



Dear BHCP Parents,

It's already time to think about the 2005-2006 school year! Included in this Enrollment Packet is the calendar for the upcoming school year and information regarding tuition rates and payment procedures. Also included are several forms that you need to fill out and return. First is the Member Handbook Certification form which indicates that you have read the Parent Handbook. (The Parent Handbook has been sent home via cubby mail to current BHCP families.) And, for new children, a developmental profile is included. Both of these are due June 10, 2005. Next is a cover letter explaining what health forms are required and included in this packet. These Health Forms are due no later than July 30, 2005. The final forms address parent participation at the school. Those are due June 10.

One of the reasons that Beverley Hills Church Preschool is such a successful cooperative preschool is because BHCP parents offer their time and talent to the school. Parents coop in their child's classroom approximately once a month, perform nine hours of maintenance duty a year, and support the school's fundraising activities. Parents also serve on either the Board of Directors, the Educational Advisory Council, or on one of the committees of the Business Operations Council (BOC). Enclosed in this packet is a description of the BOC committees, a list of co-op responsibilities, and Parent Responsibility Form I (coop information and committee assignment) and Form II (maintenance information). Completion and return of these forms by June 10 enables us to consider your requests. If we do not receive your forms by this date you will be assigned wherever needed. Forms should be returned to Ann Bailey, 812 Chalfonte Drive, Alexandria, VA 22305.

Due by June 10: Member Certification Form
Developmental Profile (new children only)
Parent Responsibility Form I (coop and committee)
Parent Responsibility Form II (maintenance)

Due by July 30: Health Forms (Emergency Info, 2 Emergency Info Index Cards per child, Health Bulletin, Parent Helper TB, School Entrance Health Form)

We look forward to seeing you!

Leslie Spitalney, Chair of BOC
(703)838-2842

Ann Bailey, Vice Chair of BOC
(703)519-9313



Dear Parents,

Virginia law requires that we have certain health records on file concerning your child. **To ensure that your child will be admitted when school commences, you need to complete and return the attached documents to me at the address below by July 30, 2005.**

First is the Emergency Information and Medical Release Form. Second are the Emergency Information Index cards. **You must complete two index cards per child.** There are also two forms concerning **your** health: the Health Bulletin and the Parent Helper TB certificate. Each co-oping parent must have a TB test done so that you may co-op in your child's classroom. You may do this either through your physician or the Alexandria Health Department at 4480 King Street (703-838-4400). The Health Department's walk-in TB clinic is on Tuesdays between 8:30 and 11:30. Your test will need to be checked at the clinic on Thursday of the same week. The cost is \$7.

Also required is a current Commonwealth of Virginia School Entrance Health Form. This must be completed by a physician who has conducted a physical examination of your child within the last year (i.e. since September 1, 2004).

All health related forms may be downloaded from the BHCP website with exception of the Emergency Information Index Cards. These cards will be sent home via cubby mail to current BHCP families. New families will receive the cards along with all other enrollment forms. Please complete these cards and return them with all other health forms.

Completed forms should be returned to me at 2511 Clay Street, Alexandria, VA 22302. Please call me on (703) 739-5529 if you have any questions. Thank you for your attention to these essential matters.

Sincerely,

Mimi Saunders
Health Chair

Required Health Forms:

- Emergency Information and Medical Release Form
 - Emergency Information Index cards (two per child)
 - Health Bulletin (signed by each co-oping parent)
 - Parent Helper TB Certificate (one for each co-oping parent)
 - Commonwealth of Virginia School Entrance Health Form
- (This is a separate document: [VA School Entrance Health Form.pdf](#))

Child's Name _____

Class _____

HEALTH BULLETIN

To all Beverley Hills parents and teachers:

As you know, all Beverley Hills students are required to provide a Certification of Immunization before entering school. However, under state law, Beverley Hills Church Preschool must honor formal petitions for waiver of these requirements for religious or medical reasons in accordance with Code of Virginia 22.1-271.2, C (i).

This means that there may be children in class who could contract a variety of diseases, including Rubella (German Measles). Other children or adults who are immunized are protected by their own immunizations, but it is crucial that women who are or may be pregnant be certain of their immunity to Rubella or other diseases which might impact pregnancy. Women may have the current level of immunity checked by a simple blood test known as a Titer. All responsible obstetricians require this of their patients, and these test results should be certified by your doctor.

Please sign the following form to indicate that you are aware of your own responsibility for current immunity to Rubella and other communicable diseases.

I/we have read the health bulletin, and assume responsibility for my/our own current immunity measures.

Signed _____ Date _____

Signed _____ Date _____

Child's Name: _____

Class: _____

PARENT HELPER TB CERTIFICATE

In order to participate in the classroom, parents must be in good health and free of communicable disease.

Each cooping parent must also show evidence of having had a negative tuberculin (PPD) skin test or chest x-ray within the past six months. If the results of the skin test are questionable, a chest x-ray is normally enquired. If you have had a positive PPD test in the past, please contact the Health Chairperson to follow a different procedure.

Parent's Full Name _____

Date of Test _____

*Place TB test or x-ray was given _____

Result: Negative _____
 Positive _____

Signature _____
(Doctor or Technician)

*TB Skin Test is available at the Alexandria Health Department at 703-838-4377.

BEVERLEY HILLS CHURCH PRESCHOOL

MEMBER CERTIFICATION

I, _____ (print name), a Member of Beverley Hills Church Preschool, certify that I have read the Beverley Hills Church Preschool Member Handbook and agree to adhere to the requirements stipulated therein as a condition of enrollment of my child/children in the school.

Date: _____

Signed: _____

BEVERLEY HILLS CHURCH PRESCHOOL
Developmental Profile

Child's Name _____ Sex _____ Birthdate _____
Nickname _____ Current Age _____ yrs _____ mos

FAMILY INFORMATION

Parent (1) Name _____
Address _____
Home Phone _____ Work Phone _____
Home or Work Email Address _____
Occupation/Employer _____
Outside Interests or Hobbies _____
Religious/Church Affiliation (optional) _____

Parent (2) Name _____
Address _____
Home Phone _____ Work Phone _____
Home or Work Email Address (2) _____
Occupation/Employer _____
Outside Interests or Hobbies _____
Religious/Church Affiliation (optional) _____

Does child live with both parents? _____ If not, please describe child's living arrangements:

Other information impacting child's development or school experience (pending change in family living arrangements, special needs, dual language learner, etc.):

Names of adults in home

Relationship to child

Who usually is responsible for child's:

Physical Care _____
Discipline _____
Enrichment _____

List other children in the family by name and age:

_____, _____, _____

Does your child share a room? _____ With whom? _____

DEVELOPMENTAL HISTORY

Is there any information about your child's birth or infancy/early development that would be helpful for us to know? _____

Speech Development

Age child spoke first words _____ Put 2 words together _____

Used sentences _____ Is speech clear, understandable _____

Any concerns about speech or hearing (baby talk, over-reliance on gestures, pronunciation, speaking in very loud voice, etc.) _____

Primary language spoken at home, if not English _____

Understanding

Can child follow simple directions (1 or 2 step?) _____

Does child understand _____ stories _____ conversation

Comments: _____

Amount of time (daily) parents or caregivers read to child: _____

Amount of time child watches TV daily: _____

Physical Development

Did child reach physical milestones (rolling over, sitting up, standing, etc.)

Any concerns about motor skills (balance, co-ordination, small muscle skills)

Right or left hand preference, if established: _____

Is child currently receiving support services for speech or other concerns (please describe):

Social/Emotional Development

How would you describe your child's temperament: Mainly

_____ Friendly, outgoing _____ Cautious, reserved _____ Exuberant, active

_____ Easygoing, placid _____ Challenging, feisty

Comments: _____

How does your child show feelings? _____

How does your child react to new situations? _____

When you leave him or her? _____

Does your child use any security objects: _____ (blanket, pacifier, stuffed animal, thumb/ finger) Any fears we should know about? _____

Child's favorite toys or activities at home: _____

Please describe your child's play – alone: _____
With siblings or peers: _____

With parents and other adults: _____

Ages of child's typical playmates and how many: _____

Has your child participated in a playgroup? _____ For how long? _____
Please describe: _____

Has your child previously attended preschool? _____ Dates: _____
Where? _____ Reason for leaving: _____

Self-help Skills

Does your child use the toilet? _____ By self _____ With help _____

How does your child indicate bathroom needs? _____
Any toileting issues or concerns: _____

Can your child dress or undress him or herself? _____

Describe child's appetite, food preferences: _____

Any known food allergies: _____

Foods not eaten for religious or ethical reasons: _____

Eating or meal issues or concerns: _____

Does your child sleep and rest well? _____ Any concerns about sleep, rest, or sleep/nap routines: _____

Has your child had experience with: _____ paint _____ glue _____ tape
_____ scissors _____ crayons/markers _____ collage _____ other

OTHER

Childcare

Does your child have a regular care provider? _____ Inside or outside the home _____

His/her name _____

English speaker? _____ Other primary language spoken? _____

How long has caregiver been with you? _____ Please describe child's relationship with caregiver: _____

Family Goals and Expectations for Preschool

In what particular ways can we help your child in our preschool? _____

What do you hope you and your child will gain from your preschool experience at Beverley Hills Church Preschool: _____

Please describe any ways in which you hope to contribute to the life of the preschool community (skills, hobbies, etc.): _____

Signed _____ Date _____

Relationship to child _____

PARENT RESPONSIBILITIES I

FAMILY INFORMATION

Child's Last Name _____
Child's Name (1) _____ Class _____
Child's Name (2) _____ Class _____

Parents' Name(s) _____
Phone number _____ Email Address(es) _____

Are you a returning BHCP family? _____

COOP INFORMATION

Please indicate any days you are **not** available for co-op duty.

Child's Name (1) _____ Days not available _____
Child's Name (2) _____ Days not available _____

Are you interested in being a substitute teacher (paid \$30 per day)? Orientation will be provided.
_____ Yes _____ No

COMMITTEE ASSIGNMENT

All families **must** serve on a committee or in a Board or Council position. Please review the Committee descriptions and list your top Committee choices (or please note if you have already agreed to serve on the Board of Directors or the Educational Advisory Council).

1. _____ 2. _____ 3. _____

Do you have any expertise in the following areas?

_____ Finance/Accounting _____ Human Resources _____ Legal _____ Educational
_____ Computer/Technology _____ Non-Profit Board or Administration _____ Publicity

Please briefly describe:

Do you have any special skills or resources that you are willing to share with the school?
Please check all that apply:

_____ Graphic Design _____ Toy Repair _____ Free Photocopying
_____ Video/Photography _____ Arts & Crafts (specify) _____ Entertainment
_____ Carpentry _____ Electrical or Plumbing _____ Cooking
(specify)
_____ Music/Dance _____ Sewing _____ Gardening/Landscaping

Please list other professional or educational talents, hobbies or interests that you would be willing to share with the BHCP community:

PARENT RESPONSIBILITIES II

FAMILY INFORMATION

Child(ren)'s Name _____ Class(es) _____

Parents' Email Address(es) _____

MAINTENANCE:

BHCP requires that all families work nine hours on school maintenance over the school year by working a 6-hour and a 3-hour session. Families have the option of buying out of their maintenance obligation at a rate of \$150 per 3-hour session and \$300 per 6-hour session. The maintenance schedule will be sent to you by mid-summer. It also will be posted at school. It is your responsibility to switch sessions with another family if you cannot attend your scheduled session and to inform Amy Goodrich (703-837-0907) of the swap. No shows will be charged the buy-out fee plus \$25.

Do you wish to buy out of your maintenance obligations? Y ___ N ___

Would you be willing to lead one of the three-hour maintenance sessions? Y ___ N ___

Are you interested in doing a Special Project listed below in lieu of a scheduled maintenance session? Y ___ N ___ (If yes, please check which projects interest you.)

Please indicate if you have the following equipment which BHCP may borrow to complete a project:

_____ rug cleaner _____ rototiller _____ chain saw

SPECIAL PROJECTS

Please indicate those special projects which interest you.

- _____ **Leaves:** Clear leaves from the playground and outside the fence in the fall. Two families needed. *Meets a three-hour obligation.*
- _____ **Mulch:** Redistribute mulch on playground in spring. One family needed. *Meets a three-hour obligation.*
- _____ **Snow, Ice and Debris:** In the event of winter precipitation, clear snow and ice before the start of school from the entrance gate to the playground backdoor, and around the playground equipment. Clear tree debris from playground in event of a heavy storm. One family needed. *Meets a six hour obligation.*
- _____ **Painting:** Two families needed to prepare and paint a classroom. *Meets a six-hour obligation.*
- _____ **Shelf Assembly:** One family needed to purchase and assemble stainless steel shelving unit in library. *Meets a three-hour obligation.*
- _____ **Construction/Woodworking:** Three families needed for various projects. *Meets a six to nine hour obligation.*
- _____ **Symbol stamps:** Obtain and cut 1 ½ inch dowel rods into 2 inch lengths for making 45 symbol stamps. Must be completed by August 30, 2005. *Meets a three-hour obligation.*

PLEASE NOTE: The special project assignments may take more or less time than the obligation which they fulfill. It is understood that regardless of the actual time required, **ONLY** the specified maintenance obligation will be attributed to the assigned family.