

Lebanon Cooperative Nursery School

Location:

West Town Street
Lebanon, CT

Mailing Address:

Lebanon Cooperative Nursery School
P.O. Box 83
Lebanon, CT 06249

lebanoncoop.org | lcnspreschool1@gmail.com





PROGRAM OVERVIEW

This is a brief overview of the program options at LCNS. Further description and details about the tuition and fees follow.

- **2-Day Program** - meets Tuesday and Thursday from 9am-12pm
- **3-Day Program** - meets Tuesday, Wednesday, and Thursday from 9am-12pm

Thank you for your interest in the Lebanon Cooperative Nursery School. LCNS was incorporated in 1970 in response to the lack of preschool opportunities for all children in the area. Through the years, parents just like you have worked together to make available for all children a school which provides fun and education, friendship, and accomplishments. Together with a certified teacher, supportive staff, and other parents who share your energy and enthusiasm, you can ensure that your child will enjoy learning new things and making new friends. There is no better way to show your child that school can be fun and exciting than through your involvement.

This packet is designed to give you an overview of LCNS. As we understand that a cooperative nursery school is not necessarily for everyone, it is important that you realize just what membership in this cooperative entails. Please do not hesitate to contact the Registrar with any questions or concerns. Our goal is to help you make the right choice for you and your child.

The Lebanon Cooperative Nursery School relies on parents' participation both in and out of school. All parents are responsible for helping to thoroughly clean the classroom one time during the school year, participate in fundraisers/special events, and attend PTG (Parent Teacher Group) meetings as deemed necessary. Parents are also required to assist in the classroom as Parent of the Day. The number of days each child's family is required to assist is determined by enrollment.

Upon enrollment in the school, a more detailed handbook will be distributed for your reference which more explicitly explains the day-to-day operations of the school. A Board of Directors made up of volunteer parents oversees the school's operation, including budget, policies, and procedures.

LOCATION

LCNS is located on the lower level of the First Congregational Church on the Lebanon Green. It consists of two rooms for varied play and learning, a small bathroom for immediate needs, with large restrooms for use as a group. LCNS has an ample outdoor play area enclosed by a fence for use when the weather permits.

ENROLLMENT REQUIREMENTS

Each child must be at least 3 years old by December 31st of the enrolling student year and completely toilet trained. All children must meet health requirements for immunizations and supply a physical form updated annually and signed by a physician. All required forms must be returned before the child can begin school.

All parents fulfilling Parent of the Day responsibilities and/or chaperoning field trips must submit the required health and background check forms, which are good for 2 consecutive years. Please note: Parent of the Day duties may be fulfilled by any adult family member (mother, father, grandparent, etc.) provided that they meet the above stated requirements (Only if in the classroom more than 8 times per year)

TUITION AND FEES

LCNS has a non-refundable registration fee of \$75, due upon registration of a child, which also "holds" a place for them on the class roster. At the time of enrollment, you will receive a registration packet which includes all necessary forms. Tuition for the two-day class is \$210 monthly, or \$2100 for the school year. Tuition for the



three-day class is \$230 monthly, or \$2300 for the school year. A one-time cultural arts/activities fee of \$150 is also due, which covers field trips and special classroom programs.

SCHOOL CALENDAR

The Co-op opens in September approximately one week later than the opening of the Lebanon Public School and closes approximately one week sooner in June. The school follows the calendar of the Lebanon Public School system as closely as possible. The first day of school for each class is a one hour-long orientation, during which parents should plan to stay with their child and other arrangements should be made for siblings.

SCHOOL HOURS

School hours are 9am-12pm. Field trips may slightly alter school hours.

PARENT OF THE DAY DUTIES

The schedule and sign-up for Parent of the Day is established at the Parent Orientation Meeting in August, just before the start of school, and is overseen by the Parent Coordinator throughout the school year. The number of required days is determined by enrollment and based on a one parent per day system. When you are Parent of the Day, your son or daughter becomes Child of the Day and is awarded certain extra privileges. This is also his or her day to bring in a special show-and-tell item. The Parent of the Day needs to arrive at 8:45am to assist the teacher as requested with the learning or art projects, to clean tables and prepare for snack, and to set up and take down the playground area. After the class is dismissed for the day, there are some light housekeeping duties required as the classroom is prepared for the next day.

FUNDRAISING

LCNS participates in fundraisers throughout the school year to assist in cost coverage for the school's operations and in making any necessary repairs or desired expenditures. **Participation is voluntary, however, in order to stay open fundraising and some form of participation from all families enrolled in LCNS is necessary and expected.** Participation includes but is not limited to monetary donations, selling of goods, coordination of special events, set up/clean-up of special events, holding board positions, and participating in parent of the day. Specific fundraisers and special events vary from year to year. Examples of past fundraisers and special events in the past include a plant sale, football squares, cookie/bake sales, and calendar raffles.

PARENT TEACHER GROUP (PTG)

The PTG is composed of the parents of students currently enrolled and the Teachers. It is expected that at least one parent attends the meetings, usually on a Tuesday at 7pm in the classroom. Meeting times/dates will be posted outside the classroom or on the LCNS calendar. There are usually 3 to 4 parent meetings a year. Board meetings are monthly.

CLASSROOM CLEAN-UP

All families are required to assist in cleaning the classrooms one time per school year. You will be able to sign up for your day at the parent orientation night or at one of the first PTG meetings.

If you have any questions, please contact LCNS via email at lcnspreschool1@gmail.com and keep up with our classroom on Facebook at www.facebook.com/LebanonCooperativeNurserySchoolLcns/



REGISTRATION INFORMATION

Welcome to the Lebanon Cooperative Nursery School. Enclosed you will find all the information and forms required for registering your child for our program.

The LCNS Membership Agreement and Registration Form, along with the non-refundable registration fee, need to be completed and returned ASAP to reserve a spot!

All forms and fees need to be submitted before your child can start attending School.

1. LCNS Membership Agreement
2. LCNS Registration Form
3. LCNS Statement of Health: Parent Form
4. LCNS Parental Permission/Authorization Form
5. LCNS Blanket Field Trip Permission Form
6. LCNS Consent for Photograph Publication
7. LCNS Policy for Behavioral Concerns
8. Early Childhood Health Assessment Form (Birth – 5), completed by Physician
9. Non-Refundable registration fee of \$75.00
10. Cultural Arts & Activities fee of \$150.00, due August 1st

For questions concerning enrollment, contact LCNS at lcnspreschool1@gmail.com. Extra forms are available on our website www.lebanoncoop.org under Information.



LCNS MEMBERSHIP AGREEMENT

By paying the non-refundable registration fee of \$75, I/We have become a member of the Lebanon Cooperative Nursery School (LCNS) and agree to abide by the terms and conditions set forth in LCNS's bylaws and parent handbook, including (but not limited to):

MEMBER RESPONSIBILITIES: In addition to tuition, LCNS relies on its members' time and effort to help support the schools' activities. Members are required to fulfill parent-of-the-day duties, are required to participate in PTG meetings, participate in coordination of special events/fundraisers, and in classroom clean-up. Whenever possible, members should participate in additional fundraising projects, special events, and school projects.

HEALTH REQUIREMENTS: The State of Connecticut requires that all children attending the school have a current physical examination and that the child's health forms be filed with the school before the first day of school OR the child will not be able to start school. NO EXCEPTIONS.

TUITION PAYMENTS: Tuition for children attending the two-day (3hr/day) program will be \$2100. Tuition for the children attending the three-day (3hr/day) program will be \$2300. Tuition can be paid in one payment at the start of the school year, or in ten monthly payments. Monthly payments are due on the 1st of each month, beginning in August and ending in May. Members are also required to pay a yearly cultural arts fee of \$150 due on August 1st. This payment covers the cost of field trips and special classroom programs.

Following receipt of the non-refundable registration fee & LCNS Membership Agreement an invoice will be prepared and sent. Tuition payments can be made by cash or check; any returned checks will be subject to additional fees from Berkshire Bank. Please make sure all tuition payments clearly label Child's name & payment number.

LATE FEES: When tuition payments are not received by the 15th day of the month due, a \$10 fee will be charged for each month that the tuition is overdue.

OVERDUE PAYMENTS: When tuition payments are not received by the 25th day of the month, the treasurer will follow procedures in accordance with LCNS bylaws.

WITHDRAWAL: The procedure set forth in the LCNS bylaws should be followed when a member decides to withdraw their child from the school.

EXCEPTIONS: When a member cannot fulfill an obligation, the member must send a letter to the Board President explaining the circumstances. Each case will be reviewed by the school's Board to determine if any hardship exists and what, if any, alternative arrangement may be agreed upon.

IN WITNESS that I/We have read the foregoing agreement, understand, and agree to fulfill my/our obligations to LCNS under this agreement.

Signature(s): _____

Printed Name: _____

Child's Name: _____ Date: _____



LCNS REGISTRATION FORM

Enrollment Date: _____

Child's Name: _____

Address: _____

Date Of Birth: _____ Preferred Phone Number: _____

Preferred E-Mail Address: _____

Mother's Name: _____

Address (If Different): _____

Telephone and/or Work Phone #: _____

Employers Name and Address: _____

Father's Name: _____

Address (If Different): _____

Telephone and/or Work Phone #: _____

Employers Name and Address: _____

Name and Ages of Other Children:

1. _____ 2. _____

3. _____ 4. _____

Does Your Child Wear Glasses? _____ Have Any Speech Problems? _____

Any Known Allergies? _____ Please Specify: _____

What Language(a) is Spoken at Home? _____

Does Your Child Have Any Unusual Fears? _____ Please Specify: _____

What Are Some of Your Child's Favorite Play Time Activities? _____

Any Other Parent Comments: _____



LCNS FEE STRUCTURE

NEW STUDENT

Non-Refundable Deposit:	\$75.00	Due with LCNS Membership Agreement
Cultural Arts & Activities:	\$150.00	Due on August 1 st

RETURNING STUDENT

Non-Refundable Deposit:	\$75.00	Due on 5/1, this will be credited towards Cultural Arts Fee
Cultural Arts & Activities:	\$75.00	Due on August 1 st

TUITION

2-Day Tuition:	\$2100.00	Paid in full, or Monthly Payments as follows:
		8/1: \$210 1/1: \$210
		9/1: \$210 2/1: \$210
		10/1: \$210 3/1: \$210
		11/1: \$210 4/1: \$210
		12/1: \$210 5/1: \$210
3-Day Tuition:	\$2300.00	Paid in full, or Monthly Payments as follows:
		8/1: \$230 1/1: \$230
		9/1: \$230 2/1: \$230
		10/1: \$230 3/1: \$230
		11/1: \$230 4/1: \$230
		12/1: \$230 5/1: \$230

NOTES

- An invoice will be provided once the deposit is received.
- We accept check, cash or Venmo.
- Please make checks payable to Lebanon Cooperative Nursery School.
- Please label all payments with the student's name.
- Please send payment to PO Box 83, Lebanon, CT 06249.
- During the school year, tuition may be dropped off in the classroom.



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Venmo applies a transaction fee (1.9% + \$0.10). We ask families that use Venmo for tuition to cover the fee as follows:

Deposit:	\$75.00	+ \$1.55	= \$76.55
Cultural Arts:	\$150.00	+ \$3.01	= \$153.01
2-Day Tuition:	\$210.00	+ \$4.17	= \$214.17
3-Day Tuition:	\$230.00	+ \$4.56	= \$234.56

Note: we do not apply transaction fees for donations or fundraising.



LCNS STATEMENT OF HEALTH: PARENT FORM

(For Parents That Will Substitute Teach)

Date: _____

Name Of Examined: _____

Address: _____

Date Of Birth: _____

Date PPD Administered: _____ Date Results Read: _____

Time Administered: _____ Time Results Read: _____

Results: _____

In my opinion, based on the results of my examination*, this individual shows no discernible evidence of physical, emotional, or mental disability and is free from tuberculosis or any other communicable disease, or any health defect which might endanger the health of the children or other workers at LCNS.

This statement may be signed by a licensed physician, or his/her authorized physician assistant or nurse practitioner.

Signature: _____

Printed Name & Title: _____

Address: _____

Telephone Number: _____

* *Results of a negative PPD Tuberculin test, chest x-ray, or quantiferon test; Required every two years, as long as enrollment is consecutive.*



LCNS PLAN FOR HANDLING EMERGENCIES

MEDICAL EMERGENCIES

1. If a child should have a medical emergency while at LCNS, a staff member who is training in first aid and CPR will follow appropriate first-aid procedures.
2. If there is a life-threatening situation the parent-of-the-day volunteer will call 911.
3. The parent-of-the-day volunteer will call the parents or listed emergency contacts
4. The teacher's assistant will remain with the injured child.
5. The teacher's assistant will accompany the child to Windham Hospital in an ambulance.
6. The teacher's assistant will remain with the child at the hospital until the parents or family guardians arrive.
7. The program director/head teacher will delegate the above tasks to the parent-of-the-day volunteer and the teacher's assistant.
8. The program director, with the assistance of the parent-of-the-day volunteer, will supervise all the other children.
9. If the emergency suffered by the child is not life-threatening, the parent-of-the-day volunteer will call the parents or listed emergency contact. Thus, the family members of the child will decide if the child should obtain medical treatment from a medical professional and/or emergency room personnel, and subsequently take personal responsibility for this action.

FIRE/EMERGENCY REQUIRING BUILDING EVACUATION

1. Children will be instructed concerning fire drill procedures, and will participate in some announced, and some unannounced fire and/or evacuation drills during the school year.
2. In the case of a fire (or other dangerous environmental emergency) within the school building during a school session, the children will be directed to move towards the nearest exit. The program director/head teacher and parent-of-the-day volunteer will accompany the children outside to the large white oak tree on the lawn area adjacent to the building.
3. The assistant teacher will survey the classroom area and perform a brief attendance check before exiting, being certain that all of the children have exited the building.
4. The emergency kit, attendance roster, portable and/or cell phone, and parent emergency phone lists will be brought outside the building by the assistant teacher. Attendance will be taken immediately following the exit procedure at the oak tree meeting area to be certain that all children and adults are accounted for.
5. The program director/head teacher will then direct the assistant teacher, the parent-of-the-day volunteer and
5. ALL the children to vacate the lawn premises and walk directly, and in an organized safe manner, to the Lebanon Community Center basement area across Route 87 (Jonathan Trumbull Highway) located east of the school building.
6. When all the admits and children have safely arrived at the Community Center, the program director/head teacher will delegate the responsibility to either the parent-of-the-day or the assistant teacher to call 911.
7. The children will remain at the Community Center until parents, or other listed family members can be called to retrieve their child.
8. In the event that the fire safety officials determine the school building to be safe for immediate reentry, and the school day is still in session, the LCNS children, teachers and volunteer will leave the Community Center via walking and reenter the school building.
9. Shortly after arriving back at the school building classroom, the parents will then be called and informed of the events involving their children.



LCNS PARENTAL PERMISSION/AUTHORIZATION FORM

Child's Name: _____ Telephone Number: _____

Street Address/Town: _____

I grant permission for the representatives of LCNS to notify the following individuals and/or to seek medical treatment as needed by the providers listed below, or at the nearest medical facility, should such treatment be indicated by the illness, or the injury of the child named above while the child is engaged in activities sponsored by LCNS.

Signature of Parent: _____

Mother's Name: _____

Address (If Different): _____

Phone (If Different): _____

Employers Name/Phone (If applicable): _____

Father's Name: _____

Address (If Different): _____

Phone (If Different): _____

Employers Name/Phone (If applicable): _____

Medical Insurance Carrier & Policy No: _____

I grant permission for the following individual(s) to remove the child named above from LCNS:

Name: _____ Relationship: _____

Address/Phone: _____

Name: _____ Relationship: _____

Address/Phone: _____

Name: _____ Relationship: _____

Address/Phone: _____

Name: _____ Relationship: _____

Address/Phone: _____

Signature of Parent: _____ Date: _____



LCNS BLANKET FIELD TRIP PERMISSION FORM

I hereby grant permission to LCNS to take my child on field trips or walks. Transportation will be by school bus, parent transport, or by walking with the teachers. I understand that proper adult supervision will be provided. I also understand that appropriate care will be taken for the health and safety of my child. I release the school, staff, the board of directors and chaperones from personal liability. I expect to be notified of the destination, time, date, and mode of transportation for each field trip at least 1 week in advance. I am also aware that parents are allowed and heavily encouraged to attend field trips with their child when able.

Child's Name: _____

Signature of Parent: _____ Date: _____



LCNS CONSENT FOR PHOTOGRAPH PUBLICATION

Dear Parents,

In an effort to further publicize the great things that are happening at our school, from time to time we would like to submit photographs to or to welcome photographers from local newspapers and special family-related publications. Parents are encouraged to take photos of classroom activities, field trips, and/or special events. These snapshots will be used by the school's Public Relations Director in area publications and on our website. Every effort will be made to notify you in advance when a professional photographer is expected.

No photograph will be published unless we have written consent from the parent(s) of each identifiable child in the photograph. As a precaution, a group caption will be used rather than identify the individual children by name.

Please sign below and return. Questions, concerns, and suggestions regarding this issue are always welcome and should be addressed to our PR Director or Teachers.

Child's Name: _____

I give LCNS permission to publish photographs of my child under the conditions outlined above.

LCNS does NOT have permission to publish photographs of my child.

Signature of Parent: _____ Date: _____



LCNS POLICY FOR BEHAVIORAL CONCERNS

The staff at Lebanon Cooperative Nursery School recognizes that inappropriate behavior among children occurs sometimes out of frustration and sometimes out of lack of skills to express feelings. Our goal is to help a child who is demonstrating inappropriate behavior to learn other ways to express him/herself. But, keeping all children safe and protected is the most important objective. Our procedure is to report inappropriate behavior to the parent. We hope that parents will share any changes in behavior that is occurring at home. Staff and parents need to work together so that the child has a consistent response to the behavior both at home and school.

PROCEDURE FOR BEHAVIORAL CONCERN

1. Parents are notified when there is a pattern of behavior that is interfering with the child's daily success at school. The teacher will inform the parents of the steps that are being taken to eliminate the behavior and to strengthen positive behavior.
2. If the behavior becomes a more serious persistent issue, the director will discuss the situation with the parents. A period of time will be set to stop the behavior and for the staff to watch for improvement. At this time, the Board President shall be made aware of the current situation.
3. If the behavior pattern continues without improvement, the Board of Directors will meet with the teachers to consider asking the parent to find other childcare arrangements. If possible, a two (2) week notice will be given when a child is withdrawn by the Board of Directors/Teachers due to behavior problems. The notification of withdrawal of the child will be given verbally and in writing. If the safety of other children and/or the staff is in immediate danger, the child will be withdrawn immediately. We want to work with the parents and the child, but the safety of all children and staff needs to be maintained and is the most important consideration.

PROCEDURE FOR BITING

Our procedure is that any biting which occurs at school is always reported to the parent. We hope that parents share with us any biting behaviors occurring at home. Parents and staff need to work together so that the child has a consistent response to biting at home and school.

1. Parents are notified when their child has bitten someone, and parents whose child has been bitten are notified as well.
2. If biting becomes a serious/persistent issue, the Teacher will discuss the situation with the parents. A period of time will be set for staff and parents to watch for improvement.
3. Should the biting continue after the period of time determined it will be at the discretion of the Board of Directors/Teachers to ask the parents to find other childcare arrangements for their child. If possible, a two (2) week notice will be given when a child is withdrawn by the Board of Directors/Teachers due to behavior problems. The notification of withdrawal of the child will be given verbally and in writing. The safety of other children and/or the staff is in immediate danger, the child will be withdrawn immediately. We want to work with the parents and the child, but the safety of all children and staff needs to be maintained and is the most important consideration.

PARENTS WILL BE CALLED TO REMOVE THEIR CHILD FROM THE NURSERY SCHOOL FOR THE DAY, IF THEIR CHILD'S BEHAVIOR IS TOTALLY UNMANAGEABLE AND/OR IF THE CHILD'S BEHAVIOR IS A DANGER TO THE OTHER CHILDREN AND/OR THE STAFF.

I have read and agree to the above policies.

Signature of Parent: _____ Date: _____