

in collaboration  
with



Summer 2023

Welcome to Bear Buddies Learning Station Preschool!

We are looking forward to a fabulous year. This is one of many of your child's formal experiences in an educational environment. We know that it will be a positive and memorable one. During the coming year you can expect your child to make new friendships, gain independence, test their limits and grow in mind, body and character.

Our class times for the 2023-2024 school year are **8:00 - 11:10am** beginning on Friday, September 1st. Attached is our calendar for the 2023-2024 school year. As part of NR4K, we will be following the New Richmond School District's calendar.

Our parent/child orientation and Open House is on Thursday, August 31<sup>st</sup>, from 1pm - 4pm. You will have a chance to meet the teachers, drop off supplies and have a snack. The NR4Kids parent handbook and class schedule will be available at this time as well.

If you are using our early childhood "wrap-around" program, in addition to the NR4K, you will need to fill out the necessary enrollment papers and pay the \$35.00 registration fee with your first two weeks tuition. Please stop in the office to fill them out so you are ready to go the first day of attendance.

Attached are the Learning Station Preschool/NR 4 KIDS family information forms that need to be completed/updated and returned by Thursday, August 31<sup>st</sup>. This will confirm your registration and allow us time to prepare for your child's FIRST DAY at school.

The forms to return include:

- ☺ Child Enrollment Form
- ☺ Child Health Report
- ☺ Immunization Form

- ☺ Parent Orientation Check List
- ☺ Welcome Sheet and Parent Survey
  - ☺ Food Program Form
- ☺ Facebook Release Form (optional)

Forms for you to keep are:

- ☺ Health Exclusion Policy
  - ☺ Year Calendar
- ☺ School Supply List
- ☺ Meet the Teacher

Our first day of classroom instruction is Friday, September 1<sup>st</sup>. Enjoy the rest of your summer. See you August 31<sup>st</sup> for Family Orientation & Open House between 1PM and 4PM.

### Child Health Report – Child Care Centers

**Use of form:** Use of this form is required unless the health examination report is on an electronic printout from a licensed physician, physician assistant, or other EPSDT provider. Completion of this form meets the requirements of DCF 202.08 (4), DCF 250.04 (6) (a) 4. and DCF 251.04 (6) (a) 8. Failure to comply with these rules may result in issuance of a noncompliance statement. Personal information you provide may be used for secondary purposes [Privacy Law, s.15.04(1)(m), Wisconsin Statutes].

**Instructions:** Each child under 2 years of age shall have an initial health examination not more than 6 months prior to nor later than 3 months after being admitted to the center and a follow-up health examination at least once every 6 months thereafter. Each child 2 years of age but who is not 5 years of age or older shall have an initial health examination not more than one year prior to nor later than 3 months after being admitted to a center and a follow-up health examination at least once every 2 years thereafter. The parent / guardian shall give this form to the physician, physician assistant, or other EPSDT provider to be completed, signed, and dated. The licensee / operator shall obtain a copy for the child's record. Note: Children are also required to have on file at the child care center documentation of immunizations; it may be helpful if the parent / guardian includes a copy of the child's immunization record when submitting this form to the child care center.

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**PARENT OR GUARDIAN** – This section should be completed by the parent or guardian

Child's Name (Last, First, MI)	Child's Birthdate (mm/dd/yyyy)
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Child's Address (Street, City, State, Zip Code)

---

Parent or Guardian Name (Last, First, MI)

---

Parent or Guardian Address (Street, City, State, Zip Code)

---

**HEALTH PROFESSIONAL** – This section should be completed by the health professional

Instructions for feeding and care of child with special health concerns – Specify: (attach information as necessary).

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Yes  No Does the child have a milk allergy? If "Yes," identify the recommended milk substitute.

---

Yes  No Does this child have any food or non-food allergies? If "Yes," specify and include the treatment plan to be implemented in the event of an allergic reaction.

---

Date of child's most recent blood lead test: \_\_\_\_\_ (mm/dd/yyyy).

Note: Children on Medicaid are required to be tested at around ages 12 months and 24 months or once between the ages of 3 and 5 years if no previous test is documented. Lead testing is optional for children who are not on Medicaid.

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Immunization(s) not to be administered to child due to medical reason(s) – Specify.

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**AUTHORIZATION**

I certify that I have examined the above child on this date and that he / she is able to participate in child care activities.

Name – MD, PA, or other EPSDT Provider (type or print)	Address (Street, City, State, Zip Code)
--	---

<b>SIGNATURE</b> – MD, PA, or other EPSDT Provider	Date of Examination
--	---------------------



## CHILD CARE IMMUNIZATION RECORD

COMPLETE AND RETURN TO CHILD CARE CENTER. State law requires all children in child care centers to present evidence of immunization against certain diseases within **30 school days (6 calendar weeks) of admission to the child care center**. These requirements can be waived only if a properly signed health, religious, or personal conviction waiver is filed with the child care center. See "Waivers" below. If you have any questions about immunizations, or how to complete this form, please contact your child's child care provider or your local health department.

### PERSONAL DATA

PLEASE PRINT

<b>STEP 1</b>	Child's Name (Last, First, Middle Initial)	Date of Birth (Month/Day/Year)	Area Code/Telephone Number
	Name of Parent/Guardian/Legal Custodian (Last, First, Middle Initial)	Address (Street, Apartment number, City, State, Zip)	

### IMMUNIZATION HISTORY

**STEP 2** List the MONTH, DAY AND YEAR the child received each of the following immunizations. DO NOT USE A (✓) OR (X) except to indicate whether the child has had chickenpox. If you do not have an immunization record for this child, contact your doctor or local public health department to obtain the records.

TYPE OF VACCINE	First Dose Month/Day/Year	Second Dose Month/Day/Year	Third Dose Month/Day/Year	Fourth Dose Month/Day/Year	Fifth Dose Month/Day/Year
Diphtheria-Tetanus-Pertussis (Specify DTP, DTaP, or DT)					
Polio					
Hib (Haemophilus <i>Influenzae</i> Type B)					
Pneumococcal Conjugate Vaccine (PCV)					
Hepatitis B					
Measles-Mumps-Rubella (MMR)					
Varicella (chickenpox) vaccine Vaccine is required only if the child has not had chickenpox disease.					

Has the child had Varicella (chickenpox) disease? Check the appropriate box and provide the year if known.

- Yes year \_\_\_\_\_ (Vaccine is not required)  
 No or Unsure (Vaccine is required)

### REQUIREMENTS

**STEP 3** The following are the minimum required immunizations for the child's age/grade at entry. All children within the range must meet these requirements at child care entrance. Children who reach a new age/grade level while attending this child care must have their records updated with dates of additional required doses.

AGE LEVELS	NUMBER OF DOSES					
5 months through 15 months	2 DTP/DTaP/DT	2 Polio	2 Hib	2 PCV	2 Hep B	
16 months through 23 months	3 DTP/DTaP/DT	2 Polio	3 Hib <sup>1</sup>	3 PCV <sup>2</sup>	2 Hep B	1 MMR <sup>3</sup>
2 years through 4 years	4 DTP/DTaP/DT	3 Polio	3 Hib <sup>1</sup>	3 PCV <sup>2</sup>	3 Hep B	1 MMR <sup>3</sup> 1 Varicella
At Kindergarten entrance	4 DTP/DTaP/DT <sup>4</sup>	4 Polio			3 Hep B	2 MMR <sup>3</sup> 2 Varicella

<sup>1</sup>If the child began the Hib series at 12-14 months of age, only two doses are required. If the child received one dose of Hib at 15 months of age or after, no additional doses are required. Minimum of one dose must be received after 12 months of age (Note: a dose four days or less before the first birthday is also acceptable).

<sup>2</sup>If the child began the PCV series at 12-23 months of age, only two doses are required. If the child received the first dose of PCV at 24 months of age or after, no additional doses are required.

<sup>3</sup>MMR vaccine must have been received on or after the first birthday (Note: a dose four days or less before the first birthday is also acceptable).

<sup>4</sup>Children entering kindergarten must have received one dose after the fourth birthday (either the third, fourth or fifth) to be compliant (Note: a dose 4 days or less before the fourth birthday is also acceptable).

### COMPLIANCE DATA AND WAIVERS

**STEP 4** IF THE CHILD MEETS ALL REQUIREMENTS (sign at STEP 5 and return this form to the child care center), OR  
 IF THE CHILD **DOES NOT** MEET ALL REQUIREMENTS (check the appropriate box below, sign and return this form to child care center).

- Although the child has not received all required doses of vaccine for his or her age group, at least the first dose of each vaccine has been received. I, understand that it is my responsibility to obtain the remaining required doses of vaccines for this child **WITHIN ONE YEAR** and to notify the child care center in writing as each dose is received.

**NOTE: Failure to stay on schedule or report immunizations to the child care center may result in court action against the parents and a fine of \$25.00 per day of violation.**

- For health reasons this child should not receive the following immunizations \_\_\_\_\_ (List in STEP 2 any immunizations already received)

\_\_\_\_\_  
 Physician's Signature Required

- For religious reasons this child should not be immunized. (List in STEP 2 any immunizations already received)

- For personal conviction reasons this child should not be immunized. (List in STEP 2 any immunizations already received):

### SIGNATURE

**STEP 5** To the best of my knowledge, this form is complete and accurate.

\_\_\_\_\_  
 SIGNATURE - Parent, Guardian or Legal Custodian

\_\_\_\_\_  
 Date Signed





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*(Sponsored by Bear Buddies Educational Resources, Inc.)*

## PARENT ORIENTATION CHECK LIST 2023-2024

I (we) agree to comply with its policies as outlined below.

**PLEASE INITIAL EACH LINE ITEM**

**\*\*\* Tuition:**

\_\_\_\_\_ I (we) understand that there is NO FEE for the NR4KIDS Program.

\_\_\_\_\_ I (we) understand that drop off and pick up times are no earlier or later than 5 minutes before and after school hours.

\_\_\_\_\_ I (we) understand that I will be charged a rate of \$5 up to the first 15 minutes (payable in ½ hour increments) an hourly rate of \$7.50 per hour for any times other than the allotted preschool hours. This is including early arrival and late pick up. Fees are due at time of pick up.

**\*\*\* Health:**

\_\_\_\_\_ I (we) agree to provide Bear Buddies/Learning Station Preschool current immunization and health records prior to attendance in accordance with Wisconsin State Licensing.

\_\_\_\_\_ I (we) agree to pick up my child within one hour of being notified of a condition or illness that warrants exclusion from preschool.

\_\_\_\_\_ I (we) agree to inform Bear Buddies/Learning Station Preschool of any health information concerning allergies, immunizations, communicable disease, diet or other special needs.

**\*\*\* Curriculum:**

\_\_\_\_\_ I (we) understand that my child will receive a daily educational program that includes, but is not limited to, activities in cognitive development (pre-reading, pre-math, thought processes), communication (expressive and receptive), motor development, language development, character growth (socialization, conflict resolution, positive self image).

\_\_\_\_\_ I (we) understand that weekly lesson plans, weekly newsletters and a daily classroom schedule will be given to me, e-mailed or posted in the classroom for me to view.

**\*\*\* Communication:**

\_\_\_\_\_ I (we) agree to inform the staff and office of changes in persons authorized to drop off or pick up my child.

\_\_\_\_\_ I (we) understand that any **authorized** person picking up my child will be required to have a picture I.D.

\_\_\_\_\_ I (we) agree to share with the preschool teacher and/or director any concerns regarding the type or quality of education my child receives, both positive and constructive.

\_\_\_\_\_ I (we) acknowledge that regular communication with my child’s teacher can be expected including but not limited to daily personal communication and parent conferences with progress reports.

\_\_\_\_\_ I (we) acknowledge that 2 conferences will be held throughout the year. One will be scheduled in the fall and one in spring. They will be up to 15 minutes each.

**\*\*\* Inservice**

\_\_\_\_\_ I (we) understand that my child’s teacher is required to participate in 25 hours of continuing education yearly.

**\*\*\* Inclement Weather:**

\_\_\_\_\_ I (we) understand that if Bear Buddies/Learning Station Preschool is closed due to inclement weather; a make-up session may be held for that day.

**\*\*\* Parent Involvement:**

\_\_\_\_\_ I (we) understand that the parent involvement activities are offered as part of the NR4Kids program to enhance school, community and family unity. These are not required attendance and may involve a small fee.

**\*\*\* Scheduled Time:**

\_\_\_\_\_ My child’s normal schedule is AM .

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

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Date



## Welcome!

We love getting to know the children, but sometimes there are things that only a parent knows about their child. Please take a minute to tell us some important information:

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

Nicknames: \_\_\_\_\_ Birthday: \_\_\_\_\_

Hobbies/Favorite Activities: \_\_\_\_\_  
\_\_\_\_\_

Struggles/Fears/Dislikes: \_\_\_\_\_  
\_\_\_\_\_

Parent(s)/Guardian(s): \_\_\_\_\_

Siblings (4 Ages): \_\_\_\_\_

Pets: \_\_\_\_\_

Allergies 4 Medications: \_\_\_\_\_

What holidays and celebrations does your family celebrate? \_\_\_\_\_  
\_\_\_\_\_

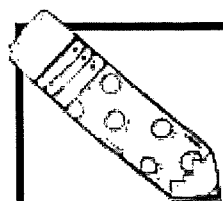
Any special information we should know about (new baby, new job, new house, etc.):  
\_\_\_\_\_  
\_\_\_\_\_

What are your fears or concerns about your child during their school year? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Is there anything else you want to tell me to support your child's learning this year?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please provide us with the email(s) you would like us to use for important updates:  
\_\_\_\_\_  
\_\_\_\_\_





# PARENT SURVEY



This information sheet is to help me better understand your child.  
Please be honest and provide details where necessary.

1. Student Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

2. Name of Parent (s)/Guardian? \_\_\_\_\_

3. Home Address: \_\_\_\_\_

4. Contact information: Please *star* the best number for you to be contacted if needed. Please print *clearly*. Home phone: \_\_\_\_\_

Mom's #: \_\_\_\_\_ email: \_\_\_\_\_

Dad's #: \_\_\_\_\_ email: \_\_\_\_\_

5. Emergency Contact Person (This information must be on file with the front office). Contact person/relationship to student: \_\_\_\_\_

Phone number: \_\_\_\_\_

6. Are any languages other than English spoken at home? \_\_\_\_\_

7. What is the primary way your child will go home each day? \_\_\_\_\_

\*Please send a note if there are going to be any changes in dismissal.

8. Do you have any special concerns about your child? (academically, socially, medically, etc.)? \_\_\_\_\_

9. Please list any foods, stings, etc. that may cause allergic reactions with your child \_\_\_\_\_

10. Please list two goals you would like to set for your child this year:  
\_\_\_\_\_  
\_\_\_\_\_

\*\*\*12. On the back of this paper, please tell me, in one million words or less, if there is anything else I should know about your child.



**CHILD AND ADULT CARE FOOD PROGRAM (CACFP)**  
**HOUSEHOLD LETTER (Non-Pricing Programs)**

For Group Child Care & Outside of School Hours Centers  
 FFY 2024, Rev. 6/23

Dear Parent or Guardian:

Bear Buddies CDC is enrolled in the CACFP, a USDA program which  
 (Name of Agency)

provides federal assistance dollars to eligible child care centers for serving more nutritious meals. The amount of money our agency receives from this program is based on the income levels of our families. In order to continue providing a quality meal service without additional charge, we request every family of our enrolled children to complete new a Household Size-Income Statement form (HSIS) each year. Please complete and return the attached HSIS form to our office. This information will be kept strictly confidential in our files. Only one completed HSIS is required for all children in your household. Once we have properly approved your HSIS as eligible, our agency will receive the higher ("Free" or "Reduced-price") meal reimbursement rates for your enrolled children, for 12 months from the Effective Month of Determination regardless of any change in your household size and/or income or termination from Benefits Programs.

- You are not required to complete this HSIS if no one in your household receives benefits from FoodShare WI (the Supplemental Nutrition Assistance Program (SNAP)), FDPIR (Food Distribution Program on Indian Reservations), Wisconsin Works Programs and your household income is higher than the amount shown for your household size within the table below. In this case, however, we would appreciate you returning the HSIS to us with "N/A" written on it along with your signature and date.

**Determining Eligibility based on Participation in Benefits Programs → Complete Part 1 and Part 3 of HSIS form**

Our agency receives the Free meal reimbursement rate for children in households receiving benefits from FoodShare WI, FDPIR, or WI Works Programs. Wisconsin Works Programs is Wisconsin's Temporary Assistance for Needy Families (TANF) program. It provides temporary cash assistance through work placement and training programs and IS NOT the WI Child Care Subsidy Program. WI Works Programs include Trial Employment Match Program (TEMP), Community Service Jobs (CSJ), Case Management, W-2 Transitions (W-2T), Custodial Parent of an Infant (CMC), Minor Parents Services, Noncustodial Parents, Pregnant Women, Learnfare and Emergency Payments.

You must include the following information on the HSIS (a-c) for eligibility based on receiving benefits from FoodShare WI, FDPIR, WI Works Programs:

- (a) The names of your enrolled children; • DO NOT list case numbers for:
- (b) Checked box for the benefit your household receives and its case number; & • Medicaid, SSI, OR Wisconsin Child Care Subsidy program AND
- (c) The signature of an adult member in the household & signature date • DO NOT list 16-digit Quest Card number (starts with 5077) for FoodShare WI

**Determining Eligibility by Household Size and Income → Complete Part 2 and Part 3 of HSIS form**

**Household-Size Income Scale (Effective July 1, 2023 to June 30, 2024)**

Household Size	Annual Income Level (at or below)
1	\$ 26,973
2	\$ 36,482
3	\$ 45,991
4	\$ 55,500
5	\$ 65,009
6	\$ 74,518
7	\$ 84,027
8	\$ 93,536
For each additional Household Member, add:	+\$ 9,509

If your household earns a total income that is less than or equal to the income levels listed within this table, we will receive higher meal reimbursement rates ("Free" or "Reduced-price" meal rate) for your children. For determining eligibility based on your household size and income, you must include the following information on the HSIS (a-e):

- (a) Full names of all household members who share income and expenses, including children, parents, and non-related persons;
- (b) Income received by each household member identified by source of income and its pay frequency;
- (c) Total number of household members;
- (d) The signature of an adult member of the household and signature date; and
- (e) The last four digits of the social security number of the adult household member signing the HSIS or an indication he/she does not have a social security number.

• Disclosure of United States citizenship or immigration status is not required and is not a condition of eligibility for higher meal reimbursement rates.

**Eligibilities of Foster, Runaway, Homeless, and Migrant Children, and Children**

**enrolled in Head Start:** Our agency will receive the Free meal reimbursement rates for foster, runaway, homeless, and migrant children and children enrolled in Head Start who reside in your household, when you provide the respective documentation listed below. The respective documentation is required for these

- children to be eligible for Free Meals: These children's eligibility for Free meals does not extend to other children in your household.
- Foster children: Your completed HSIS with the 'Foster Child' box checked next to your foster children's names. When including them on your HSIS completed for your non-foster children, any income reported for your foster children must only be for their personal use. Your foster children will then be eligible at the "Free" meal rate. Your non-foster children's eligibilities will be based on the benefits or income information provided on your household's completed HSIS form.
- Children Enrolled In Head Start: Written certification of your child's Head Start enrollment eligibility period from the Head Start administering agency.
- Runaway, Homeless, and Migrant Children: Written certification of the child's status from an official of the appropriate Runaway and Homeless Youth Program, Migrant Education Program, or school official.

**Use of Information Statement:** The Richard B. Russell National School Lunch Act requires the information on this form. You are not required to provide this information, but if you do not, our agency cannot receive higher reimbursement rates for meals served to your children. You must include the last four digits of the social security number of the household member signing the form unless: the HSIS is only for your foster child(ren); you list a case number for receiving benefits from FoodShare WI, WI Works Cash Programs, or FDPIR; or when the household member signing the HSIS checks "None" for not having a SS#.

**Sharing Eligibility Information:** Children's eligibility information may be shared in accordance with disclosure protection requirements without prior notification, with education, health, and nutrition programs to assess their eligibility for benefits. The law allows us to share your children's eligibility information with programs such as Medicaid or BadgerCare for ensuring their access to free or low cost health insurance, unless you tell us not to. This information may only be used for determining eligibility for their programs; if your children are eligible, they may contact you to offer their enrollment options. Filling out this HSIS does not automatically enroll your children in these programs. If you do not want your information to be shared with these programs, notify us in writing. This notification will not change whether your children's meals are eligible for meal reimbursement. Your eligibility information provided on the HSIS may also be shared with auditors for program reviews and law enforcement officials for the purpose of investigating violations of program rules.

Refer to the [USDA Non-Discrimination Statement and Complaint Filing Procedure \(https://dpi.wi.gov/nutrition#discrimination\)](https://dpi.wi.gov/nutrition#discrimination). This institution is an equal opportunity provider.



HOUSEHOLD SIZE—INCOME STATEMENT

Child and Adult Care Food Program

An adult household member must complete this form (HSIS) and return it to the center. Complete one HSIS per household. Refer to the accompanying Household Letter for instructions on completing this form.

First and Last Name(s) of Enrolled Child(ren): Center LCB

PART 1: BENEFITS

Do any household members currently participate in FoodShare WI, WI Works Programs, or FDPiR? If yes, check the program and write the corresponding case number below; then go to Part 3. If no, skip to Part 2.

FoodShare Wisconsin (10-digit case number): DO NOT list a 16-digit Quest Card number: Wisconsin Works (W-2) Programs (10-digit case number): Wisconsin Shares Child Care Subsidy benefits is NOT a W-2 Program. It does not qualify a child as free in the CACFP. FDPiR (9-digit case number):

PART 2: HOUSEHOLD SIZE AND INCOME

If you did not complete PART 1, complete a, b, and c below; then go to PART 3.

a) Household Members Information: List full names of all members in first column, including yourself and all children. b) List all income on the same line as the person who receives it. Record each income source only once. Check the box for how often each income source is received.

Table with columns: Household Member Names, Age, Check if Foster Child, Check if No Income, Gross wages, Net income, Retirement, Social Security, etc., and frequency boxes (Weekly, Monthly, Annually).

c) Record total # of household members:

PART 3: SIGNATURE

An adult household member must sign and date this form

If PART 2 is completed, the adult signing the form must list the last four digits of their SS# OR check "None" if they do not have a SS#.

ETHNICITY AND RACE DATA COLLECTION - Completion is optional This center is required by Federal law to ask the following two questions concerning ethnicity and race. Your answers are strictly for statistical reporting and will have no effect on determination of eligibility for benefits. Please answer both questions.

IS YOUR CHILD(REN) HISPANIC OR LATINO? Yes, Hispanic or Latino No, neither Hispanic nor Latino

SELECT ONE OR MORE OF THE FOLLOWING CATEGORIES THAT APPLY TO YOUR CHILD(REN): American Indian or Alaska Native Black or African American White Asian Native Hawaiian or Other Pacific Islander

I CERTIFY that all information on this form is true. I understand that this information is given in connection with the receipt of Federal funds and that CACFP officials may verify the information. I am aware that if I purposely give false information, my children may lose meal benefits, and I may be prosecuted under applicable State and Federal laws.

Signature of Adult Household Member Signature Date Mo./Day/Yr. Last 4 digits of SS# (or check "None" if you do not have a SS#)

FOR CENTER USE ONLY - Complete all 3 sections

Section 1: Basis of Determining Eligibility (A or B) Section 2: Eligibility Determination Section 3: Determining Official's Initials/Approval Date Effective Month of Determination

\*Convert to yearly income only when multiple pay frequencies are reported, using only these multipliers: Weekly x 52, Twice a month x 24, Every 2 weeks x 26, Monthly x 12 \*\*This form expires one year from the Effective Month of Determination.



**CACFP ENROLLMENT FORM**

**Parent/Guardian Instructions:**

This form can be used for up to three children per household. In the spaces below list the child's name, current age, the days and hours normally in care, and the meals normally received while in care. If the child is of school age report the hours in care both before and after school. Child and Adult Care Food Program (CACFP) regulations require that the enrollment form be updated annually and signed by the child's parent or guardian. This form can be used for three years for the same child(ren), to meet the annual updating requirements.

Child Care Name:

HOURS AND MEALS WHILE IN CARE											
Child's Name:	Days Normally in Care (Check ✓)	Hours				Meals Normally Received While in Care (Check ✓)					
		From	To	From	To	Breakfast	AM Snack	Lunch	PM Snack	Supper	Evening Snack
Date of Birth:	<input type="checkbox"/> Sunday					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/> Monday					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/> Tuesday					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/> Wednesday					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/> Thursday					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/> Friday					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/> Saturday					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Additional Information (Year One):		Additional Information (Year Two):				Additional Information (Year Three):					

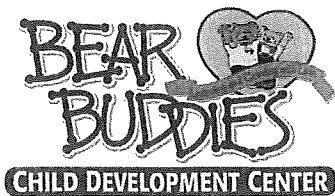
HOURS AND MEALS WHILE IN CARE											
Child's Name:	Days Normally in Care (Check ✓)	Hours				Meals Normally Received While in Care (Check ✓)					
		From	To	From	To	Breakfast	AM Snack	Lunch	PM Snack	Supper	Evening Snack
Date of Birth:	<input type="checkbox"/> Sunday					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/> Monday					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/> Tuesday					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/> Wednesday					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/> Thursday					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/> Friday					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/> Saturday					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Additional Information (Year One):		Additional Information (Year Two):				Additional Information (Year Three):					

HOURS AND MEALS WHILE IN CARE											
Child's Name:	Days Normally in Care (Check ✓)	Hours				Meals Normally Received While in Care (Check ✓)					
		From	To	From	To	Breakfast	AM Snack	Lunch	PM Snack	Supper	Evening Snack
Date of Birth:	<input type="checkbox"/> Sunday					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/> Monday					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/> Tuesday					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/> Wednesday					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/> Thursday					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/> Friday					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/> Saturday					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Additional Information (Year One):		Additional Information (Year Two):				Additional Information (Year Three):					

PARENT/GUARDIAN SIGNATURE					
<i>Parent/Guardian Signature (Year One):</i>	<i>Date Mo./Day/Yr.</i>	<i>Parent/Guardian Initials (Year Two):</i>	<i>Date Mo./Day/Yr.</i>	<i>Parent/Guardian Initials (Year Three):</i>	<i>Date Mo./Day/Yr.</i>







245 W. Paperjack Dr. New Richmond, WI 54017 \*\* (715) 246-7600  
3250 Heiser St. Hudson, WI 54016 \*\* (715) 386-5454  
1755 11<sup>th</sup> Ave. Baldwin, WI 54002\*\* (715) 688-6066  
Email: [info@bearbuddies.org](mailto:info@bearbuddies.org)  
Website: [www.bearbuddies.org](http://www.bearbuddies.org)

I, \_\_\_\_\_ give Bear Buddies permission to post my child's photograph on the Bear Buddies NR4K 2023-2024 Facebook page/social media.

\_\_\_\_\_ child's name

\_\_\_\_\_ sign and date

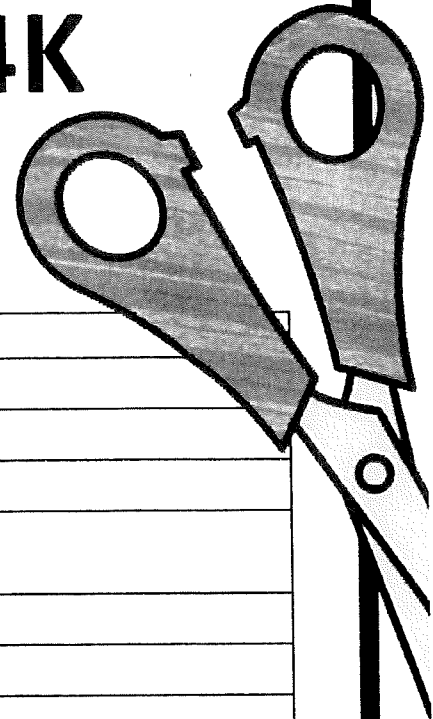
To find our Facebook group, please search "Bear Buddies NR4K 2023-24"



# SCHOOL SUPPLY LIST

## Bear Buddies 4K

2023-2024



Quantity	Items
1	1-inch binder (with <u>clear pocket on front</u> )
1	Folder with 3-hole fasteners
1	1 Subject notebook
2	Bottles of liquid glue
4	Glue sticks
1	12 pack Crayola colored pencils
1	24 pack Crayola crayons
2	10 pack classic color Crayola markers
2	My First Ticonderoga pencils
1	Child size scissors
2	Boxes of tissues
1	Set of watercolor paints
2	4 pack <b>Black</b> dry erase markers
1	Ream of copy paper
1	Plastic crayon Box
1	Container of Clorox or Lysol Wipes

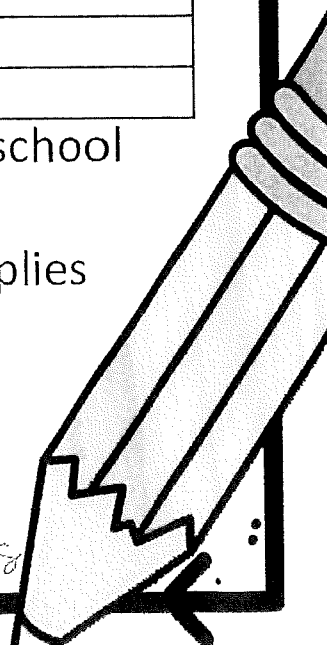
\*Please be sure your child has a backpack for school  
large enough to hold a folder

\*Please write your child's name on their supplies

Thank you! We can't wait to meet you!

∴ CONTINUE ON BACK

©fifthandfabulous





## HEALTH EXCLUSION POLICY

Certain symptoms in children may suggest the presence of communicable disease. Children who have the following symptoms should be excluded from the child care setting until:

- (1) A physician has certified the symptoms re not associated with an infectious agent or they are no longer a threat the health of other children at the center.
- (2) They symptoms have subsided, or the treatment has started using the following guidelines.

IF YOUR CHILD DEVELOPS:	MAY RETURN
<b>FEVER:</b> ..... 101 Fahrenheit or higher temp of undiagnosed origin before fever reducing medication is given	24 hours w/o meds
<b>RESPIRATORY SYMPTOMS:</b> ..... Difficult or rapid breathing or severe coughing that is constant and prevents the child from participating in normal activity.	Child's cough does not affect normal activity
<b>VOMITTING:</b> ..... Vomited 1 or more times or is accompanied by other symptoms such as fever, behavioral changes, abdominal pain or diarrhea	Symptoms disappear
<b>DIARRHEA:</b> ..... 2 or more abnormally loose stools in the previous 24 hour. Observe the child for other symptoms.	Symptoms disappear
<b>CONJUNCTIVITIS (Pinkeye):</b> ..... Tears, redness of eyelid lining. Followed by swelling and discharge of pus	24 hrs. & 3 doses of meds.
<b>HEAD LICE:</b> .....	First treatment is done and all nits have been removed. Shampoos do not kill nits. Must remove by hand.
<b>STREP THROAT/ SCARLET FEVER:</b> .....	24 – 36 hours after treatment begins and child is w/o fever meds.
<b>GENERAL LETHARGY:</b> ..... When a child is not able to participate in activities with reasonable comfort & requires more care than the program staff can provide w/o compromising the health & safety of others.	Condition improves
<b>HAND / FOOT / MOUTH DISEASE:</b> ..... Sores occur toward the front of the mouth, on palms, fingers, & soles of feet. Possible a low fever.	Fever is gone & child can participate in normal activity. (all sores MUST be crusted over)
<b>THRUSH:</b> ..... (Yeast Infection) Diaper area very "red" rash, mouth lesions are white and raised.	Exclusion is not indicated once treatment begins.
<b>RASH &amp; SKIN PROBLEMS:</b> .....	
✦ <b>Impetigo</b> .....	Rash disappears or is diagnosed as not contagious. 24 hrs. after treatment begins and lesions are dry or can be covered with a band aid.
✦ <b>Scabies</b> .....	24 hrs. after treatment begins
✦ <b>Chicken Pox</b> .....	Until all blisters are scabbed over





Board Approved  
March 20, 2023

# 2023-2024 NR4Kids Calendar

August 2023									
1	2	3	4	5					
6	7	8	9	10	11	12			
13	14	15	16	17	18	19			
20	21	22	23	24	25	26			
27	28	29	30	31	August 30 & 31	4K Orientations			
September 2023									
		1	2	September 1	First Day of School for 4K				
3	4	5	6	7	8	9	September 4	No School - Labor Day Holiday	
10	11	12	13	14	15	16	September 15	No School for 4K	
17	18	19	20	21	22	23	September 18	No School - Professional Learning Day	
24	25	26	27	28	29	30	September 29	No School for 4K	
October 2023									
				October 6	No School for 4K				
1	2	3	4	5	6	7	October 12	No School - Parent/Teacher Conference K-12	
8	9	10	11	12	13	14	October 13	No School for 4K	
15	16	17	18	19	20	21	October 19	No School - Parent/Teacher Conference K-12	
22	23	24	25	26	27	28	October 20	No School for 4K	
29	30	31					October 23	No School - Professional Learning Day	
November 2023									
		1	2	3	4	November 2	End of First Quarter		
5	6	7	8	9	10	11	November 3	No School for 4K	
12	13	14	15	16	17	18	November 10	No School for 4K	
19	20	21	22	23	24	25	November 17	No School for 4K	
26	27	28	29	30			November 21	End of First Trimester	
							November 22-24	No School - Thanksgiving Break	
December 2023									
			1	2	November 27	No School - Professional Learning Day			
3	4	5	6	7	8	9	December 8	No School for 4K	
10	11	12	13	14	15	16	December 15	No School for 4K	
17	18	19	20	21	22	23	December 22	No School for 4K	
24	25	26	27	28	29	30	December 25-29	No School - Holiday Break	
31									
January 2024									
		1	2	3	4	5	6	January 1	No School - New Years Day
7	8	9	10	11	12	13	January 12	No School for 4K	
14	15	16	17	18	19	20	January 15	No School - Martin Luther King Day	
21	22	23	24	25	26	27	January 17	End of Second Quarter	
28	29	30	31				January 22	No School - Professional Learning Day	
February 2024									
		1	2	3	February 2	No School for 4K			
4	5	6	7	8	9	10	February 9	No School for 4K	
11	12	13	14	15	16	17	February 15	No School - Parent/Teacher Conference K-12	
18	19	20	21	22	23	24	February 16	No School for 4K	
25	26	27	28	29			February 22	No School - Parent/Teacher Conference K-12	
							February 23	No School for 4K	
March 2024									
			1	2	February 26	No School - Professional Learning Day			
3	4	5	6	7	8	9	February 28	End of Second Trimester	
10	11	12	13	14	15	16	March 8	No School for 4K	
17	18	19	20	21	22	23	March 15	No School for 4K	
24	25	26	27	28	29	30	March 20	End of Third Quarter	
31							March 22	No School for 4K	
							March 25-28	No School - Spring Break	
April 2024									
					March 29	No School - Good Friday			
1	2	3	4	5	6	April 1	No School - Professional Learning Day		
7	8	9	10	11	12	13	April 12	No School for 4K	
14	15	16	17	18	19	20	April 19	No School for 4K	
21	22	23	24	25	26	27	April 26	No School for 4K	
28	29	30							
May 2024									
		1	2	3	4	May 3	No School for 4K		
5	6	7	8	9	10	11	May 10	No School for 4K	
12	13	14	15	16	17	18	May 17	No School for 4K	
19	20	21	22	23	24	25	May 24	No School for 4K	
26	27	28	29	30	31	May 27	No School - Memorial Day		
							May 29	Early Out- Last Day of School	
June 2024									
						1			
2	3	4	5	6	7	8			
9	10	11	12	13	14	15			
16	17	18	19	20	21	22			
23	24	25	26	27	28	29			





# MEET THE TEACHER!



Casie Riggins

## WELCOME

Hello! My name is Mrs. Casie and I will be your child's 4K Teacher! I will be working with Mr. Thomas in our 4K classroom. I am so excited for the school year to start and to watch your children grow and learn throughout the school-year. I hope to see you at our Open House (August 31<sup>st</sup>).

## FAVORITE THINGS

Color: **Yellow**  
Season: **Fall**  
Food: **Spaghetti**  
Store: **Target**  
Animal: **Cats**  
Restaurant: **Olive Garden**  
Hobby: **Art Projects**



## ALL ABOUT ME

I have my Bachelor's Degree in Elementary Education with a minor in Teaching English to Speakers of Other Languages from the University of Wisconsin-River Falls. This is my fourth year teaching at Bear Buddies and I am so excited to start the new school year with your children! I live in Ellsworth with my husband, our son, and our 4 cats. In my free time, I love doing art projects, going outside, and making trips to Target!



## More Information

### Monthly Reading Logs-

We will be sending home a reading log every month. At the end of the month children can turn in their completed reading log in exchange for a prize. The monthly reading log is not required but encouraged. For every day or book that your child reads with an adult or older sibling (or family member) they can color one of the pictures on the reading log. On the back of the reading log I would like to see your child draw a picture of a book that they enjoyed reading during the month. Once again, this is not required, but highly encouraged. Turn in by end of the first week of the next month to claim a prize (example: September reading log due by October 6<sup>th</sup>).

-We will also be sending home Scholastic Book Club flyers throughout the year to help build your own library

### Book Bags-

Book Bags will be sent home the second week of September. Our goal is for each child to read or be reading the book in the book bag with an adult. Book bags are due within one week after being sent home (example: Book bags sent home on Sept. 13<sup>th</sup> will be due back no later than Sept. 20<sup>th</sup>). We would like to send home a different book each week which means that we need your help sending book bags back to school in a timely manner. Books that you read from the book bags can be counted towards books on the monthly reading log.

### Weekly Homework-

Weekly homework was a hit last year, so we have decided to continue homework again this year. Each week we will send home 1-2 sheets of homework for your child to work on at home. Once again, this is not a requirement, but a way to enhance and involve families in student's education. We have found that most of the students enjoy doing the homework, especially when their older siblings are working on homework, too. Our weekly homework is a great way to continue working on what we are learning in our classroom.

### Weekly Newsletters-

I will be sending home a newsletter in your child's folder each week. The newsletter will include activities we did during class the current week and what the children can look forward to the next week. It will also include any valuable information and important dates that will be coming up. Please look for newsletters each week!

### Facebook Page-

Look for our closed/private parent Facebook page under the name "Bear Buddies NR4K 2023-24" to keep updated with what we are doing in the classroom. This will also be used as a form of communication as needed.

#### **Birthday Celebrations-**

We do celebrate birthdays in 4K. If your child was born during the summer months (June, July, or August) we will celebrate their half birthday. Children may bring a treat to share with their classmates if they so wish. We recommend store bought treats that do not include peanuts/peanut butter.

#### **Folder Communication-**

Each child should have a folder (included on the beginning of the year supply list). This will be one of the main ways that we will communicate with families. Please check your child's folder nightly (or as often as possible) for any important information, newsletters, etc.

Thank you for all that you do!!!!!!