

## St. John's Lutheran Preschool Application Checklist

Each item must be completed and submitted to the school office before the application will be considered complete. **No student will be allowed to start school until all forms are in students file. All students must be immunized. We do not except Religious Exemption.**

- ☐ Completed Application
- ☐ Registration Fee\*   ☐ Curriculum Fee\*
- ☐ Completed Auto-Draft Form
- ☐ Tuition & Fees Form
- ☐ Extended Care Program
- ☐ Dr. Signed Medical Report Form
- ☐ Copy of Updated Immunization Record
- ☐ Photocopy of Birth Certificate
- ☐ Signed Permission/Release Form
- ☐ Signed Discipline Policy Form
- ☐ Signed Toileting Policy Form
- ☐ Signed Sick Policy Form
- ☐ Signed Preschool Handbook Form
- ☐ Signed EMP Policy Form
- ☐ Signed Shaken Baby Syndrome Policy Form
- ☐ Parental Pledge
- ☐ Parental Code of Conduct

## Application for Enrollment 2022-2023

### Preschool/Transitional Kindergarten

**All students must be immunized. We do not except religious exemption.**

Child's Name \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_

Street Address \_\_\_\_\_ City State Zip \_\_\_\_\_

Male/Female \_\_\_\_ Race/Ethnic Group: \_\_\_\_\_ Is child adopted? \_\_\_\_ Home Phone \_\_\_\_\_

Child lives with: \_\_\_\_ Both Parents Mother Father \_\_\_\_ Other

Father's Name \_\_\_\_\_ Mother's Name \_\_\_\_\_

Employer \_\_\_\_\_ Employer \_\_\_\_\_

Work Phone # \_\_\_\_\_ Work Phone # \_\_\_\_\_

Cell Phone # \_\_\_\_\_ Cell Phone # \_\_\_\_\_

Email \_\_\_\_\_ E-mail \_\_\_\_\_

Church Membership \_\_\_\_\_ Church Membership \_\_\_\_\_

Parents' Marital Status: \_\_\_\_ Married \_\_\_\_ Widowed \_\_\_\_ Single \_\_\_\_ Separated \_\_\_\_ Divorced \_\_\_\_ Remarried

My child will be enrolling for (check one):

**Preschool 3's and 4's:** \_\_\_\_\_ Half Day (M-F 8:00-noon) \_\_\_\_\_ School Day (8:00-3:00)

**Transitional Kindergarten:** \_\_\_\_\_ Half Day (M-F 8:00-noon) \_\_\_\_\_ School Day (8:00-3:00)

If child is enrolling in Half Day program, will child occasionally stay for nap? Yes / No

**Child's shirt size:** \_\_\_\_\_ youth extra small \_\_\_\_\_ youth small \_\_\_\_\_ youth medium

Name of person who will be financially responsible to pay all fees and tuition charges \_\_\_\_\_

List any fears, unique behaviors, etc. your child may have: \_\_\_\_\_

What discipline methods do you use at home that would be helpful for us to know (e.g. time out, rewards, certain phrases or words, etc.) \_\_\_\_\_

I have received and read a copy of the state of North Carolina Child Care Laws: YES NO

## Emergency Care and Desired Action Information

Does the child have any known allergies? \_\_\_ Yes \_\_\_ No If yes, please explain \_\_\_\_\_

Does the child have physical handicaps \_\_\_ Yes \_\_\_ No If yes, please explain \_\_\_\_\_

List any maintenance medications: \_\_\_\_\_

Preferred Hospital \_\_\_\_\_

In case of serious injury/accident or accident requiring immediate medical attention, student will be taken to nearest hospital.

### Health Insurance

Carrier \_\_\_\_\_

Policy # \_\_\_\_\_ Group # \_\_\_\_\_

Name of Child's Physician \_\_\_\_\_ Office Phone # \_\_\_\_\_

Whom may we release your child to in case of illness, emergency or someone besides yourself picking up your child? (For your child's protection photo ID is required): When a parent is called because the child has become sick at school, the child must be picked up within an hour. Also, the child cannot return the next day and/or after fever has broken for 24 hours.

Name \_\_\_\_\_

Relationship \_\_\_\_\_ Home # \_\_\_\_\_ Work # \_\_\_\_\_ Cell # \_\_\_\_\_

Name \_\_\_\_\_

Relationship \_\_\_\_\_ Home # \_\_\_\_\_ Work # \_\_\_\_\_ Cell # \_\_\_\_\_

Name \_\_\_\_\_

Relationship \_\_\_\_\_ Home # \_\_\_\_\_ Work # \_\_\_\_\_ Cell # \_\_\_\_\_

I give permission to St. John's Lutheran Preschool/School and its staff to administer First Aid and/or CPR if needed. I understand that all preschool staff members are First Aid and CPR certified. I also give permission to St. John's Lutheran Preschool/School and its staff to obtain medical treatment in the event of an emergency. I agree that St. John's Preschool/School may authorize the physician of their choice to provide emergency care in the event neither parents nor the child's physician can be contacted immediately. I understand that we, the legal guardians, will be contacted immediately in the event of an emergency.

I have read and discussed application/practices and policies/procedures with the Preschool Director. I accept the practices and policies of St. John's Lutheran Preschool and School. I will abide by the educational and financial policies herein set forth and by the regulations and administration.

Parent/Guardian signature: \_\_\_\_\_ Date \_\_\_\_\_

## Child's Medical Report

Name of Child \_\_\_\_\_ Birth date \_\_\_\_\_

Name of Parent/Guardian \_\_\_\_\_

Address of Parent/Guardian \_\_\_\_\_

### I. MEDICAL HISTORY (may be completed by parent)

Does the child have any allergies? \_\_\_\_\_ yes \_\_\_\_\_ no If yes, what? \_\_\_\_\_

Is child currently under a doctor's care? \_\_\_\_\_ yes \_\_\_\_\_ no If yes, for what reason \_\_\_\_\_

Is the child on any continuous medication? \_\_\_\_\_ yes \_\_\_\_\_ no If yes, what? \_\_\_\_\_

Any previous hospitalizations or operations? \_\_\_\_\_ yes \_\_\_\_\_ no If, yes, when and for what? \_\_\_\_\_

Any history of significant previous diseases or recurrent illness? \_\_\_\_\_ yes \_\_\_\_\_ no

Diabetes \_\_\_\_\_ yes \_\_\_\_\_ no Convulsions \_\_\_\_\_ yes \_\_\_\_\_ no Heart Trouble \_\_\_\_\_ yes \_\_\_\_\_ no

If others; what/when? \_\_\_\_\_

Does child have any physical disabilities? \_\_\_\_\_ yes \_\_\_\_\_ no If yes, please describe \_\_\_\_\_

Does child have any mental disabilities? \_\_\_\_\_ yes \_\_\_\_\_ no If yes, please describe \_\_\_\_\_

Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

**II. PHYSICAL EXAMINATION: This examination must be completed and signed by a licensed physician, or his authorized agent currently approved by the NC Board of Medical Examiners (or a comparable board from bordering states), a certified nurse practitioner, or a public health nurse meeting DEHNR standards for EPSDT program.**

Height \_\_\_\_\_ % Weight \_\_\_\_\_ % Head \_\_\_\_\_ Eyes \_\_\_\_\_

Ears \_\_\_\_\_ Nose \_\_\_\_\_ Teeth \_\_\_\_\_ Throat \_\_\_\_\_ Neck \_\_\_\_\_

Heart \_\_\_\_\_ Chest \_\_\_\_\_ Abd/GU \_\_\_\_\_ Ext \_\_\_\_\_ Skin \_\_\_\_\_

Neurological system \_\_\_\_\_

Results of Tuberculin Test, if given: Type \_\_\_\_\_ Date \_\_\_\_\_ Normal \_\_\_\_\_ yes \_\_\_\_\_ no

Should physical activities be limited? \_\_\_\_\_ yes \_\_\_\_\_ no If yes, please explain \_\_\_\_\_

Any other recommendations: \_\_\_\_\_

Signature of authorized examiner & title \_\_\_\_\_

Date of examination \_\_\_\_\_ Office phone \_\_\_\_\_

Office address (may use stamp) \_\_\_\_\_

**\*\*\*\*\*PLEASE ATTACH RECORD OF CHILD'S IMMUNIZATIONS\*\*\*\*\***

**2022/2023**

**Permission/Release Forms**

**Photo/Video Release for Minors**

Name of Student \_\_\_\_\_ Grade \_\_\_\_\_  
(Please mark)

- ☐ I give permission for St. John's Lutheran School to use photographs/videos of my child (children) for the purpose of classroom/school display, class projects, and the school yearbook, brochures/advertising, including the school website, media purposes news articles, news station interviews.
- ☐ I do not want my child's (children's) photographs/videos used for any reason.

**Liability Release**

I give permission for my child (children) to participate in St. John's Lutheran Church and School activities, including gym, P.E., field trips, playground and on-site outdoor activities. By granting permission for my child (children) to participate in these activities, I release St. John's Lutheran Church and School, its employees, volunteers and any entity associated with St. John's Lutheran Church and School from any liability for any incident or injury which may incur during normal participation in the activities and locations listed above. I understand that St. John's Lutheran Church and School provides a safe environment for children, that all activities are age and developmentally appropriate, and that all children and activities will be well supervised by persons 18 and older.

**Permission to Administer Topical Ointment/Lotion/Powder/Sunscreen**

Authorization must be provided for staff to apply over the counter, sunscreen lotion only. Items must be provided in its original container and labeled clearly with the child's name. Staff will keep items out of reach of children when not in use.

**Volunteer Driver Compliance**

We, the undersigned, assure St. John's Lutheran School of the following:

1. When transporting children for curricular activities of the preschool, only licensed drivers over twenty-one years of age will be allowed to drive.
2. That we carry at least the minimum liability insurance coverage required by the state of North Carolina.
3. The driver of our vehicle will not have been convicted of reckless driving, operating a motor vehicle while under the influence of an intoxicant or of a controlled substance, or any other type of unsafe driving within the previous five years.
4. All children transported in our vehicle will be seated in permanent mounted seats which face forward.
5. All children transported in our vehicle will use seat belts in compliance with state law.
6. We will provide St. John's Lutheran School with copies of a valid NC Driver's License and a current insurance card showing coverages.
7. A private vehicle transportation form will be filled out submitted and approved by appropriate administrator before taking students/parents/staff off campus.

Child's Name: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

PRESCHOOL/TRANSITIONAL KINDERGARTEN TUITION & FEES

2022-2023

St. John's Preschool and Transitional programs are 10 months programs which follow our school calendar. \*

**Non-Refundable Fees**

**Registration Fee:** \$250 per student (due at acceptance to hold spot)

**Curriculum Fee:** \$150.00 (due before July 31<sup>st</sup>)

**Tuition:** Yearly tuition may be paid in 10 monthly installments as listed below\*; (Note we may arrange various installment plans, e.g., twice per year)

**School Day (8:00am – 3pm):** \$5600 (\$560 for 10 payments)

**Half Day Monday – Friday (8:00am – 12:00pm):** \$3900 (\$390 for 10 payments)

**Extended Care Fees for Half Day and School Day Students:** \$7.00 per hour or any part of an hour.

**Full Day and School Day hot lunches (optional):** \$4.50 per lunch per student; and are to be pre-paid. Parents are responsible for supplying a student with a nutritious lunch daily while in school.

**Tuition Payments:**

Tuition Payments are processed by auto draft and are due on the 1<sup>st</sup> of each month beginning August 1<sup>st</sup>. All payments for Hot lunch, extended care, are considered later after the 5<sup>th</sup> of each month. Late Fees are 10% of account balance and will be applied and due immediately.

All account balances must remain current in order to maintain enrollment, for re-enrollment and/or to sign up for any camps. Accounts that become 30 days past due may result in your child(ren) being suspended from St. John's Lutheran School.

**Enrollment after first day of school:** Registration, Curriculum and first month of tuition are due at time of registration.

**Banking Fees:** will be applied to your account for checks returned or auto drafts denied due to insufficient funds.

**Withdrawal from school:** To terminate enrollment, parents must fill out the Intent to Withdraw Form. In the event of student withdrawal after registration, all accounts must be paid up to and including the month in which the student is withdrawn. If the full year was paid in advance, only the equivalent remaining tuition installments are refundable. There are no refunds of any kind after March 1<sup>st</sup> of the current school year.

**I HAVE READ, UNDERSTAND AND AGREE TO BE RESPONSIBLE FOR PAYING REGISTRATION, CURRICULUM FEES, TUITION, AND ANY PENALTIES AS DESCRIBED ABOVE.**

\_\_\_\_\_  
**Parent or Guardian Signature**

SD REV 1/31/22

\_\_\_\_\_  
**Date**

2022-2023  
Extended Care Program  
Preschool and Transitional Kindergarten

The preschool offers a before and after school childcare program for children in preschool and Transitional Kindergarten who attend St. John's.

**Mornings:** Doors open at 7:30 am. There is no charge for students for morning care.

**After School:** Students not picked up by 12 pm (Half Day) or 3:00 pm (School Day) can stay and they will be properly supervised until the parent arrives. A charge of \$7.00 per hour will be added to your monthly statement. All charges will be billed in hourly increments.

For the convenience of our parents who are using our School Day option, we offer monthly extended care and "drop-in" extended care. Extended care is available from dismissal time 3:00pm until 6:00pm. Please select from below the program that best fits your childcare needs.

**Option for School Day Care Only:**

***I wish to enroll my child \_\_\_\_\_ in the Monthly Extended Care Program. I agree to pay a monthly fee of \$250.00 per child. Please give a one month written notice to withdraw.***

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***I wish to enroll my child \_\_\_\_\_ in Extended Care for "drop-in" (occasional use only) at the rate of \$7.00 per hour per. I will notify my child's teacher if he/she will be staying for extended care.***

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

Dear Prospective Preschool Parents,

I am delighted that you are considering St. John's as your child's preschool! St. John's Preschool has over 40 years of experience providing a safe and nurturing environment for children. Loving, trained, and experienced teachers nurture each child's social, emotional, developmental, academic, and spiritual growth. Children learn everything from Biblical narratives and the basics of the Christian faith to the foundations of early education. Children grow in social development, such as sharing with others and practical self-help skills. During all the learning, children and staff also have loads of fun and value the importance of play!

Play is a central part of the learning environment. Through hands on activities in key developmental-play areas, children explore and learn with the guidance of teachers and assistants. These play activities are designed to offer many choices for the children.

In addition to learning through play, children participate in circle time, where they learn months of the year, days of the week, weather, shapes, colors, numbers, letters, counting, etc. For our Transitional Kindergarten class, we incorporate more structured teacher-led activities (including beginning writing).

While the preschool offers a structured, interactive preschool morning, learning and play can be extended into the afternoon hours for children whose families may want additional structure and learning in their child's day or for children whose families may need full time care.

Please read through the information in this folder, I am available to answer any questions you may have as you make this important decision. You may call or e-mail me anytime. I look forward to partnering with you in your child's early education as well as welcoming you to the St. John's Family.

Serving Christ and His kids,

Sonia Davidson

Preschool Director  
[soniadavidson@live.com](mailto:soniadavidson@live.com)  
336-413-6304



## PROSPECTIVE STUDENT INFORMATION

**All students must be immunized. We do not accept Religious Exemption.**

Date: \_\_\_\_\_

Father Last Name	Father Name	Father Employment
Father Work Phone	Father Cell Phone	Father Email
Mother Last Name	Mother Name	Mother Employment
Mother Work Phone	Mother Cell Phone	Mother Email
Address	City	State / Zip
Home Phone		

Children	Grade	School Year	Birthday
_____	_____	_____	_____
_____	_____	_____	_____

Presently Enrolled At School: \_\_\_\_\_  
 City: \_\_\_\_\_

Reason for Considering St. John's Lutheran School \_\_\_\_\_  
 \_\_\_\_\_

Current Church Membership \_\_\_\_\_

Interest in Joining St. John's Lutheran Church \_\_\_\_ Yes \_\_\_\_ No

How did you hear about St. John's Lutheran School \_\_\_\_\_  
 \_\_\_\_\_

**Office Use:**

**Contact Log**

Date	Tour	Special Notations

## Sick Child Policy

All North Carolina Child Care Centers are required to enforce all Health Department regulations on children's illness.

If a child becomes ill at school, the responsible adult will be notified to pick him/her up within 60 minutes. A child with a fever (100 degrees or higher), rash, diarrhea, vomiting, throat infections (strep or thrush), conjunctivitis, or continuous nasal discharge should not be brought to the school. If a child has had any of these symptoms at home or at school, he/she must be free of the symptoms for at least 24 hours before returning to the school. Children with ear infections are not allowed to return to the school for 24 hours after the diagnosis.

Parent/Guardian signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

## Discipline and Behavior Management Policy

Praise and positive reinforcement are effective methods of the behavior management of children. When children receive positive, no violent, and understanding interactions from adults and others, they develop good self-concepts, problem solving abilities, and self-discipline. Based on this belief of how children learn and develop values, this facility will practice the following discipline and behavior management policy:

We:	We:
· DO praise, reward, and encourage the children.	· DO NOT spank, shake, bite, pinch, push, pull, slap, or otherwise physically punish the children.
· DO reason with and set limits for children.	· DO NOT make fun of, yell at, threaten, make sarcastic remarks about, use profanity, or otherwise verbally abuse the children.
· DO model appropriate behavior for the children.	· DO NOT shame or punish the children when bathroom accidents occur.
· DO modify the classroom environment to attempt to prevent problems before they occur.	· DO NOT deny food or rest as punishment.
· DO listen to the children.	· DO NOT relate discipline to eating, resting, or sleeping.
· DO provide alternatives for inappropriate behavior to the children.	· DO NOT leave the children alone, unattended, or without supervision.
· DO provide the children with natural and logical consequences of their behaviors.	· DO NOT place the children in locked rooms, closets, or boxes as punishment.
· DO treat the children as people and respect their needs, desires, and feelings.	· DO NOT allow discipline of children by children.
· DO ignore minor misbehaviors.	· DO NOT criticize, make fun of, or otherwise belittle children's parents, families, or ethnic groups.
· DO explain things to children on their levels.	
· DO use short, supervised periods of "time-out".	
· DO stay consistent in our behavior management program.	

Praise and positive reinforcement are effective methods of the behavior management of children. When children receive positive, non-violent, and understanding interactions from adults and others, they develop good self-concepts, problem solving abilities, and self-discipline. Based on this belief of how children learn and develop values, this facility will practice the following discipline and behavior management policy:

I, the undersigned parent, or guardian of \_\_\_\_\_, do hereby state that I have read and received a copy of St. John's Discipline and Behavior policy and that the director (or other designated staff member) has discussed the Discipline and Behavior policy with me.

Signature of parent or guardian: \_\_\_\_\_ Date: \_\_\_\_\_

### **Toileting Policy**

**Staff guidelines:** Children are encouraged to use the bathroom facilities whenever they wish. No child shall be punished, humiliated, or verbally abused for soiling, wetting, or not using the toilet. If a child is not developmental ready to change after a soiling, the staff will nurture the child's development by helping the child under dress, cleaning off the soiling, and help the child dress. All children will wash their hands with soap and running water after going to the bathroom. Staff members also wash their hands with soap and running water after assisting children with toileting or toileting themselves. Individual paper towels are used to dry hands.

Clothing soiled by feces, urine, vomit, or blood is double bagged in sealed plastic bags and stored in a soil bin in your child's classroom apart from other items for the parent to take home to launder.

All bathrooms at the preschool are cleaned every day. They are supplied with soap dispensers, paper towels, toilet paper, a wastebasket, and a step stool. The recommended rules for washing hands are posted in each bathroom.

**3 years of age and fully toilet trained:** We understand starting preschool can be an adjustment for your child. During the first 2 weeks of this transition period, our staff will assist your child with toileting needs. During the transition period if the child asks for help or the staff member sees the child needs help, the staff member will provide full staff assistance by finish cleaning their bottom. However, if your child continues to need full staff assistance on a regular daily basis or more than 2 times a week after the transition period, you will be ask to remove your child from St. John's until the child does not need full staff assistance. If accidents continue to occur after your child returns, he or she will be asked to leave for the remainder of the school year, and there will be no reimbursement of fees paid to St. John's Lutheran School.

**4 & 5 years of age:** If your child has potty accident, a staff member will take your child the bathroom. The staff member will assist the child if she/he requested, or if no assistance is required, the teacher will stand in the doorway until the child is ready to return to the classroom. However, if your child 2 accidents per week, for 2 weeks in a row, after the transition period, we may ask you to remove your child from St. John's until the child does not accidents. If accidents continue to occur after your child returns, he or she will be asked to leave for the remainder of the school year, and there will be no reimbursement of fees paid to St. John's Luther School.

We ask that the child be dressed in "user friendly" clothing, as much as possible. The best items are shorts and pants with elastic waists, or dresses. Try to avoid tight clothing, pants with snaps and zippers, and overalls. These are difficult for children to remove "in a hurry".

By signing your signature below, you are stating that you agree with St. John's Lutheran Preschool and will abide by the above.

I, \_\_\_\_\_, fully agree with the above and will abide with St. John's Lutheran Preschool toileting policy.

Parent(s) Signature: \_\_\_\_\_

## Prevention of Shaken Baby Syndrome and Abusive Head Trauma

### Belief Statement

St. John's Lutheran preschool believe that preventing, recognizing, responding to, and reporting shaken baby syndrome and abusive head trauma (SBS/AHT) is an important function of keeping children safe, protecting their healthy development, providing quality childcare, and educating families.

### Procedure/Practice

- Recognizing: Children are observed for signs of abusive head trauma including irritability and/or high-pitched crying, the head, seizures, lack of appetite, vomiting, bruises, poor feeding, no smiling or vocalization, inability of the eyes to track and/or decreased muscle tone. Bruises may be found on the upper arms, rib cage, or head resulting from gripping or from hitting the head.

### Responding to:

If SBS/ABT is suspected, staff will:

- Call 911 immediately upon suspecting SBS/AHT and inform the director.
- Call the parents/guardians.
- If the child has stopped breathing, trained staff will begin pediatric CPR.

### Reporting:

- Instances of suspected child maltreatment in childcare are reported to Division of Child Development and Early Education (DCDEE) by calling 1-800-859-0829 or by emailing [webmasterdcd@dhhs.nc.gov](mailto:webmasterdcd@dhhs.nc.gov).
- Instances of suspected child maltreatment in the home are reported to the county Department of Social Services.

## Communication

### Staff\*

- Staff will sign an acknowledgement form that includes the individual's name, the date the center's policy was given and explained to the individual, the individual's signature, and the date the individual signed the acknowledgment.
- The childcare facility shall keep the SBS/AHT staff acknowledgement form in the staff member's file.

### Parents/Guardians

- A copy of the policy will be given and explained to the parents/guardians of newly enrolled children up to five years of age on or before the first day the child receives care at the facility.
- Parents/guardians will sign an acknowledgement form.
- The childcare facility shall keep the SBS/AHT parent acknowledgement form in the child's file.

\* For purposes of this policy, "staff" includes the operator and other administration staff who may be

counted in ratio, additional caregivers, substitute providers, and uncompensated providers.

The North Carolina Child Care Health and Safety Resource Center [www.healthychildcarenc.org](http://www.healthychildcarenc.org)  
800.367.2229

## **Prevention of Shaken Baby Syndrome and Abusive Head Trauma**

### **Parent or guardian acknowledgement form**

I, the parent, or guardian of acknowledges that I have read and received a copy of the facility's Shaken Baby Syndrome/Abusive Head Trauma Policy.

Print name of parent/guardian \_\_\_\_\_

Signature of parent/guardian \_\_\_\_\_ Date \_\_\_\_\_

## **Transitional Kindergarten & Preschool Supply List**

### **No Book Bags**

### **2022/2023**

#### **Half Day**

- |  |  |
|--|--|
| 2 Container of Baby Wipes                                      | 4 Rolls of paper towels                  |
| 6 Glue Sticks  | 1 box of 8 crayons (basic colors)        |
| 2 boxes of tissues   | Pencil Box                               |
| 1 box of Bandage   | 3 Pack of classic color washable markers |
| 1 set of water paints  | Box of Snack Size Zip Lock Bags          |
| Change of clothes in a Ziploc bag (top, bottom, socks, undies) |  |

#### **School Day**

- |   |  |
|---|--|
| 2 Container of Baby Wipes   | 4 Rolls of paper towels                  |
| 6 Glue Sticks   | 1 box of 8 crayons (basic colors)        |
| 2 Boxes of tissues  | Pencil Box                               |
| 1 box of Bandage  | 3 Pack of classic color washable markers |
| 1 set of water paints   | Box of Snack Size Zip Lock Bags          |
| Change of clothes in a Ziploc bag (top, bottom, socks, and undies)      |  |
| 1 Nap linen bag-Reusable  |  |
| 5 Fitted crib size sheets <b>(no pillows or rest toys due to Covid)</b> |  |