



City of Los Angeles Department of Recreation and Parks
CHEVIOT HILLS RECREATION CENTER
2551 Motor Ave., Los Angeles, CA 90064 · (310) 837-5186
CheviotHills.RecreationCenter@lacity.org



PARENT/ GUARDIAN HANDBOOK



LITTLE FOLKS CHEVIOT HILLS

Program subject to change or cancellation.

Persons with disabilities are welcome to participate in our programs. Reasonable accommodations will be made with prior arrangements.

CHILD CARE PHILOSOPHY

It is the philosophy of this child care program to provide a safe, caring and academic environment in which preschool children (3 to 5 years old) can gain confidence and acquire skills that will allow them to prosper in this setting, in kindergarten, and beyond.

Our safe and enriching preschool program focuses on all aspects of creative learning. Circle time, music, movement, and playground times are a favorite part of each day. Hands on activities in letter, number, shape and color recognition as well as simple math and science activities encompass exciting weekly themes. Children are encouraged to make choices for themselves, use their verbal skills, make friends, cooperate with others as well as listen and follow directions.

Mission Statement

We strive to provide a safe and nurturing environment which enhances creativity, learning, and social skills of the children in our program. Children are encouraged to become independent thinkers, develop self-esteem, exercise self-control and to make good choices.

Anti-Discrimination Statement

This facility is operated in compliance to civil rights laws and regulations which prohibit discrimination on the basis of race, age, sex, sexual orientation, handicap, religion, or national origin. The L.A. City Department of Recreation and Parks is in complete compliance with the Americans with Disabilities Act (ADA). Persons with disabilities are welcome to participate in our programs. Reasonable accommodations will be made with prior arrangements.

STAFF INTRODUCTION

Cheviot Hills Recreation Center Staff

Cuong Chau, Senior Recreation Director II

Kirstin Aceves, Recreation Coordinator

Recreation Assistants (Weekday Mornings):

Amy Farkas, Veronica Garcia, Viviana Garcia,

Angela Peña, Elda Santos & Shneka Smith

Little Folks Cheviot Hills Teaching Staff:

Lara Dooley

Grace Renderos

Jarid Stevens

Please reach out to us with any questions or concerns you may have at

(310) 837-5186 or cheviot_hills_recreation_center@lacity.org

FEES AND PAYMENT

A \$40 non-refundable fee is required for registration. This includes two Little Folks t-shirts, class picture, portrait picture and yearbook.

Monthly tuition is due the week **before** the start of a **new session**.

Cheviot Hills Recreation Center Refund Policy

A non-refundable 15% administrative fee will be assessed by the City of Los Angeles Department of Recreation and Parks for any patron granted a refund, change, or transfer before the Wednesday prior to the session beginning.

No refunds will be issued after the Wednesday before the first day of the session unless the program is cancelled by the Recreation Center.

DROP-OFF INFORMATION

Arrive early enough each day to allow for time to complete these tasks before class:

- Use the restroom and wash hands.
- Parent sign-in (located on top of the cubbies).
- Be sure to check the "Classroom Info" board weekly for up-coming events and memos. The board is located next to the door as you exit the classroom.

WHAT YOUR PRESCHOOLER SHOULD WEAR/BRING TO CLASS

- All students must wear a Little Folks preschool t-shirt every daily and closed-toed shoes. Play is an important part of the curriculum; clothing and shoes should be comfortable and practical.
 - ***Please note: A Little Folks t-shirt is required to be worn every day. Additional shirts may be purchased in the office for \$10 each.
- Please dress your child in clothing that allows them to use the restroom as independently as possible.
- Every child must have a complete change of clothing including socks and underwear. If your child has a bathroom accident where we need to change their clothing, please take the soiled clothing home and bring a fresh set the next day. All clothing must be labeled.
- A healthy lunch that is easy for the child to eat on his/her own. **We are a nut-free environment.**
- We provide equipment with which to play and learn. Children *should not bring in personal toys* except for on Show & Tell Days.

PLEASE LABEL YOUR CHILDS BELONGINGS!

(All clothes, personal items such as lunches and backpacks, etc.)

PICKUP

Pickup is at 12:00pm. There is a late fee of \$1 per minute after 12:00pm. Fee must be paid in cash at time of pickup.

DAILY SCHEDULE

9:00am - 9:25am	Drop Off/Free Play
9:25am - 9:35am	Circle Time
9:35am-9:40am	Music & Movement
9:40am-10:00am	Curriculum
10:00am - 10:15am	Worksheets
10:15am - 10:30am	Arts & Crafts
10:30am-10:50am	Playground
10:50am-11:00am	Clean Up/Wash Up
11:00am - 11:30pm	Lunch
11:30am-12:00pm	Group Activities
12:00pm	Pick Up

BIRTHDAY POLICY

We ask that you please inform the teachers of your desire to have your child's birthday celebration, at least 24 hours in advance. Our birthday celebrations will be held at the end of lunch at 11:30am. We keep them to about 15 minutes long. This celebration consists of giving each child a small treat and singing "Happy Birthday" to the child whose birthday it is.

If you wish to celebrate your child's birthday with our class, please bring the following that day:

- Small treats (i.e. cupcakes, popsicles – *nut-free*) for each child
- Drinks (i.e. juice boxes, milk and cups)
- One birthday candle to be lit for the birthday child.

DONATIONS

We always welcome donations! We especially appreciate items such as paper towels, hand sanitizer, cleaning wipes, toys (in good condition), children's books, glue sticks, arts and craft supplies, stickers and dry-erase markers.

PROGRAM RULES

Please make sure you discuss our policies with your child and that all parents, guardians and children understand all rules and consequences.

RESPECT

- Children must keep all body parts to themselves.
- Children should use respectful language.
- Children should treat classmates and teachers with respect.
- Children must follow directions at all times.
- Sharing is caring. Please share!

CLASSROOM

- Children should put their belongings in their cubbies.
- Only teachers are allowed into the cupboards and drawers.

PLAYGROUND

- Children must stay inside the blue gates during playground time.
- Shoes must be worn at all times.
- No throwing sand. All sand must stay in the sandbox.

DISCIPLINE PROCEDURES

In the event any of the rules are broken, consequences are as follows:

- A staff member will discuss the rule that has been broken with the child and discuss the situation.
- The child will be redirected to another activity.
- If necessary, a "Time In" will be issued (student will be the teacher's buddy/helper for a task/period of time).
- For continued rule breaking, a meeting with the teachers, child, and parents will be held to discuss the problem.
- We reserve the right to dismiss a child from our program if behavior fails to improve and is continually disruptive to the classroom.

ILLNESS POLICY

A child may be too sick to attend if the child does not feel well enough to participate comfortably in the program's activities. Please do not bring your child to preschool if they exhibit any of the following:

- Fever, cold or flu symptoms.
- Signs or symptoms of possibly severe illness, i.e., persistent crying, extreme irritability, uncontrolled coughing, difficulty breathing, wheezing, green or yellow mucus, etc.

In some cases, we may require a doctor's note in order to allow the child to return to preschool. Specific guidelines are as follows:

CANNOT ATTEND IF...	CANNOT RETURN UNTIL...
Child has conjunctivitis (pink eye).	24 hours after treatment is initiated.
Child has diarrhea (uncontrolled).	24 hours, free of symptoms.
Child has head lice, scabies, or other infestations.	24 hours after treatment is initiated.
Child has impetigo.	24 hours after treatment is initiated.
Child has strep throat or Streptococcal infection or Scarlet Fever.	24 hours after initial antibiotic treatment and cessation of fever.
Child has been vomiting.	24 hours, free of symptoms.
Child has pertussis (whooping cough).	7 days after initiating antibiotic treatment.
Child has mumps.	9 days after onset of gland swelling.
Child has unidentified rash, accompanied by fever or behavior change.	Until rash is diagnosed in writing by a health care provider.
Child has a fever of 100 F, and has behavior changes or other without symptoms of illness.	Until fever is below 100 F.
Child has mouth sores.	A health care provider diagnoses in writing that the condition is non-infectious.
Ring worm	May return to childcare under treatment.
Chicken Pox	After sores close, w/Doctor's Note

MEDICATION POLICY

Parents must fill out an authorization form (Parent Consent of Medications Form) regarding medication. Only medication prescribed by a licensed physician may be made available for your child to take. **WE CANNOT GIVE ANY MEDICATION TO YOUR CHILD.** We can only make it available for him/her to take. Your child **MUST** be able to take the medicine by him/herself. In addition, staff will keep all medications (including inhalers and Epi-Pens in the office cabinet, inaccessible to children. Medications will be returned to parents at an agreed upon time. ⁷

LITTLE FOLKS CHEVIOT HILLS

SCHOOL CALENDAR & SCHEDULE OF EVENTS

<i>Labor Day</i>	<i>Monday</i>	<i>No School</i>
Fall Little Folks Begins	Tuesday	
<i>Indigenous People's Day</i>	<i>Monday</i>	<i>No School</i>
Halloween Parade Party	Thursday	Potluck
<i>Veterans Day</i>	<i>Monday</i>	<i>No School</i>
Student Thanksgiving Lunch	Thursday	Lunch
<i>Thanksgiving Break</i>	<i>Mon-Thu</i>	<i>No School</i>
Holiday Showcase	Weds. Eve	Potluck Dinner
Pajama Party Breakfast	Thursday	Breakfast
<i>Winter Break</i>	<i>3 Weeks</i>	<i>No School</i>
Spring Little Folks Begins	Monday	
<i>Martin Luther King Jr. Day</i>	<i>Monday</i>	<i>No School</i>
Multicultural Month	Mon-Thu	
Valentine's Day Class Party	Thursday	Desserts
<i>President's Day</i>	<i>Monday</i>	<i>No School</i>
<i>Cesar Chavez Day</i>	<i>Monday</i>	<i>No School</i>
Dr. Seuss Week	Mon-Thu	
St. Patricks Day	Tuesday	
Superhero Father's Party	Thursday	Breakfast
<i>Spring Break</i>	<i>Mon-Thu</i>	<i>No School</i>
Mother's Day Tea	Thursday	Tea Party
Graduation/Last Day	Thursday	Ceremony/ Potluck

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CHEVIOT HILLS RECREATION CENTER

LITTLE FOLKS CHEVIOT HILLS REGISTRATION FORM

ONE FORM PER CHILD. This form must be filled out completely and turned in to Cheviot Hills Recreation Center on or before their first day of Preschool.

LAST NAME: _____ FIRST NAME: _____ AGE (1st day of sch.): _____

Gender: Male Female Birthdate: _____ Grade (Fall 2017): _____

Street Address: _____

City: _____ State: _____ Zip: _____

Parent/Guardian Name: _____ E-mail: _____

Best Contact #: _____ 2nd Best Contact #: _____

Parent/Guardian Name: _____ E-mail: _____

Best Contact #: _____ 2nd Best Contact #: _____

EMERGENCY CONTACT/AUTHORIZED PICK-UP

We do not release Preschoolers to friends, neighbors, nannies or relatives without express written permission from the Guardian/legal guardian. All individuals picking up children must be able to present photo ID for verification purposes.

The following people have my permission to sign my child in or out of Preschool:

Name: _____ Relationship: _____ Phone: _____

Name: _____ Relationship: _____ Phone: _____

Name: _____ Relationship: _____ Phone: _____

Name of any person(s) specifically **NOT** authorized to sign out my child: _____

FOR OFFICE USE ONLY		HHID# _____	<input type="checkbox"/> SHIRT REC'D		
MONTH	AMT PAID	RECEIPT #	DATE	STAFF INIT.	
REGISTRATION FEE					
SEPTEMBER					
OCTOBER					
NOVEMBER					
DECEMBER					
JANUARY					
FEBRUARY					
MARCH					
APRIL					
MAY					

PARENT/GUARDIAN'S CODE OF CONDUCT

As a Parent/Guardian of a child in the Department of Recreation and Parks Preschool Program:

- I have read and understand the contents of the Little Folks Preschool Parent Handbook and agree to follow all rules and regulations presented in the document.
- I will treat all Preschool personnel, other Parents/Guardians, and children with respect.
- If I have any questions or comments about a policy, I will contact the Preschool teacher and discuss the issue in a calm and respectful manner in a private setting.
- I understand that the penalties for not adhering to the code of conduct may range from a verbal warning to expulsion from the program.

REFUND POLICY: A non-refundable **15% administrative fee** will be assessed by the City of Los Angeles Department of Recreation and Parks for any patron granted a refund, change, or transfer before the Wednesday prior to the session beginning.

NO REFUNDS WILL BE ISSUED AFTER THE WEDNESDAY BEFORE THE FIRST DAY OF THE SESSION unless the program is cancelled by the Recreation Center.

Parent/Guardian's Signature _____ 9

Date _____

OVER 

LITTLE FOLKS CHEVIOT HILLS HEALTH CARD

Should any of your Preschooler's health information change, please contact the Recreation Center to ensure the information is current

MEDICAL CARE INFORMATION

Doctor's Name: _____ Phone # _____

Insurance Carrier: _____ Policy # _____

DIETARY

Please indicate if your child has any of the following dietary restrictions:

- Kosher Gluten-Free Lactose Intolerant Peanut-Free

ALLERGIES/MEDICAL (please check and specify):

- Insects (stings, bites, etc.): _____ Asthma (or Hay Fever): _____
 Food (type/name): _____ Medication (s): _____
 Other: _____

Has the Preschooler received major medical treatment during the past year: Yes No

Is the Preschooler currently taking any medications? Yes * No

Please check if your child has had the following:

- | | | | | | |
|---|---------------------------------------|--|--|--|--|
| <input type="checkbox"/> Chicken Pox | <input type="checkbox"/> Measles | <input type="checkbox"/> Heart Trouble | <input type="checkbox"/> Hay Fever | <input type="checkbox"/> Mumps | <input type="checkbox"/> Scarlet Fever |
| <input type="checkbox"/> Upset Stomach | <input type="checkbox"/> Appendicitis | <input type="checkbox"/> Fainting | <input type="checkbox"/> German Measles | <input type="checkbox"/> Sinus Trouble | <input type="checkbox"/> Tonsillitis |
| <input type="checkbox"/> Frequent Colds | <input type="checkbox"/> Headaches | <input type="checkbox"/> Bed Wetting | <input type="checkbox"/> Rheumatic Fever | <input type="checkbox"/> Nosebleeds | <input type="checkbox"/> Constipation |
| <input type="checkbox"/> Ear Infection | <input type="checkbox"/> Skin Rash | <input type="checkbox"/> Diphtheria | <input type="checkbox"/> Other: | <input type="checkbox"/> Other: | <input type="checkbox"/> Other: |

DEVELOPMENTAL/DAILY ROUTINE

WALKED AT (MONTHS):	BEGAN TOILET TRAINING AT (MONTHS):	WORD USED FOR BOWEL MOVEMENT:	WORD USED FOR URINATION:
BEGAN TALKING AT (MONTHS):	CHILD'S WAKE-UP TIME:	CHILD'S BEDTIME:	CHILD'S NAP TIME:

MEDICAL TREATMENT AUTHORIZATION

I (we), the undersigned Parent/Guardian(s) of _____, a minor, do hereby authorize the directors of Cheviot Hills Recreation Center as agent(s) for the undersigned to consent to any x-ray examination, anesthetic, medical or surgical diagnosis or treatment and hospital care which is deemed advisable by, and is to be rendered under the general or special supervision of any physician or surgeon licensed under the provision of the Medical Practice Act on the medical staff of a licensed hospital whether such diagnosis or treatment is rendered at the office of said physician or at said hospital. It is understood that this authorization is given in advance of any specific diagnosis, treatment, or hospital care being required but it is given to provide authority and power on the part of aforesaid agent(s) to give specific consent to any and such diagnosis, treatment, or hospital care which the aforementioned physician in the exercise of his best judgment may deem advisable. This authorization shall remain effective through the conclusion of the event [Preschool], unless sooner revoked in writing and delivered to said agent(s).

I, (print name) _____ the undersigned, as Parent/Guardian for
(print Preschooler name) _____ ("minor"), do hereby agree to all stated above.

Signature of Parent/Guardian: _____ Date: _____

*If your child is taking medication that may or will need to be dispensed to them during the day, fill out below.

REQUEST FOR MEDICATION TO BE GIVEN OUT DURING PRESCHOOL:

I request that my child, _____ be allowed/monitored to take the following prescribed medicine(s) while at Preschool. I understand that the staff at Cheviot Hills Recreation Center will only monitor the medicine described below according to the time, dosage, and frequency indicated on the pharmacy label of the medicine bottle. "Medication" is any substance a person takes to maintain and/or improve health. This includes vitamins and natural remedies. All medications must be in original, labeled and non-modified pharmacy containers. Please provide enough of each medication to last the entire time Preschoolers will be enrolled in Preschool. 10

Name of Medicine: _____ Reason for taking medicine: _____ Date Started: _____
Dosage Amount: _____ Instructions: _____ Time given: _____