



**Schoolcraft
College**

**Children's Center
PRESCHOOL PROGRAM**

PROGRAM DESCRIPTION

Our preschool recognizes and values each child's unique characteristics and abilities, and we strive to facilitate learning and social interactions through many developmentally appropriate activities and experiences. Our Reggio Emilia inspired curriculum in our Preschool programs focuses on building the cognitive, social, language and creative skills that empower children to be researchers in their own learning experiences. Relationships are at the heart of the Reggio-inspired curriculum, allowing teachers to support children as they work on projects of interest for one day or spanning several months. Most importantly, self-esteem is fostered because our program is designed so that every child enjoys success.

SCHEDULE

In an effort to ease the congestion of parents and children arriving and departing and to provide a more consistent teaching approach, the activities in the Preschool rooms are centered around our Preschool Program. We encourage children to be at school by 9:00am, so they can take part in all aspects of the Preschool day.

Parents and children may arrive/depart at any time between 7:00-9:00 a.m. and 3:00-6:00 p.m. After 9:00 a.m., children and parents may arrive / depart only between 12:00-1:00 p.m., until 3:00 p.m. Arrival / Departure times listed below.

PROGRAM COST / TIME SCHEDULE

PROGRAM COST

Young Preschool

\$260.00 per week

\$70.00 per day

(part time enrollment)

Preschool

\$245.00 per week

\$65.00 per day

(part time enrollment)

TENTATIVE DAILY SCHEDULE

This schedule is tentative. A detailed, classroom-specific schedule is posted outside of each classroom. These schedules are flexible and are adapted based on the children's needs and interests.

| | |
|---------------|--|
| 7:00 – 9:30 | Arrival / Transitional Activities |
| 8:00 – 9:30 | Open Snack |
| 9:30 – 9:45 | Morning Meeting / Large Group Activity |
| 9:45 – 11:45 | Gym, Music, Outdoor Activities, Small Group Activities, Learning Center Choices |
| 11:45 – 12:00 | Storytime / Large Group Activity |
| 12:00 – 12:30 | Lunch |
| 12:30 – 12:45 | Toileting / Quiet Reading |
| 12:45 – 2:45 | Nap or Small Group / Quiet Choices |
| 2:45 – 3:15 | Open Snack / Free Choices |
| 3:15 – 5:30 | Afternoon Meeting, Large Group Activity, Outdoor Activities, Art, Music, Learning Center Choices |
| 5:30 – 6:00 | Table Top Choices |

Preschool Classroom Adult: Child Ratios and Maximum Group Size

| | NAEYC Ratios | State of Michigan Ratios | Max. Group Size |
|---------------------|--------------|--------------------------|-----------------|
| Young Preschool | 1:7 | 1:8 | 16 |
| Mixed Age Preschool | 1:9 | 1:10 | 18 |

The Children's Center staff maintains ratios and group size during indoor, outdoor times, and during in house or on-campus field trips.

Families,

We are making an attempt to know your child, his/her specific needs, and to help him/her develop in a positive manner during his time at the Children's Center. To do this, we need your cooperation. Please help us know your child better by filling out the attached questionnaire as completely as you can.

Intake Questionnaire

| CHILD & FAMILY INFORMATION | | | | | |
|---|------|--|--|---------------|-----|
| Child's Name | | | | | |
| Child's Nickname (if applicable) | | Ethnicity | | Date of Birth | |
| Parent/Guardian 1 (Pronunciation) | | | | | |
| Type of Occupation | | | | | |
| Parent/Guardian 2 (Pronunciation) | | | | | |
| Type of Occupation | | | | | |
| SIBLINGS | Name | | Age | Name | Age |
| | | | | | |
| | | | | | |
| Who does the child live with? (Mother, Father, Grandmother, Grandfather, Other) | | | | | |
| Do you have any pets? If so, tell us their name(s) and type(s). | | | | | |
| STATUS OF PARENTS | | <input type="checkbox"/> living together <input type="checkbox"/> living apart <input type="checkbox"/> divorced | | | |
| Was your child adopted? <input type="checkbox"/> yes <input type="checkbox"/> no | | If so, at what age did the child join your family? | | | |
| Are you willing to share your special talents/hobbies/career with your child's class? If so, please describe: | | | | | |
| | | | | | |
| LANGUAGE | | | | | |
| What language do family members use when speaking to your child at home? | | | | | |
| What language does the child use most often? | | | | | |
| At what age did your child begin to speak? | | | Does your child understand and speak English? | | |
| | | | <input type="checkbox"/> yes <input type="checkbox"/> limited <input type="checkbox"/> partially <input type="checkbox"/> not at all | | |
| What holidays or special traditions does your family celebrate? | | | | | |
| | | | | | |
| Would you be willing to share your family's traditions with your child's class? | | | | | |
| | | | | | |
| SCHOOL | | | | | |
| Has your child been in preschool/childcare before? <input type="checkbox"/> yes <input type="checkbox"/> no | | | If yes, what type of care (center/home care provider) and for how long? | | |
| If yes, how many hours per week were spent in care? | | | | | |

| HEALTH | | |
|--|---|--|
| Was your child a full term baby? <input type="checkbox"/> yes <input type="checkbox"/> no | | Were there any complications at birth? |
| At what age did your child learn to crawl? | | At what age did your child learn to walk? |
| TOILET HABITS | | |
| Is your child toilet trained? <input type="checkbox"/> yes <input type="checkbox"/> no | | |
| How long has your child been handling toilet habits independently? | | Does your child need to be reminded to use the restroom? |
| What word(s) does your child use to refer to urination? | | What word(s) does your child use to refer to a bowel movement? |
| SLEEPING HABITS | | |
| Does child require a nap? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, how long? | What time is your child's usual bedtime? | Does your child require any comfort devices to fall asleep? |
| EATING HABITS | | |
| How well does your child eat? <input type="checkbox"/> good <input type="checkbox"/> average <input type="checkbox"/> poor | For which meal is your child most hungry? | Does your child feed themselves entirely? |
| CHILD'S INTERESTS AT HOME | | |
| What are your child's interests? | | |
| In what areas does your child demonstrate the most success? | | What is something your child has difficulty with? |
| Does your child prefer to play... <input type="checkbox"/> alone? <input type="checkbox"/> with friends? <input type="checkbox"/> with adults? | | |
| What are your child's favorite indoor activities? | | |
| What are your child's favorite outdoor activities? | | |

GUIDANCE/BEHAVIOR

Does your child approach learning with hesitation, interest, anxiety, curiosity, confidence, excitement?

What concerns do you have about your child's present behavior(s)?

How do you handle discipline in your home?

Does your child have any fears?

What goals do you have for your child's preschool experience?

SIGNATURE

Parent/Guardian

Date