	2 nd Date / /	3 rd Date / /	4 th Date / /	
Haemophilus influenzae type B (Hib)	1 st Date / /	2 nd Date / /	3 rd Date / /	4 th Date OR 1 st Date (if given on or after 15 months of age) / /	
Pneumococcal Conjugate (PCV) for those born on or after 1/1/08)	1 st Date / /	2 nd Date / /	3 rd Date / /	4 th Date / /	
Hepatitis B	1 st Date / /	2 nd Date / /	3 rd Date / /		
Measles, Mumps and Rubella (MMR)	1 st Date / /	2 nd Date / /			
Varicella (also known as Chicken Pox)	1 st Date / /	2 nd Date / /			

Other Immunizations may include the recommended vaccines of Rotavirus, Influenza and Hepatitis A

Type of Immunization:	Date: / /	Type of Immunization:	Date: / /
Type of Immunization:	Date: / /	Type of Immunization:	Date: / /
Type of Immunization:	Date: / /	Type of Immunization:	Date: / /

Tests

Tuberculin Test Date: / / Mantoux Results: Positive Negative _____ mm
 TB Tests are at the physician's discretion. Acceptable tests include Mantoux or other federally approved test.
 If positive, or if x-ray ordered, attach physician's statement documenting treatment and follow-up.

Lead Screening Date: / /
 Attach lead level statement

Lead Screening (Include All Dates and Results)

1 year / / Result: _____ mcg/dL Venous Capillary

2 years / / Result: _____ mcg/dL Venous Capillary

Most recent date of lead screening (if different from above):
 / / Result: _____ mcg/dL Venous Capillary

Per NYS law, a blood lead test is required at 1 and 2 years of age and whenever risk of lead poisoning is likely.
 If the child has not been tested for lead, the day care provider may not exclude the child from child day care, but must give the parent information on lead poisoning and prevention, and refer the parent to their health care provider or the county health department for a lead blood screening test.

(Continued on reverse side)

CHILD IN CARE MEDICAL STATEMENT *(continued)*

Health Specifics	Comments
Are there allergies? (Specify) <input type="checkbox"/> Yes <input type="checkbox"/> No	
Is medication regularly taken? (Specify drug and condition) <input type="checkbox"/> Yes <input type="checkbox"/> No	
Is a special diet required? (Specify diet and condition) <input type="checkbox"/> Yes <input type="checkbox"/> No	
Are there any hearing, visual or dental conditions requiring special attention? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Are there any medical or developmental conditions requiring special attention? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Summary of Physical Exam

Include special recommendations to child day care providers

On the basis of my findings as indicated above and on my knowledge of the named child, I find that: he/she is free from contagious and communicable disease and is able to participate in child day care. Yes No

Signature of Examiner	Address
Please Print Name	City, State, Zip
Title	() - / / Phone Date

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Allergy Form

My child, _____

(Please Circle One)

1.) Has allergies to:

2.) Does not have any allergies

Parent Signature: _____ Date: _____

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Please Note: This form must be
Reauthorized every 6 months

Written OTC Topical Medication Consent Form – Diaper Cream/ Ointment

Parent to complete:

Child First Name: _____ Child Last Name: _____

Date of Birth: _____

Child's known allergies: _____

I, _____, the parent/ guardian of _____,
authorize Watch Me Grow Daycare Center to administer OTC topical medication named
below:

Name of OTC topical medication: _____

Frequency of application: _____

Parents Name: _____ Parents Signature: _____

Please Print

Provider to complete:

Name of provider who received this statement: _____

Provider Signature: _____

Date Received: _____

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Please Note: This form must be
Reauthorized every 6 months

Written OTC Topical Medication Consent Form – First Aid

Parent to complete:

Child First Name: _____ Child Last Name: _____

Date of Birth: _____

Child's known allergies: _____

I, _____, the parent/ guardian of _____,
authorize Watch Me Grow Daycare Center to administer OTC topical medication named
below to my child "as needed" for first aid:

- 1.) Neosporin
- 2.) Antiseptic wipes
- 3.) Hydrogen peroxide

Parents Name: _____ Parents Signature: _____

Please Print

Provider to complete:

Name of provider who received this statement: _____

Provider Signature: _____ Date Received: _____

Watch Me Grow Daycare Center

Child Information

- All Information is Confidential -

Child's Full Name		Child's Home Address		Telephone
Sex	Date of			Name/Address Of Person Who Is Applying For Child <input type="checkbox"/> Parent <input type="checkbox"/> Guardian <input type="checkbox"/> Caretaker <input type="checkbox"/> Other (Specify)
	Birth	Acceptance	Discharge	
	<i>(Completed by Center)</i>			

In Case of Emergency Notify: (Include 3 people & physician)

Name	Relation	Address (During hours of day care)	Telephone

Please list all individuals (and their relationship to the child) who live in your household

Name	Relationship	Age (of brothers and sisters)

Medical Information

Is your child allergic to anything? Yes () No ()

Please include allergic reactions to medication, environmental conditions, and/or foods

If yes, please list _____

How does the allergy affect your child? (type of reaction) _____

What is the necessary treatment for such reactions? _____

Has your child ever been hospitalized? If so, for what reason, at what age, and for how long?

Does your child have any handicapping conditions that you are aware of? Yes () No ()
If so, how were they diagnosed and what are the physician's recommendations/treatments?

Are there any restrictions placed on your child's activity, diet, or any other aspect of his program participation?

Is there anything you would like to share with us concerning your child's health?

Eating / Feeding

For Infants Only

Was or is your child breast fed? Yes () No ()

If your child uses formula, what type? _____

Have there been changes? If so why? _____

Is your child eating food? Yes () No ()

If so, what kind? _____

What is your child's eating schedule? _____

What are your child's particular likes or dislikes? _____

Do you have any special concerns regarding your child's eating? _____

Sleeping

Please record your child's present sleep schedule here. Include all significant periods of sleep

What position does your child sleep in most often?

How would you characterize your child's sleep? Deep, Restless, Etc.

What conditions are necessary for your child to sleep?

Rocking Chair ()

Toy ()

Blanket ()

Dark Room ()

Bottle ()

Other _____

Music ()

Other _____

Does your child sleep in his/her own room?

Yes ()

No ()

What is your child's mood on awakening?

Diapering / Toileting

What type of diapers do you use? _____

Does your child have frequent diaper rash or other skin irritation? If so, how do we treat it?

Do you use any of these items on a regular basis? Oil (), Powder (), Lotion (),
and/or other () _____

Does your child have regular bowel movements? _____

How many does he/she have per day and at what time(s)? _____

Have you begun toilet training? Yes ()

No ()

How have you approached toilet training?

Comments or concerns regarding toilet training? _____

Social/Intellectual

How would you describe your child's personality? _____

How do you feel he/she will adjust to the Center situation? _____

Who has been caring for your child up to now? _____

Where? _____

Who is (are) your child's favorite person (people)? _____

Does your child have any particular fears? If so, what are they and how does he/she react?

What is comforting to your child? _____

What upsets your child or causes him/her to get angry? _____

What makes your child laugh? _____

Has there been any major changes in your household such as a new person coming to live in the house, birth of a sibling, family member hospitalized, divorce, separation, death, etc.? If so, explain? _____

How do you discipline your child? _____

What is your child's favorite play activity? _____

How does your child respond to books? _____

What have you noted about your child's thinking ability? _____

To help us meet your child's already established needs please share one typical 24 hour schedule with us.

Time **Activity**

Wakes up

Wakes up

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SLEEP ARRANGEMENT AGREEMENT

I understand that my child, _____ will sleep in a crib when he/she is between the ages of 6 weeks and 18 months old and will sleep on a cot when he/she is between the ages of 18 months and 6 years old.

I understand that my child will sleep in his/her classroom.

I understand that my child will be supervised by the Center staff while sleeping in their classroom.

I understand that in the preschool classrooms only Watch Me Grow may reduce staffing by one person while the majority of children are sleeping. Enough staff will remain in the building in case of emergency.

Parent Signature

Date

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Child Release Authorization

Child's Name: _____

Date: _____

For the safety of your child, Watch Me Grow Daycare will only release a child to those individuals designated by the child's parent(s). We require notification of an alternative pick-up person, in addition to the information found here. We also require photo identification before the child is released. If an Order of Protection exists, the Director must be provided with an original copy of the Order.

I give my permission for Watch Me Grow Daycare Center to release my child to the following people: (Please include yourselves!)

	Name	Address	Phone	Relationship
1				
2				
3				
4				

I understand that these are the only individuals authorized to pick up my child and that I must notify the Center each time these authorized people will be picking up my child. It is my responsibility to update this list when it becomes necessary.

Parent Signature

Date

NEW YORK STATE
OFFICE OF CHILDREN AND FAMILY SERVICES
DAY CARE ENROLLMENT

PHOTO OF
CHILD (Optional)

Child's Full Name:		Date of Birth:	Gender:
Preferred Name/Nickname:		/ /	
Child's Home Address:			
Name of Person Enrolling Child:		Relationship to Child:	
		<input type="checkbox"/> Parent <input type="checkbox"/> Guardian <input type="checkbox"/> Caretaker <input type="checkbox"/> Relative _____ <input type="checkbox"/> Other _____	
Number(s) of Person Enrolling Child:		Address of Person Enrolling Child (if different than child):	
) - <input type="checkbox"/> ok to text			
Address:			

EMERGENCY CONTACT NAMES / ADDRESSES	Authorized to Pick Up	PRIMARY PHONE NUMBER	OTHER PHONE NUMBER / EMAIL
Primary Contact:	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> ok to text	<input type="checkbox"/> ok to text
	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> ok to text	<input type="checkbox"/> ok to text
	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> ok to text	<input type="checkbox"/> ok to text
Program Use Only		For Program Use Only	
Enrollment: / /		Date of Disenrollment: / /	

Full Name:	Date of Birth:
	/ /
Check boxes below to indicate if your child has any special needs/services: <input type="checkbox"/> None	
<input type="checkbox"/> Early Intervention/Special Education <input type="checkbox"/> Occupational Therapy <input type="checkbox"/> Speech/Language <input type="checkbox"/> Physical Therapy	
Disabilities (list) _____ or _____	
Provide information here AND discuss with your child care provider:	
Primary Care Physician's Name/ Group:	Phone Number:
	() -
Child Hospital:	Phone Number:
	() -
Dental Care:	Phone Number:
	() -

Child health insurance information is available by calling toll-free 1-800-698-4543 or the NYS Health Marketplace website: <https://nystateofhealth.ny.gov/>

STATEMENTS

I consent to emergency medical treatment for my child..... Yes No

I consent for my child to take part in neighborhood trips (i.e., library, park and playground) away from the program under proper supervision..... Yes No

I understand the program may need additional permissions for situations such as transportation, medication, release of information, and field trips..... Yes No

I provided information on my child's special needs to the program to assist in caring for my child..... Yes No

I understand the program must give parents, at the time of enrollment of a child, a written policy statement as required by regulation..... Yes No

I agree to review and update this information whenever a change occurs and at least once every year..... Yes No

Signature - PARENT OR PERSON(S) LEGALLY RESPONSIBLE:	DATE: / /
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PARENT INFORMATION/EMERGENCY INFORMATION:

Child's Name: _____

MOTHER'S INFORMATION:

Name: _____

Employer: _____

Work Address: _____

Work Phone Number: _____

Home Address: _____

Home Phone Number: _____

Cell Phone Number: _____

Email: _____

FATHER'S INFORMATION:

Name: _____

Employer: _____

Work Address: _____

Work Phone Number: _____

Home Address: _____

Home Phone Number: _____

Cell Phone Number: _____

Email: _____

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Formula Preparation

I give permission for Watch Me Grow Daycare Center of WNY to mix and prepare formula for my child, _____, according to package/parent instructions.

I know that I am required to provide the Center with the formula. The name of the formula that I will supply the Center with is named, _____.

Child's Name

Parent Signature

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NUT-FREE FACILITY

Watch Me Grow Daycare Center is a **Nut-Free facility**. Please check the ingredients of all food items and beverages being brought into the Center to ensure that they do not contain nuts, tree nuts or nut by-products. (donuts, breakfast bars, cereal, milk etc...)

We have children who have severe nut allergies and cannot be exposed to items containing nuts or nut by-products.

Many items that you may think do not contain nuts, actually do! Please read the packaging labels on the items you plan to bring into the Center to confirm that they contain no nut or nut by-products.

Thank you for your attention to this matter.

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TO BRING LIST

1. 1 box of tissues
2. 1 box of flushable wipes
3. 1 tube of toothpaste
4. 1 toothbrush
5. Diapers/Pull-Ups
6. 1 box of wipes
7. Art smock (Dad's old dress shirt worn backwards works just fine)
8. Weather-appropriate change of clothes (including socks and undergarments)
10. Rest buddy, blanket and/or pillow (must be taken home weekly to launder)
11. Formula or jar food, if applicable
12. Pacifiers and bottles, if applicable
13. Appropriate outdoor clothing for outdoor play (hat, mittens, boots, snow pants and coat for winter; suntan lotion, bathing suit, water shoes, hat and towel for summer)
14. Journal notebook for teacher/parent communication

***** Guns, war toys, toys of destruction, candy and gum will not be permitted!

***** PLEASE label everything with your child's full name, except for the toothpaste, flushable wipes and tissues. These items will be shared with the whole class.