

APPLES AND BOOKS

Learning Center

1036 US HWY 202

Branchburg, NJ 08876

Dear Parent or Guardian,

Thank you for choosing Apples and Books Learning Center!

Our professional staff is committed to providing your child with exceptionally high-quality early learning and childcare. We are proud to say we are a Grow NJ Kids star rated program. We follow strict health and safety protocols to maintain a healthy and safe environment.

Our rich, hands-on learning environment focuses on monthly school-wide themes using the Creative Curriculum. Our Kindergarten Prep "Pre-K" classroom uses Handwriting Without Tears (My Book, My First School Book, and My First Lowercase Book) and Weekly Readers. We support NJ Birth to Three and Preschool Core Curriculum Learning Standards. We use Teaching Strategies GOLD Assessment to monitor and help students reach appropriate social, emotional, physical, cognitive and language developmental goals and objectives and to provide you with feedback on their progress throughout the year.

To enroll your child:

- Complete the attached forms.
- Submit your enrollment form with a \$90 registration fee and a one month's security deposit to our school office or you can mail it to:

Apples and Books Learning Center

1036 US HWY 202

Branchburg, NJ 08876

- Monthly tuition will be due the first of each month.

Thank you for your participation. Please email office@applesbooks.com with any questions you may have.

Very truly yours,

Vanessa Carey

Vanessa Carey, Center Director

Apples and Books Learning Center, Inc.

Excellence in Early Learning Since 1995!



www.applesbooks.com

www.facebook.com/applesandbookslearningcenter

(908) 429-4275 office

(908) 429-0841 Fax

APPLES and BOOKS

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"Where Nurturing Begins With Love"



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2025 Monthly Fees

Hours of operation 7:00 AM - 6:30 PM

Extended Day 7:00 – 6:30		2 Days	3 Days	4 Days	5 Days
0-18 months Infants		\$1,150	\$1,413	\$1,631	\$1,960
18-30 months Bananas		\$1,091	\$1,312	\$1,582	\$1,836
2-3 years Apples (2 by Oct 1 st)		\$1,051	\$1,245	\$1,550	\$1,752
3-4 years Bugs Preschool (3 by Oct 1 st)		\$992	\$1,187	\$1,375	\$1,555
4-5 years Peaches Pre-Kindergarten (4 by Oct 1 st)		\$928	\$1,111	\$1,286	\$1,455
School Day 8:30 – 3:00		2 Days	3 Days	4 Days	5 Days
0-18 months Infants		\$1,081	\$1,327	\$1,533	\$1,842
18-30 months Bananas		\$982	\$1,181	\$1,424	\$1,652
2-3 years Apples (2 by Oct 1 st)		\$946	\$1,122	\$1,395	\$1,578
3-4 years Bugs Preschool (3 by Oct 1 st)		\$844	\$1,009	\$1,169	\$1,321
4-5 years Peaches Pre-Kindergarten (4 by Oct 1 st)		\$790	\$944	\$1,094	\$1,236
Half Day 4 hours		2 Days	3 Days	4 Days	5 Days
18-30 months Bananas		\$600	\$734	\$933	\$1,138
2-3 years Apples (2 by Oct 1 st)		\$577	\$700	\$915	\$1,091
3-4 years Bugs Preschool (3 by Oct 1 st)		\$554	\$677	\$828	\$933
4-5 years Peaches Pre-Kindergarten (4 by Oct 1 st)		\$518	\$634	\$775	\$873
Per Diem Rate	School Age Support	2 Days	3 Days	4 Days	5 Days
0-36 months \$97	Before School 7-8:30AM	\$260	\$271	\$284	\$295
3 years and up \$87	After School 4-6:30PM	\$354	\$367	\$378	\$390

Connect-a-Friend!

After they enroll you will receive a 20% discount off one month's tuition!

Health and Safety

- Staff & Students screened daily
- Regular disinfection of environment
- Wash hands frequently throughout the day

Fees

Annual Registration	\$90 non-refundable
Kindergarten Prep Curriculum	\$75 one-time fee for Handwriting Without Tears (2 workbooks) & Weekly Reader
Late payments	\$30 after the 5th of the month. There will be an additional \$50 after the 15 th of the month, and \$5/day each day thereafter.
Late child pick up (begins at 6:31 PM)	\$15 every 15 minutes – fee to be given to the childcare provider
Change in Schedule	\$50
Returned Check	\$45
Hourly	under 3yr \$20 per hours over 3 yr \$15 per hour

- Morning snack served at 9AM. Afternoon snack served at 4PM.
- Cancellation of Enrollment: Security deposit will be refunded when you give 60 days of notice upon cancellation of enrollment. Notice must be given 60 days before your child's scheduled start date. Otherwise, there will be no refund.
- Withdrawal from Apples and Books Learning Center: Security deposit will be refunded when you give 30 days of notice of your child's last day. Notice must be given 30 days before your child's last day. Otherwise, there will be no refund. Security deposit refund will be applied to your child's last month of tuition.
- Payment is due the first of every month. Late fees applied after the 5th and 15th day of the month.
- There will be a 10% price reduction for the 2nd child in the family. Reduction applied to lower monthly tuition.
- Enrollment is for an entire school year (September through August), including summers and holidays.
- No credit will be given for illness, holidays, vacation, or absence.

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ENROLLMENT FORM

Today's Date _____ Child's Start Date _____

Child's Name _____ Male ___ Female ___ DOB _____

Is your child fully potty trained? Y/N This means your child verbally can tell the teacher when they need to use the toilet for urine and a bowel movement. This child does not have regular accidents and is able to use the toilet independently. No pull-ups or diapers at any time.

List any allergies _____ Does your child require the use of an EPIPEN or Inhaler? Explain _____

List any food restrictions _____ Is your child vegetarian? Explain _____

Does your child have an IEP or IFSP? Y/N If yes, please provide a copy with your enrollment form.

Parent 1/Guardian Name _____ Primary contact person? Y/N Preferred contact method: _____

Parent 1/Guardian Cell _____ Work _____ Email _____ Employer Name & Address _____

Parent 1/Guardian Home Address _____ Does student live with you? Y/N

Parent 2/Guardian Name _____ Primary contact person? Y/N Preferred contact method: _____

Parent 2/Guardian Cell _____ Work _____ Email _____ Employer Name & Address _____

Parent 2/Guardian Home Address _____ Does student live with you? Y/N

Would you like a home visit? Y/N If yes, please tell us a good time to visit _____

- | | | |
|---|--|------------------------------------|
| <input type="checkbox"/> 0-18 months Infants | ___ 2, ___ 3, ___ 4, or ___ 5 days | Days your child will attend: _____ |
| <input type="checkbox"/> 18-30 months Bananas | ___ 2, ___ 3, ___ 4, or ___ 5 days | |
| <input type="checkbox"/> 2-3 years Apples | ___ 2, ___ 3, ___ 4, or ___ 5 days | Approximate drop off time: _____ |
| <input type="checkbox"/> 3-4 years Bugs | ___ 2, ___ 3, ___ 4, or ___ 5 days. | |
| <input type="checkbox"/> 4-5 years Peaches | ___ 2, ___ 3, ___ 4, or ___ 5 days. | Approximate pick-up time: _____ |
| <input type="checkbox"/> 5-6 years Kindergarten | ___ 5 day 8:30-3 or ___ 5 day extended | |
| <input type="checkbox"/> Before School | ___ 2, ___ 3, ___ 4, or ___ 5 days. | |
| <input type="checkbox"/> After School | ___ 2, ___ 3, ___ 4, or ___ 5 days. | |
| <input type="checkbox"/> School t-shirt \$20.00 | ___ XS 2-4, ___ S 6-8, ___ M 10-12, ___ L 14-16. | |

Cancellation of Enrollment: I understand my security deposit will be refunded when I give 60 days of notice upon cancellation of enrollment. Notice must be given 60 days before my child's scheduled start date. Otherwise, there will be no refund.

Withdrawal from Apples and Books Learning Center: I understand my security deposit will be refunded when I give 30 days of notice of my child's last day. Notice must be given 30 days before my child's last day. Otherwise, there will be no refund.

Refunds: I Understand my security deposit will be applied to my child's last month of tuition.

Please sign in agreement: X _____

Thank you for choosing Apples and Books Learning Center!

Annual Reg. Fee: \$90 (non-refundable)

Security Deposit: _____

School T-Shirt: _____

K-Prep Curr. fee: _____

Other _____:

Total Paid: _____

Check Number: _____

Balance Due: _____

Balance Paid: _____

Check Number _____

Payment Accepted:

- Cash
- Check
- Zelle:

office@applesbooks.com

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The following guidelines from the New Jersey Department of Children and Families will be implemented immediately to ensure we are maintaining a safe environment for families, children, and staff:

- Students and staff will be screened for health prior to entering or being admitted to the center each day.
- Daily temperature and symptom check of staff and children will be done prior to entry; if anyone has a temperature of 100°, or higher, they will not be permitted into the building. Student and staff who are ill will be excluded.
- Students and staff must wash hands upon arrival, and wash hands or use hand sanitizer before and after signing in and out.
- Parents and guardians may enter the building to drop off and pick up their child without being screened. Drop off and pick up times must be quick. All guests who enter the building for a prolonged stay must be screened.
- Outdoor play will be staggered, to ensure multiple classrooms are not outside at one time, while still providing children sufficient outdoor playtime.
- No tuition credit will be given for illness, holidays, vacations, or absence.
- I have received and support Apples and Books Learning Center’s Health Policy.
- Guidance for New Jersey Child Care Facilities On COVID-19 Related Health and Safety Requirements can be found at https://www.nj.gov/health/cd/documents/topics/NCOV/PH_Recommendations_K-12_Childcare_Camp.pdf

By signing this document, you are stating that you agree and will support these guidelines.

Parent Signature

Date

Parent Signature

Date

Center Director Signature

Date

Apples & Books Learning Center Registration Form

Date: _____

General Information

Child's Name _____ Nickname _____ Sex _____

Birthdate _____ Age _____ Telephone _____

Address _____

City, State, Zip _____

Does child live with both parents? _____ Mother _____ Father _____

Other _____ Name & Relationship _____

Parent/Guardian 1: Name _____ Address _____

Occupation _____

Employer Name & Address _____

Work Telephone _____

Parent/Guardian 2: Name _____ Address _____

Occupation _____

Employer & Address _____

Work Telephone _____

Which parent should be contacted first? _____

Names of people authorized to pick up your child:

1. _____

2. _____

Persons other than parent who can be contacted in case of emergency.
(a minimum of 2 please)

Name _____ Relationship _____

Address _____ Telephone _____

Name _____ Relationship _____

Address _____ Telephone _____

Registration Form (continued)

Family Information

Other children in family in order of birth

Name	Age	Sex	Lives in household
------	-----	-----	--------------------

_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Pets in household (name & type) _____

The child is usually cared for by _____

Language other than English spoken at home _____

Child's Doctor _____

Address & Telephone _____

Any allergies or medical conditions _____

Comments or information that can help us care for your child (allergies, etc.)

Social Development

What makes your child angry or upset?

How does your child show these feelings?

Anticipated starting date and days and hours _____

I have read the Parent's Handbook and I agree with its terms and policies.

Parent's Signature _____

APPLES AND BOOKS LEARNING CENTER

2025-2026 Important Information Sheet

Child's Name: _____ DOB: _____ Age: _____ Weight: _____ Grade Fall _____

Allergies, Medical Conditions or Dietary Restrictions _____

Name & purpose of medication taken _____

Parent/Guardian 1: Name _____ Work _____ Cell _____ Home _____

Parent/Guardian 2: Name _____ Work _____ Cell _____ Home _____

Email 1: _____ Email 2: _____

Emergency Medical Release: In the event a medical emergency occurs, I authorize Apples and Books Learning Center to seek emergency medical care for my child as deemed necessary by the Director.

Information to Parents Statement: I have read and received the Information to Parent's statement.

Discipline Policy: There shall be no hitting, corporal punishment, abusive language, ridicule or harsh, humiliating, or frightening treatment, or any other kind of child abuse or neglect. Our methods of guidance and support shall be positive and consistent with the developmental needs of each child. Children shall not be isolated without adult supervision. Discipline will be consistent. Discipline shall not be associated with behavior of children, regarding rest, toileting or food. When a child is not cooperating in the group, we will call attention to children who are good listeners and are cooperating (positive reinforcement). If the child continues to be uncooperative, the co-teacher will sit with the child in the group. If the negative behavior persists, the child will be removed from the group and placed elsewhere within the classroom. Parents will be informed if negative behavior persists.

Expulsion Policy: I have received a copy of the center's policy on the expulsion of children from enrollment. This policy is found in the ABLC Parent Handbook.

Written Parent Statement: My child is in good health and can participate in the normal activities of the program.

Social Media Policy: No photographs taken within the preschool setting or at preschool special events and outings with the children, are to be posted for public viewing, except those of your own child. Parents are advised that they do not have a right to photograph anyone else's child or to upload photos of anyone else's children. (This excludes those photographs taken by staff for use on the Apples and Books Learning Center's website and in other advertising material if parental permission is given). No public discussions are to be held or comments made on social media sites regarding the preschool children, staff, or preschool business (except appropriate use for marketing fund raising events) or that could be construed to have any impact on the school's reputation or that would offend any member of staff or parent associated with the school.

Deposits/Refunds/Payments: Morning and afternoon snacks are included in the tuition and are served at 9AM and 4PM, respectively. **Cancellation of Enrollment:** A one-month security deposit is required to hold a spot for your child. Security deposits will be refunded when you give 60 days of notice upon cancellation of enrollment. Written notice must be given 60 days before your child's start date. Otherwise, there will be no refund. **Withdrawal from Center:** Security deposit will be refunded when you give 30 days of notice of your child's last day. Written notice must be given 30 days before your child's last day. Otherwise, there will be no refund. Security deposit refund will be applied to your child's last month of tuition. **Summer camp program** requires a \$500 deposit and registration fee. Prior to May 1st, cancellations will incur a \$250 administrative fee. After May 1st, absolutely no refunds will be given. **Payment** is due the first of every month. Late fees applied after the 5th and 15th day of the month. There will be a 10% price reduction for the 2nd child in the family. Reduction applied to lower monthly tuition. Enrollment is for an entire school year (September through August), including summers and holidays. No credit will be given for illness, holidays, or absence. Registration is accepted on a first come, first serve basis.

Person(s) other than parent that can be contacted in case of illness or emergency:

Name _____ Phone _____ Relationship _____

Address _____

Doctor's Name, Address & Telephone _____

Health Ins. Co. _____ Policy# _____ Dentist's Name & Telephone _____

Note: All medication sent to ABLC must in the original and/or prescribed packaging, given to the director, and labeled clearly with Doctor's instructions. A medication release must also be completed. Please have your child's doctor fax us a copy of your child's immunization records. All children must have medical records.

I authorize Apples and Books Learning Center staff to apply sunscreen to my child's exposed skin on an as needed basis.

I have read and understand all the policies set forth by Apples and Books Learning Center in the Parent's Handbook. I hereby allow my child to participate in all aspects of the summer program including field trips. I consent that photographs taken of my child are the property of Apples and Books Learning Center and may be reproduced as Apples and Books Learning Center desires, free of any claim on my part.

Parent/Guardian Signature

Date

2025-2026 School Year Student Emergency Card

This form must be updated each year.

Today's Date: _____

First Name

Last Name

DOB

Home Address

City

State

Zip Code

Home Phone

Primary Guardian's Name

Work Phone

Cell Phone

Secondary Guardian's Name

Work Phone

Cell Phone

Primary Guardian's E-mail: _____

Secondary Guardian's E-mail: _____

Allergies and/or Dietary Restrictions: _____

Medical Conditions: _____

The following people should be contacted in the case of an emergency when guardians cannot be contacted (Must have 2 other adults other than guardians):

1. Name: _____ Town: _____ Tel# (____)_____

2. Name: _____ Town: _____ Tel# (____)_____

The following people are authorized to pick up my child:

Name: _____ Relationship_____

Name: _____ Relationship_____

Name: _____ Relationship_____

DISCIPLINE POLICY CONTRACT FOR STUDENTS
FOR CHILDREN 5 YEARS OLD AND UP

Apples and Books Learning Center (ABLC) strives to create an environment in which children are encouraged to develop an appreciation of their own rights and the rights of others. Each child is helped to understand the impact of behavior as it might affect others. The children are encouraged to express their opinions and feelings appropriately. They will also be encouraged to use constructive means to settle disagreements or problems.

Children need to know the rules if we expect them to abide by them. At the beginning of the school year, the students, together with the staff, will review the rules. As a result, the students will know what is expected of them and will understand what appropriate behavior for themselves is and for others, resulting in a safe school year.

Students have a responsibility to exhibit self-control at school. This can be accomplished if all students:

Stay with assigned teachers unless asked otherwise

Remain within the area assigned for a specific activity

Maintain and respect ABLC property and the property of others

Speak to and treat teachers, personnel and other students with respect

Refrain from using inappropriate or foul language/gestures

Avoid placing themselves and others in danger or physical harm

Refrain from deliberate or intentional hitting, touching and bullying

Refrain from the use of the internet without teacher approval and supervision

Refrain from bringing in any inappropriate or unapproved material

Follow ABLC policies

Students who choose not to accept these responsibilities are subject to disciplinary action, which includes:

Verbal warning

Time-out from activity

Written incident report and parent notification

Conference between student, teacher, site leader and parent

Suspension of 1-2 days, depending on severity of incident

Expulsion from program

Consequences will vary according to the frequency, severity, and nature of the incident. No refund will be issued if a student is dismissed.

2025-2026 ABLC SCHOOL YEAR

I have read the above Discipline Policy with my child _____.

We agree that following rules will make this school year a positive and safe experience.

Parent Signature _____ Date _____

Student Signature _____ Date _____

UNIVERSAL CHILD HEALTH RECORD

Endorsed by: American Academy of Pediatrics, New Jersey Chapter
New Jersey Academy of Family Physicians
New Jersey Department of Health

SECTION I - TO BE COMPLETED BY PARENT(S)

Child's Name (Last)	(First)	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Date of Birth / /
Does Child Have Health Insurance? <input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, Name of Child's Health Insurance Carrier		
Parent/Guardian Name	Home Telephone Number () -	Work Telephone/Cell Phone Number () -	
Parent/Guardian Name	Home Telephone Number () -	Work Telephone/Cell Phone Number () -	
I give my consent for my child's Health Care Provider and Child Care Provider/School Nurse to discuss the information on this form.			
Signature/Date		This form may be released to WIC. <input type="checkbox"/> Yes <input type="checkbox"/> No	

SECTION II - TO BE COMPLETED BY HEALTH CARE PROVIDER

Date of Physical Examination:	Results of physical examination normal? <input type="checkbox"/> Yes <input type="checkbox"/> No
Abnormalities Noted:	Weight (must be taken within 30 days for WIC)
	Height (must be taken within 30 days for WIC)
	Head Circumference (if <2 Years)
	Blood Pressure (if ≥3 Years)

IMMUNIZATIONS	<input type="checkbox"/> Immunization Record Attached <input type="checkbox"/> Date Next Immunization Due: _____
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MEDICAL CONDITIONS

Chronic Medical Conditions/Related Surgeries • List medical conditions/ongoing surgical concerns:	<input type="checkbox"/> None <input type="checkbox"/> Special Care Plan Attached	Comments
Medications/Treatments • List medications/treatments:	<input type="checkbox"/> None <input type="checkbox"/> Special Care Plan Attached	Comments
Limitations to Physical Activity • List limitations/special considerations:	<input type="checkbox"/> None <input type="checkbox"/> Special Care Plan Attached	Comments
Special Equipment Needs • List items necessary for daily activities	<input type="checkbox"/> None <input type="checkbox"/> Special Care Plan Attached	Comments
Allergies/Sensitivities • List allergies:	<input type="checkbox"/> None <input type="checkbox"/> Special Care Plan Attached	Comments
Special Diet/Vitamin & Mineral Supplements • List dietary specifications:	<input type="checkbox"/> None <input type="checkbox"/> Special Care Plan Attached	Comments
Behavioral Issues/Mental Health Diagnosis • List behavioral/mental health issues/concerns:	<input type="checkbox"/> None <input type="checkbox"/> Special Care Plan Attached	Comments
Emergency Plans • List emergency plan that might be needed and the sign/symptoms to watch for:	<input type="checkbox"/> None <input type="checkbox"/> Special Care Plan Attached	Comments

PREVENTIVE HEALTH SCREENINGS

Type Screening	Date Performed	Record Value	Type Screening	Date Performed	Note if Abnormal
Hgb/Hct			Hearing		
Lead: <input type="checkbox"/> Capillary <input type="checkbox"/> Venous			Vision		
TB (mm of Induration)			Dental		
Other:			Developmental		
Other:			Scoliosis		

I have examined the above student and reviewed his/her health history. It is my opinion that he/she is medically cleared to participate fully in all child care/school activities, including physical education and competitive contact sports, unless noted above.

Name of Health Care Provider (Print)	Health Care Provider Stamp:
Signature/Date	

Student Questionnaire

Please help your child's teacher get to know him/her by filling out as much of this form as you can. Please return it to school as soon as possible. Thank you.

Child's name _____ Date of birth _____ Country of Origin _____

Nickname used by the family _____ Pets (Name and type of animal) _____

Who does your child live with? _____ (please specify)

Names and ages of siblings: _____

Which of these words best describes your child?

_____ uses self-control	or	_____ lacks self-control
_____ independent	or	_____ dependent
_____ pleasant	or	_____ disagreeable
_____ attentive	or	_____ inattentive
_____ follow directions	or	_____ does not follow directions
_____ confident	or	_____ shy

What are your child's likes? _____

What are your child's dislikes? _____

What are your child's favorite play activities and interests? _____

What are your child's favorite toys? _____

What are your child's favorite books? _____ Does he/she like to be read to? _____

What are your child's favorite TV programs? _____ Favorite Apps? _____

Does your child usually play: _____ alone? _____ with one friend? _____ with a few children? _____ with many children?

_____ with older children? _____ with younger children? _____ with children the same age? _____ with adults only?

What does your family enjoy doing together? _____

How does your child get along with other children? _____ Adults? _____

What do you feel are your child's strengths? Weaknesses? _____

Tell us about your unique family beliefs or cultural practices: _____

What is your biggest discipline problem and how do you rear your child? _____

How do you think your child will adjust to school? _____

How do you think your child feels about going to school? _____

What do you hope your child will learn this year? _____

In what special ways can we help your child this year? _____



Help us celebrate your family!

Heritage Sheet

Dear Families:

We would like to celebrate all our children's ethnic & family backgrounds.

For children, whose first language is not English we can encourage them to use their home language if you wish. If you would like us to do so, please complete the following form to help us label our environment and provide any of the following items if applicable: communication devices, pictures of sign language used, and any additional pictures to help communicate.

If there is anything else you would like to include to represent your cultural background, please do so! (Examples: typical clothing for dress up areas, dolls, books in your native tongue, pictures of your country, music, etc.)

We would also like to display pictures of your family and/or pets. Please send in any pictures you can share with us and label on the back who is pictured. (These pictures will not be returned)

Child's Name

Child's first Language

Other language(s) spoken

Please translate any or all the following words in your native tongue:

Red = _____

Please = _____

Yes = _____

Blue = _____

Thank You = _____

No = _____

Green = _____

Happy = _____

Potty = _____

Yellow = _____

Sad = _____

Pee Pee = _____

Orange = _____

Angry = _____

Poo Poo = _____

I love you = _____

Mommy = _____

Add any other words:

Daddy = _____

Dog = _____

Cat = _____

Bird = _____

Grandma = _____

Grandpa = _____

Brother = _____

Sister = _____

Aunt = _____

Uncle = _____

Thank you!

The Apples and Books Learning Center Teachers & Administration

Home Language Survey*

Check here if the child's parents or legal guardians decline to provide information for this survey.

A. What language do family members use when speaking to the child in the home?

	1	2	3	4	5
	only English	mostly English but sometimes home language	both equally	mostly home language but some English	only home language (not English)

(write in home language: _____)

B. What language does the child use when speaking to family members in the home?

N/A	1	2	3	4	5
Not applicable	only English	mostly English but sometimes home language	both equally	mostly home language but some English	only home language (not English)

C. What language does the child use when speaking to other children in the classroom?

N/A	1	2	3	4	5
Not applicable	only English	mostly English but sometimes home language	both equally	mostly home language but some English	only home language (not English)

D. What language does the child use when speaking to the teachers?

N/A	1	2	3	4	5
Not applicable	only English	mostly English but sometimes home language	both equally	mostly home language but some English	only home language (not English)

Sum of circled numbers	/	Number of questions answered	=	_____
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If this value is 2 or greater and the child is in a preschool 3, pre-K4, or kindergarten class, use Objectives 37 and 38.

*These research reports helped guide our thinking in the development of the "Home Language Survey":

Allens, N. L., Carpe, M. S., Spachman, S., López, M. L., & Adkins-Burnett, S. M. (June 2008). *Paper Synopses: Development of a language routing protocol for determining bilingual Spanish-English speaking children's language of assessment*. Biennial Head Start Research Conference. Washington, DC.

Puma, M., Bell, S., Cook, R., Held, C., López, M. L., et al. (2005). *Head Start impact study: First year findings*. Washington, DC: U.S. Department of Health and Human Services, Administration for Children and Families.

Gutiérrez-Claxton, V. E., & Kreiter, J. (2003). Understanding child bilingual acquisition using parent and teacher reports. *Applied Psycholinguistics, 24*(2), 267-88.

APPLES AND BOOKS LEARNING CENTER 2024-2025 SCHOOL YEAR CALENDAR

Aug 30	Staff Workday 8-4 – SCHOOL CLOSED	Feb 2	Groundhog Day
Sept 2	Labor Day – SCHOOL CLOSED	Feb 14	Valentine’s Day
Sept 3	2024-2025 School Year Begins	Feb 17	President’s Day - SCHOOL CLOSED for Teacher In-Service
Sept 23	Back to School Night – Parking is limited <i>6:30-7:30 PM Honeybees, Bananas, and Apples</i> <i>8:00-9:00 PM Bugs and Peaches</i>	Mar 2	Dr. Seuss’s Birthday - Read Across America
Sept 23	Fall Midland Fundraiser begins	Mar 10	Summer Camp and Fall Registration Begins
Sept 30	Classroom Substitute Folders Completed	Mar 14	Tell Us Your Spring Vacation Plans
Oct 17	Student & Class Outdoor Pictures 9am.	Mar 9	Daylight Saving Time begins
Oct 11	Fall Field Trip – Canceled	Mar 17	St. Patrick’s Day
Oct 24	Harvest Festival, Parade & Party - Friendly costumes only. Families invited to parade. 9:00 AM Bananas & Apples 10:30 AM Bugs & Peaches	Apr TBD	Spring Fundraiser begins
Oct 31	Halloween – 5:00 PM EARLY CLOSING	Apr 18	Good Friday - SCHOOL CLOSED
Nov 3	Daylight Savings Time Ends	Apr 20	Easter
Nov 11	Tell Us Your Holiday Vacation Plans	Apr 5-11	Week of the Young Child/Heritage Week
Nov 21	Thanksgiving Feast for Bugs & Peaches	Apr 22	Earth Day
Nov 28-29	Thanksgiving Day - SCHOOL CLOSED	May 5-9	Teacher Appreciation Week
Dec 16-20	Classroom Christmas & Holiday Parties	May 5	Cinco de Mayo
Dec 20	Staff Holiday Party 6:30 PM	May 11	Mother’s Day
Dec 24	12:00 PM EARLY CLOSING	May 26	Memorial Day - SCHOOL CLOSED
Dec 25	SCHOOL CLOSED	Jun 9	Student Progress Reports Sent Home
Dec 25	Chanukah begins	Jun 9-13	Fun Week
Dec 26	Kwanzaa	Jun 15	Father’s Day
Dec 31	12:00 PM EARLY CLOSING	Jun TBD	School Field Trip
Jan 1	SCHOOL CLOSED	Jun 16-19	Classroom End of Year Programs
Jan 10	Summer Camp Update	Jun 20	Staff Workday 8-4 - SCHOOL CLOSED
Jan 29	Chinese New Year	Jun 23	Summer Program Begins
Jan 31	Student Progress Reports Sent Home	Jun 27	Vacation Sheet for Parents (to check off)
Jan	Staff Evaluations	July 4	Independence Day - SCHOOL CLOSED
		Aug 13	Lead Teacher’s Orientation 1:30-3:00 PM
		Aug 29	Staff Workday 8-4 - SCHOOL CLOSED
		Sep 1	Labor Day - SCHOOL CLOSED
		Sep 2	2025-2026 School Year Begins

Dates are subject to change without notice



APPLES AND BOOKS LEARNING CENTER THEMES

September: God Made Me Special

Me myself and I/All about me	My Family
Building self-esteem	The Five Senses
We're all alike/Different	Sports
Self-awareness	Body parts
Name recognition	School Rules

September's Special Day: Grandparent's Day

October: God Made the Land

Autumn/ Harvest time	Fire safety
Apples, pumpkins, vegetables	Woodland creatures
Land -Desert, forest, mountains	
Trees -What we can make from them	
Trees - Different types	

October's Special Day: Fire Safety Week

November: We Give Thanks to God

Thanksgiving	Pilgrims/Native Americans
Nutrition, hygiene	Cooking
The Farm	The Family
Homes/Houses	Clothing - Seasons

November's Special Days: Thanksgiving

December: God Loves Us

Christmas around the world
 Christmas, Chanukah, Kwanza
 Children of other lands

*December's Special Days: Christmas,
Chanukah & Kwanza*

January: God Gives Us an Imagination

Diversity Day (multicultural)	Space
Musical Instruments	Careers
Puppetry	Let's Imagine
Dreams	Nursery Rhymes

Winter Fun

*January's Special Days: New Years Day
& Martin Luther King's Day*

February: God is Love

Love	Valentines
Sharing	Teddy bear
Adoption	Pets/Animals
Community Helpers	Post office
Addresses	Telephone numbers
Emotions (happy, sad, mad, etc.)	

February's Special Days:

Valentine's Day, Washington & Lincoln's Birthday

March: God Made the Sky

Sun, moon, stars	Airports
Space, planets, astronauts	Bubbles
The Planetarium	Wind/Weather
Seasons	Rainbows
Kites, balloons, airplanes	

March's Special Days: St. Patrick's Day & Passover

April: God Gives Us a New Beginning

Spring	Butterflies
Gardens, seeds, flowers, plants	Creepy crawlers
Baby animals	Rain
Feathered friends	4H Club
Chicks, eggs	Adoption
Mothers & babies	

April's Special Days: Easter & Week of the Child

May: God Made the Animals

The Circus	The Forest
Friends in the water (ponds)	The Zoo
The Farm	Bears
The Jungle/Safari	Dinosaurs

May's Special Days:

Mother's Day & Teacher Appreciation Week

June: God Made the Sea

Water Animals	The Water Cycle
The Ocean	Pirates, treasure hunts
Water/Summer safety	Fish

June's Special Days:

Father's Day & Parent Appreciation Day

THE CREATIVE CURRICULUM®

FOR INFANTS, TODDLERS & TWOS



Goals and Objectives At a Glance

SOCIAL/EMOTIONAL DEVELOPMENT	PHYSICAL DEVELOPMENT	COGNITIVE DEVELOPMENT	LANGUAGE DEVELOPMENT
<p>To learn about self and others</p> <ol style="list-style-type: none"> 1. Trusts known, caring adults 2. Regulates own behavior 3. Manages own feelings 4. Responds to others' feelings with growing empathy 5. Plays with other children 6. Learns to be a member of a group 7. Uses personal care skills 	<p>To learn about moving</p> <ol style="list-style-type: none"> 8. Demonstrates basic gross motor skills 9. Demonstrates basic fine motor skills  	<p>To learn about the world</p> <ol style="list-style-type: none"> 10. Sustains attention 11. Understands how objects can be used 12. Shows a beginning understanding of cause and effect 13. Shows a beginning understanding that things can be grouped 14. Uses problem-solving strategies 15. Engages in pretend play 	<p>To learn about communicating</p> <ol style="list-style-type: none"> 16. Develops receptive language 17. Develops expressive language 18. Participates in conversations 19. Enjoys books and being read to 20. Shows an awareness of pictures and print 21. Experiments with drawing and writing 



- ★ **What time are meals served?** AM Snack: 8:30 or 9AM, Lunch: 11:30 AM, and PM Snack: 4PM
- ★ **Do you offer meals?** Yes. Families have the option to enroll their child in the meal program. Monday is grilled cheese day, Tuesday is pasta and chicken, Wednesday is pizza day, Thursday is macaroni and cheese, and Friday is chicken finger day! Children not enrolled in the meal program should pack a healthy lunch each day. ***Please no sugary treats or juices, nuts, or glass containers.***
- ★ **Is food brought from home kept refrigerated and warmed?** No. We ask families to please warm hot food at home and bring it in a thermos – it will stay warm till lunch time. If cold food items are brought (i.e., yogurt, milk, etc.), please bring them in an insulated lunchbox with an ice pack. There is access to a refrigerator and warmer for our infant Honeybees class only.
- ★ **Can my child bring candy in their lunch?** No, candy is not permitted. Please focus on healthy lunch options. In instances where prepackaged lunches, like Lunchables, include candy in them, we will send the candy home.
- ★ **What should my child wear?** Good question! Your child should wear seasonally appropriate clothes that allow them to get messy and shoes for them to safely run, jump, and climb! Sandals that are securely fastened around their foot or sneakers are your best choice. Flip flops are not permitted.
- ★ **Should I label my child's belongings?** Yes! Please label all your child's belongings (including extra clothes, reusable water bottles (no plastic water bottles with a screw cap allowed), lunchboxes, and any other items they bring in) with their first and last name or their initials. This will help reduce potential confusion for our teachers.
- ★ **Can my child bring toys from home?** No, to prevent items being lost and the spread of germs, we ask you to please refrain from bringing toys to school. Soft comfort toys "lovies" for naptime are permitted.
- ★ **When are drop off and pick up time?** Drop off time is between 7:00-9:00 AM or 8:30 AM. Pick up times are at 12:30, 3:00, or extended day between 3:00-6:30 PM. We ask you to refrain from drop off or pick up between the hours between 9:00 AM and 12:15 PM and 12:45 – 3:00 PM, so the classrooms are not disturbed. Thank you.

WHAT SHOULD I PACK FOR MY CHILD EACH DAY?

HEALTHY LUNCH & DRINK

Stored in a lunch box.

We are unable to warm and refrigerate food. Please warm lunches at home and bring in a thermos and bring cold food and milk in an insulated lunchbox and thermos with an ice pack. Thank you!

NO nut products, candy or glass containers please.



**WATER BOTTLE
OR
SIPPY CUP**
Label with first and last name



EXTRA CLOTHES



OPTIONAL FACE MASK
2 years & up only
Label with your child's first & last name. Also, label the front of the mask "front" & back of mask "back".



ART BOX
washable markers and crayons.
3 years & up

**CRIB SHEET
& BLANKET**
3 years & under



**PUT IT ALL IN THEIR
BACKPACK**
or another plastic lined zippered bag.
Please make sure bag is big enough to fit all their stuff.

**DIAPERS,
WIPES
&
CREAM**



***Please label everything with your child's name.
Belongings will be sent home daily for washing. Bedding will be sent home for washing at the end of the week.***