

# Welcome



New Salem Weekday Preschool welcomes you and your child to our preschool family. The preschool program is a ministry of New Salem Baptist church. Our goal is to create a love for learning and a developmentally appropriate education for each child within a Christ-Centered environment. Our staff embraces a partnership with families as we nurture all children on their journey to love Jesus and enjoy learning.

The curriculum at New Salem Weekday Preschool is a developmentally appropriate plan of activities to encourage growth within each age groups' objectives. We are committed to meeting the needs of the whole child with learning opportunities by offering an environment which includes both child and teacher guided activities while using large and small group instruction. Our teachers plan thematic lesson plans that follow the Georgia Early Learning Standards. This process builds a strong foundation that leads children to a lifelong love of learning.

Our Bible curriculum at New Salem Weekday Preschool presents a monthly theme and verse. Each week Bible stories, in conjunction with songs, activities, and crafts, help to teach Biblical, (age-appropriate) truths. We also hold a monthly chapel period where children in Preschool 3-Pre-K join together in brief worship with songs and a Bible story.

Our staff is a dedicated group of Christian professionals committed to creating the best preschool experience for your child. Each classroom is staffed with a lead and assistant teacher, and they maintain professional standards by attending workshops and conferences each year. Staff members are also trained in CPR and First Aid.

The New Salem Weekday Preschool program has an exemption status through the state of Georgia Early Learning.

Please read through the registration folder and complete the required forms in blue or black ink. Your child's spot is reserved when the registration fee and forms are returned to the church office.

Serving Him together,

Dana Moore

[dana.moore@newsalem.org](mailto:dana.moore@newsalem.org)

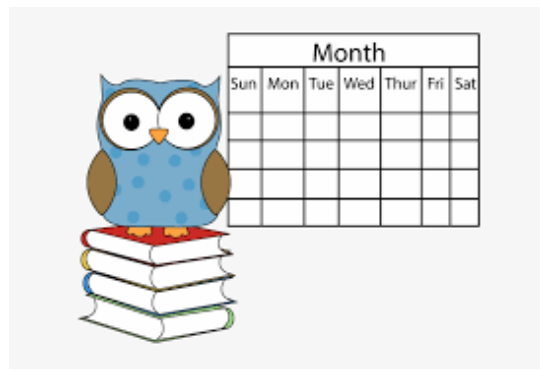
## New Salem Weekday Preschool & Kindergarten

### Class Schedule, Tuition & Fees

The registration for each class is \$175.00 and is due at the time of registration. This fee reserves your child's place in our program for the 2022-2023 school year and is non-refundable after June 1, 2022. An activity fee is due on September 1, 2022 for all classes. All students will need an up-to-date Georgia 3231 Certificate of Immunization.

Tuition is based on an annual fee divided into 10 payments. Payments can be paid on an annual or monthly basis. Monthly payments are due in advance. The first tuition payment is due no later than July 30, 2022. Tuition for the remainder of the school year is due by the 30<sup>th</sup> of each month in advance of attendance.

<b>Class</b>	<b>Days</b>	<b>Hours</b>	<b>Age</b>	<b>Ten Tuition Payments of:</b>	<b>Registration Fee</b>	<b>Activity Fee By 9/1/22</b>
Pre-K1 <b>Wait list</b>	Tuesday & Thursday	9 am – 1 pm	1 yr. by 9/1/21	\$200	\$175.00	\$30
Pre-K2 (3 Days)	Tuesday, Wednesday, & Thursday	9 am – 1 pm	2 yrs. by 9/1/21	\$225	\$175.00	\$95
Pre-K2 (4 Days)	Monday - Thursday	9 am – 1 pm	2 yrs. by 9/1/21	\$235	\$175.00	\$100
Pre- K3 ( 3 Days)	Tuesday, Wednesday, & Thursday	9 am – 1 pm	3 yrs. by 9/1/21	\$225	\$175.00	\$95
Pre-K3 (4 Days)	Monday – Thursday	9 am – 1 pm	3 yrs. by 9/1/21	\$235	\$175.00	\$100
Pre-K4 (Younger 4s) (3 Days)	Tuesday, Wednesday, & Thursday	9 am – 1 pm	Must turn 4 yrs. by 12/31/21	\$235	\$175.00	\$95
Pre-K4 (Younger 4s) (4 Days)	Monday – Thursday	9 am – 1 pm	Must turn 4 yrs. by 12/31/21	\$245	\$175.00	\$100
Pre-K5	Monday – Thursday	9am – 1pm	4 yrs. by 9/1/21	\$245	\$175.00	\$100



## 2022-2023 (Tentative) School Calendar

July 30	Tuition Payment Due for August
Aug. 8	Open House (drop-in) 5:30-7:30 p.m.
Aug. 9	First Day of School !
Aug. 30	Tuition Payment Due for September
Aug. 30	Activity Fee Due
Sept. 5	Labor Day (No School)
Sept. 26-29	Fall Break (No School)
Sept. 30	Tuition Due For October
Oct. 30	Tuition Due For November
Nov. 8	Election Day (No School)
Nov. 21-24	Thanksgiving Break (No School)
Nov. 30	Tuition Due For December
Dec. 19-Jan 4	Christmas Break (No School)
Dec. 30	Tuition Due For January
Jan. 5	First Day Back From Christmas Break
Jan. 16	MLK Holiday (No School)
Jan. 30	Tuition Due For February
Feb. 20-23	Winter Break (No School)
Feb. 28	Tuition Due For March
March 30	Tuition Due For April
April 3-6	Spring Break (No School)
April 30	Tuition Due For May
May 18	Last Day Of School

# COVID Protocol

(Subject to be changed or modified as needed)

## **What is close contact exposure?**

Exposure (or being in close contact) is defined as being within 6 feet of someone for 15 minutes or more over a 24 hour period.

## **What if a preschool student has close contact exposure to someone with COVID ?**

- The student or teacher, sibling, or household members should not come to school.
- Students and their siblings can return on the 6th day with the date of the last exposure to the positive person under the following circumstances:

1. No symptoms or medication to help reduce symptoms for 48 hours. ( fever, cough, runny nose, or upset stomach)

## **What if a teacher has close contact exposure to someone with COVID?**

- The teacher and any household member will not come to school.
- The teacher may return on the 6th day with a negative COVID test.

## **What if a teacher or student test positive for COVID?**

- **Positive individual and household members (including siblings) should not come to school.**
- **Individual who tested positive should remain home for 5 days following the positive test and can return to school on day 6. The following criteria must be met to return on day 6:**
  - A negative COVID test given after day 5 of the initial positive COVID test.
  - Return on day 11 from the initial positive COVID test with no symptoms at all.

## **Sick Child Policy**

For the protection of your child, the other children in the preschool and the preschool staff, **we request that parents not bring a child to school that appears not to feel well or has been sick in the past 48 hours.**

Children who have had the following symptoms within the last 48 hours or are needing medication to keep a fever down will not be admitted into the preschool classroom. 48 hours of no symptoms without any medication.

**Fever 99.5**

**Green or Cloudy Runny Nose**

**Runny, Pink, or Infected eyes**

**Vomiting or Diarrhea**

**Croup, Coughing, Sneezing**

**Symptoms of childhood diseases (scarlet fever, mumps, measles, chicken pox)**

**Skins infections such as boils, ringworm, impetigo, staph, or any unexplained rash**

When a staff member calls to communicate a child is sick, the parent needs to come and pick up the child immediately.

### **Carpool/Dismissal Information**

Each family is given two copies of the carpool tag for their family. Parents or others picking up your child/children should have your families tag with them at carpool time. If you need additional tags, please email [dana.moore@newsalem.org](mailto:dana.moore@newsalem.org) to request additional car tags.

We must have permission for any change in your child or children's dismissal routine. In an emergency, every effort should be made to call the church office to notify the staff of any changes. Please note that anyone picking up your child/children will need a photo identification other than the custodial parent or guardian.

In the event of an unusual or extreme emergency where you are unable to contact the school by phone, the following people listed below will be called and are allowed to pick up your child/children with proper identification.

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

1. Name: \_\_\_\_\_ Cell#: \_\_\_\_\_

Relationship to the child: \_\_\_\_\_

2. Name: \_\_\_\_\_ Cell#: \_\_\_\_\_

Relationship to the child: \_\_\_\_\_

*Please fill out both sides of this form*

**Picture & Social Media**

**Consent Form**

**Indicated below, I grant permission for my child's information or image to be used in the below stated ways for classroom and school use.**

**(Fill out one per child that attends NSWP)**

**Child's Name** \_\_\_\_\_

**Please initial each item below:**

**Yes**

**No**

\_\_\_\_\_

\_\_\_\_\_

**Individual child's pictures for school picture to be sent home to parents or classroom use only.**

\_\_\_\_\_

\_\_\_\_\_

**Child's picture that might be used on the public preschool website or Facebook page. We never put a child's name on a public site.**

\_\_\_\_\_

\_\_\_\_\_

**Class email list that is shared with only class parents.**

\_\_\_\_\_

\_\_\_\_\_

**Closed private class Facebook page. The class Facebook page is not public and by invitation only. It is used for families to see daily activities within the classroom. The Facebook page is also used for communication.**







New Salem Weekday Preschool

2022-2023

(PLEASE PRINT IN BLACK OR BLUE INK)

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

Name Called \_\_\_\_\_ Gender \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ Zip \_\_\_\_\_

Email \_\_\_\_\_ @ \_\_\_\_\_ . \_\_\_\_\_

Mom's Name \_\_\_\_\_ Cell \_\_\_\_\_

Dad's Name \_\_\_\_\_ Cell \_\_\_\_\_

Family Church (if applicable) \_\_\_\_\_

Denomination/Religion \_\_\_\_\_

Primary Language Spoken at Home \_\_\_\_\_

Has the child attended preschool in the past? \_\_\_\_\_

If yes, where? \_\_\_\_\_

Does your child have any allergies? \_\_\_\_\_ Does he/she require an EpiPen? \_\_\_\_\_

Does your child have any other medical conditions, hearing/vision loss, speech delays? \_\_\_\_\_ If yes, please explain \_\_\_\_\_

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Does/will your child receive developmental service from Babies Can't Wait, Cobb County school system, and/or other private or public service for physical, occupational, behavioral, speech, and/or delays? If yes, please explain on the back of this page

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***Weekday is not equipped to accommodate all delays and/or special needs, in consideration of the safety, support, and continuing development of each child within our program. Each child will be considered for enrollment on an individual basis.***

# Student Communication Form

**\*PLEASE PRINT IN BLUE OR BLACK INK ONLY\***

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

DOB: \_\_\_\_\_ Car Tag #: \_\_\_\_\_  
mo/day/yr

Mailing Address: \_\_\_\_\_  
Street City Zip

Allergies:  Yes  No (If yes, please provide allergy poster for the classroom.)

Mom's E-mail: \_\_\_\_\_@\_\_\_\_\_.\_\_\_\_\_

Mom's Cell: \_\_\_\_\_

Dad's E-mail: \_\_\_\_\_@\_\_\_\_\_.\_\_\_\_\_

Dad's Cell: \_\_\_\_\_

## Emergency Contact

**\*If no one can be reached\***

1. Name: \_\_\_\_\_ Cell#: \_\_\_\_\_

2. Name: \_\_\_\_\_ Cell#: \_\_\_\_\_

*Please fill out and sign the reverse side of this form*

## **Medical Emergency**

**In the event of an emergency where the parent or guardian cannot be reached, the two emergency contacts on the reverse side may be contacted and/or care for your child.**

**In the event of an emergency, where it is deemed necessary that immediate medical attention be received, I give permission for my child \_\_\_\_\_ to be transported to \_\_\_\_\_ hospital/medical facility. I agree that NSWP in association with New Salem Baptist church staff and employees shall be free and harmless of any claims, demands, or suits arising from the giving of consent for medical treatment of my child by licensed medical providers and/or transportation of my child during such emergency; wheter by the school's staff, employess, or emergency vehicles/technicians.**

**All efforts will be made to accomodate the parents choice of emergency facilites. However; these decisions will be based on your child's medical complaint, Emergecny Department diversion status and the advice of the EMS provider.**

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

**New Salem Weekday Preschool**



**Parent Agreement**

**(Please initial and sign below)**

\_\_\_ I want to enroll my child at New Salem Weekday Preschool for the 2022-2023 school year. I understand that the registration fee must be paid to secure my child's spot. The registration fee is not refundable.

\_\_\_ The annual tuition fee may be divided into 10 monthly payments. The first tuition payment must be paid by July 30, 2022.

\_\_\_ An activity fee is due by September 1, 2022. Activity fees are not refundable.

\_\_\_ Tuition is due by the 30<sup>th</sup> of each month beginning in July and ending in April.

\_\_\_ A 30-day advance written notice is required to withdraw from NSWP. Written notice is to be submitted to the director by email or letter, and should be submitted before the 30 days required for withdrawal to avoid future tuition payments.

\_\_\_ NSWP closely follows the Cobb County school calendar for school breaks, holiday, and inclement weather and tuition is not adjusted for school breaks, or extended family vacations.

\_\_\_ I must provide a current Georgia Certificate Immunization Form 3231.

\_\_\_ I acknowledge that the Georgia Department of Learning have exempted NSWP from state licensure.

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