

# Cape May County Technical High School

## Early Childhood Development Center Lab School Manual

*Application and Program Guide (2024-25)*



Cape May County Technical School District  
188 Crest Haven Road  
Cape May Court House, NJ 08210

**Board of Education**

- President: Mr. Alan Gould
- Vice-President: Mr. Chris Kobik
- Member: Mr. Kenneth Merson
- Member: Ms. Nancy Ramundo
- Member: Mr. Casey Halverson
- Member: Ms. Lauren Reed
- Member: Dr. Judith DeStefano-Anen, Interim Executive County Superintendent
- Ms. Jamie Moscony
- Ms. Lauren Flynn

**Cape May County Technical High School  
Administrative Staff**

*Telephone (609) 380-0200 ext. 664*

- Ms. Jamie Moscony, Superintendent
- Mrs. Lauren Flynn, Business Administrator
- Mr. Anthony Volpe, Director of Technology & Network Operations
- Mr. Steven Vitiello, Principal
- Mrs. Kristen Schaffer, Director of Curriculum & Instruction
- Ms. Diana Stainoi, Supervisor of Guidance
- Mr. John Longinetti, Assistant Principal of Secondary Education
- Mr. David Smith, Director of Athletics & Supervisor of Health/PE
- Mrs. Susan Jurusz, Supervisor of Adult & Community Education
- Ms. Megan Thompson, Supervisor of Humanities & Data Coach
- Mr. Donald Nelson, Director of Security

**Nurse**

- Ms. Kathy Giangliulo , School Nurse

Lab School Manual Application and Program Guide

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**EARLY CHILDHOOD DEVELOPMENT CENTER LAB SCHOOL  
APPLICATION GUIDELINES**

1. Completion of the application and supporting documents are required elements for acceptance.
2. Notification of acceptance will be made after an in-person interview has been completed with staff and parent or guardian and the child.
3. Child must meet the following criteria:
  - Must attend in-person interview with staff and parent/guardian
  - Must be toilet trained prior to admission
  - Must have records of medical physical exam
  - Must have a health history submitted, signed by a physician
  - Children must be 3 years old by October 1, or 2-1/2 years old/toilet trained\*\* and meet all other criteria
4. All parents/guardians are required to make arrangements for alternate care in the case of a child's illness or in the event of date changes.
5. Parents are required to submit a copy of the child's birth certificate and immunization record with the application.
6. An annual physical is required.
7. Application and other forms should be returned to the Early Childhood Development Technology Center Lab School.
8. An in-person interview with the parent or guardian and the child is required prior to admission.
9. The capacity for this program is 15 pre-school students.

*\*\*Children need to be toilet trained and able to handle their own hygiene in the bathroom. Occasionally, accidents will happen; however, if a child has frequent urine and/or bowel accidents or wears pull-ups, the child is not toilet trained. If a child shows any signs of not being toilet trained, parents/guardians will be directed to remove the child from the program.*

Child find activities are limited to the population of students enrolled in the lab school and the district will inform parents of lab school age children of these procedures and refer them to their home district. (Policy 6171.4)

The Cape May County Technical School ensures access to all schools, facilities, programs, activities, and benefits for all students, regardless of race, creed, color, national origin, ancestry, age, marital status, affectional or sexual orientation, gender, religion, disability or socioeconomic status. Programs and activities are operated in compliance with Title VI of the Civil Rights Act of 1964 (Title VI, 100.4), Title IX of the Education Amendments of 1972 (Title IX, 106.4), Section 504 of the Rehabilitation Act of 1973 (Section 504, 104.5), Family Educational Rights and Privacy Act (FERPA) for Elementary and Secondary Schools, and Protection of Pupil Rights Amendment (PPRA).

**EARLY CHILDHOOD LAB SCHOOL INTAKE FORM**

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

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

Birth Date: (month)\_\_\_\_\_ (day)\_\_\_\_\_ (year)\_\_\_\_\_

Requested Start Date \_\_\_\_\_

*(office only)*

Interview Date \_\_\_\_\_

**Forms Completed:**

\_\_\_ Application

\_\_\_ Health History

\_\_\_ Information Sheet

\_\_\_ Guide Sheet

\_\_\_ Discipline Code

\_\_\_ Media Release

\_\_\_ Fee Agreement

**Forms for Parents:**

\_\_\_ Discipline Code

\_\_\_ Parent Handbook

\_\_\_ Fee Agreement

**Prior to Approval for Enrollment:**

\_\_\_ ECC Form Review

\_\_\_ Health and Safety Review

\_\_\_ Administrative Review

**Documents Received:**

\_\_\_ Birth Certificate

\_\_\_ Immunization Record

**EARLY CHILDHOOD CENTER LAB SCHOOL APPLICATION**

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

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Previous Preschool experience \_\_\_\_\_

Primary Email Address of Parent/Guardian \_\_\_\_\_

Parent/Guardian Mrs/Ms/Dr \_\_\_\_\_ Home phone \_\_\_\_\_

Home address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Employed by \_\_\_\_\_ Office phone \_\_\_\_\_

Parent/Guardian Mrs/Ms/Dr \_\_\_\_\_ Home phone \_\_\_\_\_

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Employed by \_\_\_\_\_ Office phone \_\_\_\_\_

Pediatrician's name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

Street

City

State

Zip

Emergency Contact Person(s) authorized to pick up child from school

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

My child has the following allergies or restrictions \_\_\_\_\_

.....

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

**EARLY CHILDHOOD CENTER LAB SCHOOL INFORMATION SHEET**

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

Birth date \_\_\_\_\_ Birth weight \_\_\_\_\_ Birth length \_\_\_\_\_

Full term pregnancy? \_\_\_\_\_ If not, how many months? \_\_\_\_\_

Age child: toilet trained \_\_\_\_\_

Child's favorite toy \_\_\_\_\_ favorite food \_\_\_\_\_

Favorite story \_\_\_\_\_ favorite game \_\_\_\_\_

Do you read to your child regularly? \_\_\_\_\_

Does the child have a pet? \_\_\_\_\_ What is it? \_\_\_\_\_ Name of pet \_\_\_\_\_

Child's responsibilities at home \_\_\_\_\_

Bedtime: weekdays \_\_\_\_\_ weekends \_\_\_\_\_

Does the child have a wetting problem? \_\_\_\_\_ naptime \_\_\_\_\_ bedtime \_\_\_\_\_

T.V. shows child watches regularly \_\_\_\_\_

How many hours a day does your child watch tv or videos? \_\_\_\_\_

What does your child usually eat for breakfast? \_\_\_\_\_

Lunch \_\_\_\_\_ Dinner \_\_\_\_\_ Snack \_\_\_\_\_

What do you want your child to learn in school? \_\_\_\_\_

Cape May County Technical School District  
188 Crest Haven Road  
Cape May Court House, NJ 08210

Early Childhood Development Center Lab School Annual Health History

**(Parent completes) In the event of a medical emergency, your child will be transported to the nearest hospital emergency room. Please complete the following information in the event your child is injured or ill.**

Student Name (print): \_\_\_\_\_ D.O.B. \_\_\_/\_\_\_/\_\_\_ Today's Date: \_\_\_/\_\_\_/\_\_\_

Physician: \_\_\_\_\_ Phone: \_\_\_\_\_ Dentist: \_\_\_\_\_ Phone: \_\_\_\_\_

Name of Health Insurance Plan: \_\_\_\_\_ Policy #: \_\_\_\_\_

Parent/guardian Name: \_\_\_\_\_ Address: \_\_\_\_\_  
Street

Town/City \_\_\_\_\_  
Mailing address (if different from above): \_\_\_\_\_

Home Telephone: \_\_\_\_\_ Work Telephone: \_\_\_\_\_ Cell: \_\_\_\_\_

**In the event we are unable to reach you, contact:**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Home: \_\_\_\_\_ Work: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Home: \_\_\_\_\_ Work: \_\_\_\_\_

**Check health conditions your child has:**

Medication allergy: list \_\_\_\_\_ Latex allergy (medical gloves, tapes, etc) NO YES

Food allergy: List: \_\_\_\_\_ If exposed, does your child require emergency epinephrine medication? NO YES **If YES, please call the school for administering emergency epinephrine forms.**

Insect allergies (bees, wasps, etc.): Type of reaction and insects allergic to: \_\_\_\_\_

If exposed, does your child require emergency epinephrine medication? NO YES

**If YES, please call the school for administering emergency epinephrine forms.**

Allergies to animals: please list \_\_\_\_\_

Seasonal or Environmental allergies: please list \_\_\_\_\_

Diabetes: Insulin dependent? NO YES **If YES, please call the school for a Diabetic Health Care Plan**

Seizure Disorder: **Type of seizure:** \_\_\_\_\_ **Date of last seizure:** \_\_\_\_\_

**If YES, please call the school for Seizure Disorder Health Care Plan**

Asthma: inhaler or breathing treatment? NO YES **If YES, call the school for Asthma Management Plan**

Bleeding disorder: Type of disorder: \_\_\_\_\_ **If YES, call the school for Emergency Care Plan**

Heart Disease or Heart Defect? **Explain:** \_\_\_\_\_

Speech difficulty: Explain: \_\_\_\_\_

Hearing difficulty: **Which Ear(s):** \_\_\_Right \_\_\_Left **Ear tubes:** NO YES **Hearing aids?** NO YES

Vision Problem **Type of difficulty:** \_\_\_\_\_ **Which eye(s) is effected:** \_\_\_Right \_\_\_Left

\_\_\_wears glasses \_\_\_wears eye patch (which eye is patched: Right or Left) \_\_\_ History of eye infection

Nervous Disorder: Type: \_\_\_\_\_

Muscle or Bone Disorder: Type: \_\_\_\_\_

Hospitalizations, surgeries, injuries or illnesses not listed above. **Explain:** \_\_\_\_\_

Needs to have other adaptive devices (wheelchair, leg braces, etc.): **Indicate type:** \_\_\_\_\_

iz :ECCC Health History and physical form 2015 **Health Care Provider completes other side "Student Examination"**



**(Health Care Provider completes this side of page)**

**STUDENT EXAMINATION BY PRIVATE PHYSICIAN OR CNP: REQUIRED OF ALL ACCEPTED STUDENTS**

**Health Care Provider completes this page.**

STUDENT: \_\_\_\_\_ D.O.B. \_\_\_\_/\_\_\_\_/\_\_\_\_  Male  Female

Birth Weight: \_\_\_\_\_ Birth Apgar: \_\_\_\_\_ Ht.: \_\_\_\_\_ in. Wt.: \_\_\_\_\_ lbs. B/P \_\_\_\_/\_\_\_\_ Pulse: \_\_\_\_\_

Hearing: R \_\_\_\_ L \_\_\_\_ **VISION:** Amblyopia: YES NO ACUITY: R / / L / / OU / /  Glasses

Allergic to the following: Medications: \_\_\_\_\_ Food: \_\_\_\_\_ Insects: \_\_\_\_\_ Latex \_\_\_\_\_

Documented life-threatening food or insect allergies: **Emergency medication orders must be provided on school form.**

<b>PHYSICAL EXAMINATION</b>	<b>NORMAL</b>	<b>ABNORMAL</b>	<b>COMMENTS</b>
EYES	_____	_____	Sclera: _____ Other: _____
EARS	_____	_____	_____
NOSE	_____	_____	_____
MOUTH/THROAT	_____	_____	_____
HEART	_____	_____	_____
LUNGS	_____	_____	_____
CHEST CONTOUR	_____	_____	_____
ABDOMEN/SPLEEN/LIVER	_____	_____	_____
NECK	_____	_____	_____
BACK	_____	_____	_____
SPINE/SCOLIOSIS EXAM	_____	_____	_____
SKIN	_____	_____	_____
MATURATIONAL LEVEL	_____	_____	_____
TESTES	_____	_____	_____
HERNIA	_____	_____	_____
UPPER EXTREMITIES	_____	_____	_____
LOWER EXTREMITIES	_____	_____	_____
NEUROLOGICAL/REFLEXES	_____	_____	_____
BALANCE/COORDINATION	_____	_____	_____

**MEDICAL CONDITIONS NOT MENTIONED ABOVE:** \_\_\_\_\_

**RESULT OF TODAY'S CHECK-UP:** \_\_\_\_\_ **REFERRALS MADE?** \_\_\_\_\_

**CURRENT MEDICATIONS (LIST):** \_\_\_\_\_

**IMMUNIZATION DOCUMENTATION (OR PROVIDE A COPY OF OFFICIAL IMMUNIZATION RECORD):**

**Minimum vaccines required for entrance:**

DTaP (4 doses required): #1: \_\_\_\_\_ #2: \_\_\_\_\_ #3: \_\_\_\_\_ #4: \_\_\_\_\_

IPV (3 doses required): #1: \_\_\_\_\_ #2: \_\_\_\_\_ #3: \_\_\_\_\_

MMR: #1(given on or after first birthday required for entrance): \_\_\_\_\_

Haemophilus B/Hib: (*Minimum one dose after the 1<sup>st</sup> birthday*) #1: \_\_\_\_\_

Varicella: #1: \_\_\_\_\_. **OR** Lab evidence of immunity: Titer: \_\_\_\_ **OR** History of varicella disease: Date: \_\_\_\_\_

Pneumococcal Vaccine: (*Minimum of 1 dose after the 1<sup>st</sup> birthday*) #1: \_\_\_\_\_

Annual Influenza: (For entrants after March 31<sup>st</sup> dose is not required but flu season may extend to May and therefore, getting a flu shot, even late in the season, may offer protection.) Date: \_\_\_\_\_

Physician's stamp (required):

Health Care Provider's Signature: \_\_\_\_\_ circle one: MD DO NCP Date: \_\_\_\_\_

**Multimedia Photo Release Form**

I agree that all photographs and/or recordings of my son/daughter, taken as part of the Cape May County Technical School District's day, by Cape May County Technical School District or their designee may be used for the purposes of advertising or promotion of district programs or activities. I understand this distribution may include television, online or print media.

*(Child's name: Please Print)*

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*(Parent/Guardian name: Please Print)*

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*Signature (by parent/guardian)* \_\_\_\_\_

Street address: \_\_\_\_\_

City & State: \_\_\_\_\_

Today's date: \_\_\_\_\_

**EARLY CHILDHOOD DEVELOPMENT CENTER FEE AGREEMENT**

The following agreement is entered into between \_\_\_\_\_ and the Cape May County Technical High School Early Childhood Development Center.

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

Child's Name \_\_\_\_\_ Starting Date \_\_\_\_\_

**Due Date:** Payments will be made on a monthly basis and are due the first of each month.  
**If you are late paying your bill, you will have a one week grace period during which a \$10.00 late fee is assessed.**  
**After the one week grace period, you may not use the Early Childhood Development Center Lab School until the account is brought current.**

**Method of Payment:** Payment may be made by check, payable to the *Cape May County Technical School* or by cash (exact change only, please). In order to maintain the Center and to retain your child's spot **payment is due for every day the child is scheduled to attend regardless of whether he/she attends or not** (sick and personal days included; there is no payment due on non-student school days)

**\*Rate:** Two, Three, Four, or Five days a week full-day: \$45.00 per day, per child  
Rate for half-day Pre-K program (up to five hours): \$30.00 per day, per child  
**Half-day is available in the AM only.**

**Late Fee:** A late fee of \$10.00 per each 30 minute period, (or portion thereof), will be charged for children picked up past 2:45 P.M.

**Registration Fee:** The \$25.00 registration fee is non-refundable.

**Withdrawal Notice:** A two-week prior written notice must be given to avoid payment for scheduled tuition fees, once a child is accepted for enrollment.

**I have read the above fee schedule and fully understand my responsibilities. I further understand that payment must be made in advance of my child attending the Early Childhood Development Center.**

*\* Please note: The fee schedule is subject to change upon Board approval.\**

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

ECDC Representation Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**DISCIPLINE AND GUIDANCE PROCEDURES**

There are three rules to be followed by all children in the Early Childhood Development Center.

1. Behavior that will result in injury to self is prohibited.  
*Examples:* Running/jumping inside, climbing on inappropriate use of equipment
2. Behavior that will result in injury to other children or adults is prohibited.  
*Examples:* Hitting, biting, kicking, wrestling, profanity, spitting, throwing sand
3. Behavior that will result in destruction of property is prohibited.  
*Examples:* Writing in books, writing on other children’s work, knocking down or grabbing other children’s work, throwing or walking on toys and inappropriate use of equipment.

**PROCEDURES IF DISCIPLINE AND CHILD GUIDANCE IS REQUIRED**

1. Renewal Time - A child is placed in an alternative activity due to a loss of control or misuse of equipment or supplies, after an appropriate warning. The child will remain in another area until the supervising adult determines that the child understands what appropriate behavior could have been performed.
2. Removal of Child from the Early Childhood Development Center – If inappropriate behavior occurs which endangers the health and safety of self, other children, or staff members, a conference will be arranged with parents. Students may be put on probation for a time period as determined by the administrator in charge of the ECDC. If after the probation time and the parent conference, the child’s behavior is not positive, the child will be removed from the center and the parents will be told to arrange for other appropriate care.

**I have read the above Discipline Policy.**

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

ECDC Representative Signature \_\_\_\_\_ Date \_\_\_\_\_

**EARLY CHILDHOOD DEVELOPMENT CENTER LAB SCHOOL  
INFORMATION AND INSTRUCTION GUIDE**

1. The school day for children begins at 7:45 a.m. and ends at 2:45 p.m. Please adhere to the arrival and pick-up times.
2. Children must be brought **into** the center by a parent or authorized adult each morning. Children may not be “dropped off” by the outside door or given to an unauthorized adult or student to take into the center.
3. Children are not to bring toys, gum, videos, or money to school. Parents will provide a breakfast snack, a lunch and an afternoon snack. Parents will also provide an ice pack with food if needed.
4. Keep the school up-to-date with information about your child: immunizations and health records, new address, new phone numbers, new doctor. A physical exam of the child before school starts is mandatory. A health form and immunization record must be completed and signed by the doctor before the child can start school.
5. Keep your child home if he/she shows any signs of illness: fever, vomiting, coughing, runny nose, rashes, and diarrhea. Please contact us about his/her illness especially if it is contagious (e.g., measles, mumps, chicken pox, flu, head lice). Administration of medicine must be arranged by you with the school nurse. If you send your child to school sick, we will call you to take him/her home.
6. Your child should wear comfortable clothing to school so that he/she can manage in the bathroom.
7. If your child wears sandals when weather permits, socks are required.
8. We request the following items are brought to school the first day, and are left for the year in a plastic bag marked with your child’s name\*.
  - **Two (2) pair of underwear**
  - **Two (2) pair of pants - long**
  - **Two (2) pair of socks**
  - **One (1) shirt**
  - **One (1) sweater or sweatshirt**

*\*PLEASE MARK ALL PERSONAL ITEMS WITH CHILD’S NAME. Please also mark all outerwear items your child brings to school (boots, coats, sweater, jacket, hats, etc.). Please be sure your child wears gloves and a hat in cold weather.*

*(Information and Instruction Guide-page 2 of 2)*

9. If any person other than the parent/guardian will be picking up your child on a particular day the parent/guardian must notify the Early Childhood Development Center in advance. **We will not release your child to anyone unless we are notified personally by you in writing. In addition, all authorized emergency contact and pick-up person(s) will be required to show identification. Before/After care will be available, based on staff availability for an additional fee.**
  
10. Please be advised that it is your responsibility to apply sunscreen and bug spray prior to your child attending preschool in the morning, if necessary. We will reapply sunscreen that you provide, if we go outside in the afternoon. We are not responsible for any allergic reaction your child may have as a result of using the sunscreen provided.
  
11. As part of your child's program at the Early Childhood Development Center the following animals may be housed in the classroom or in visits to other classrooms (including but not limited to): hermit crabs, guinea pigs, hamsters, ducks, chicks, rabbits, fish, lizards, and frogs. The Board of Education realizes that you may have concerns about your child's contact with these animals due to allergies or other medical issues. Please advise the Early Childhood Development Center of your concerns.
  
12. If you have any questions or problems, please schedule an appointment. You may ask for an appointment in person, request an appointment by phone at 609-380-0200 ext. 323 or you may email [labschool@capemaytech.com](mailto:labschool@capemaytech.com)

Our job is to help you and your child have a positive and educational experience in school this year.

I have read the above information and instruction guide.

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

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

## EARLY CHILDHOOD DEVELOPMENT CENTER LAB SCHOOL PROGRAM

### PHILOSOPHY

The mission of the Cape May County Technical School District is to produce graduates with the necessary skills to compete in the global workplace; the knowledge to pursue higher education; avocational skills for personal growth, achievement of the 21st Century and New Jersey Student Learning Standards, and life-long learning experiences through the combination of academic, technological, co-curricular and specialty training.

### Philosophy of Early Childhood Development Center

The Early Childhood Development Center (ECDC) is designed for high school students pursuing professions involving the care of young children. Experiences working with pre-school children under the direct supervision of certified teachers are provided.

### Statements of Philosophy and Beliefs

The ECDC welcomes the children of staff, students, county employees and other families who wish to apply. The program is designed to meet the needs of children and their families. We believe: parents are a vital asset in promoting the development of their child; it is important for the child to have a balanced curriculum encompassing the whole child; the child should be provided with a safe, positive, accepting atmosphere that promotes his/her natural curiosity and desire to learn.

### Program

The ECDC introduces children to a balanced program of interaction with friends in both teacher-directed and child-directed experiences. The daily schedule includes a wide range of free choice activities, both large and small group activities, and indoor/outdoor play.

Centers within the classroom include, but are not limited to, woodworking, blocks, dramatic play, dollhouse, sensorial, sand/water play, language arts and math, practical life and art center, the easel, library, Lego table, manipulative hands-on area, science, pre-writing, and computer center. Children are encouraged to use these centers through the planning board.

The planning board helps the children to make decisions and learn responsibility. The program is child-centered and based on the fact that play is the best way for children to learn. The professional staff encourages exploration and growth through small and large group activities such as: art, social studies, math, language arts, creative movement, and science.

Holidays are taught and the Pledge of Allegiance to the flag is recited daily.



### Curriculum Outline Early Childhood

Students in this program will follow the High Scope framework that supports children's security and independence. Students will follow a consistent daily routine; the following components will always be included in the routine, although the length and order of the segments may vary.

- **Plan Do Review sequence (planning time, work time, recall time)**- A 10- to 15-minute period during which children **plan** what they want to do during work time (the area to visit, materials to use, and friends to play with); a 40- to 60-minute **work** time minimum for children to carry out their plans (or shift to new activities that interest them); and another 10- to 15-minute period for **reviewing** and recalling with an adult and other children what they've done and learned.
- **Small-group time**- During this time, a small group of children meet with an adult to experiment with materials, try out new skills, and solve problems. Adults develop a small-group activity based on children's interests and particular skills, materials, or content areas that suit children's developmental learning needs. Though the adult plans the activity and sets it in motion, children make choices about how to use the materials and freely communicate their ideas.
- **Large-group time**- Large-group time builds a sense of community. Participants come together for movement and music activities, interactive storytelling, and other shared experiences. Children have many opportunities to make choices and play the role of leader.
- **Outside time**- Children and adults spend at least 30 minutes outside every day, enjoying vigorous and often noisy play in the fresh air.
- **Transition times** - Transitions are the minutes between other blocks of the day, as well as arrival and departure times. Teachers plan meaningful learning experiences for these times, which keeps children engaged and minimizes disruption.
- **Eating and resting times (if applicable)** - Meals and snacks allow children to enjoy eating healthy food in a supportive social setting. Rest is for napping or quiet, solitary activities. Since both activities happen at home as well as at school, adults in HighScope programs try to respect family customs at these times as much as possible.
- **Adult team planning time** - The teaching team meets to discuss their observations of children's developing abilities and interests, focusing on these observations as they plan activities and review the materials in the classroom. It can occur during children's nap time, before children arrive, or after they leave.





**EARLY CHILDHOOD DEVELOPMENT CENTER LAB SCHOOL PROGRAM**  
**Daily Schedule**

7:45 AM – 8:30 AM	Arrival & Self Chosen Activities – Free Play
8:40 AM – 9:00 AM	Morning Snack
9:05 AM – 9:25 AM	Morning Message Board
9:25 AM – 9:30 AM	Transition Outside
9:30 AM – 10:00 AM	Gross Motor Play (Playground)
10:00 AM – 10:05 AM	Transition Inside
10:05 AM – 11:20 AM	PDR (Plan, Do, Review)
11:25 AM – 11:30 AM	Lunch Prep/Wash Hands/Bathroom
11:30 AM – 12:00 PM	Transition Outside
10:50 AM – 11:20 AM	Gross Motor Play (Playground)
11:20 AM – 11:25 AM	Transition Inside
11:25 AM - 11:30 AM	Lunch Prep/Wash Hands/Bathroom
11:30 AM – 12:00 PM	Lunch
12:00 PM - 12:10 PM	Half Day Dismissal & Bathroom
12:10 PM - 12:20 PM	Story Time
12:20 PM - 1:20 PM	Rest Time
1:25 PM – 1:55 PM	Self Chosen Activities
1:55 PM - 2:05 PM	Clean Up Time
2:05 PM - 2:20 PM	Large Group
2:20 PM - 2:35 PM	Snack
2:35 PM – 2:45 PM	Dismissal

**2024-2025 High School Calendar**

*\*The Lab School is closed when the high school is closed to students. Please note additional information annually for start date and end date for Lab School operations.*

July 2024						
S	M	T	W	T	F	S
	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 2024						
S	M	T	W	T	F	S
				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

  

September 2024						
S	M	T	W	T	F	S
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					

  

October 2024						
S	M	T	W	T	F	S
		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		

  

November 2024						
S	M	T	W	T	F	S
					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

  

December 2024						
S	M	T	W	T	F	S
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				

**JULY - 0 Student Days/0 Staff Days**

July 4 Schools Closed/Independence Day

**AUGUST - 0 Student Days/3 Staff Days**

Aug 26 New Hire Training  
 Aug 27 Convocation/Professional Development  
 Aug 28-29 Professional Development  
 Aug 30 School Closed for 10 month Staff

**SEPTEMBER - 20 Student Days/20 Staff Days**

Sept 2 Schools Closed - Labor Day  
 Sept 3 First Day of School  
 Sept 18 Back to School Night

**OCTOBER - 22 Student Days/22 Staff Days**

Oct 14 Schools Closed/Columbus Day

**NOVEMBER - 17 Student Days/17 Staff Days**

Nov 7-8 Schools Closed/NJEA Convention  
 Nov 27 Student Early Dismissal Day  
 Nov 28-29 Schools Closed/Thanksgiving Break

**DECEMBER - 15 Student Days/15 Staff Days**

Dec 20 Student Early Dismissal Day  
 Dec 23-31 Schools Closed/Winter Break

**JANUARY - 21 Student Days/21 Staff Days**

Jan 1 Schools Closed/Winter Break  
 Jan 20 Schools Closed/Dr. Martin Luther King Day

**FEBRUARY - 18 Student Days/18 Staff Days**

Feb 14 Schools Closed /Presidents Weekend  
 Feb 17 Schools Closed/Presidents' Weekend

**MARCH - 20 Student Days/21 Staff Days**

March 14 Schools Closed for Students/Staff PD

**APRIL - 16 Student Days/16 Staff Days**

April 17 Student Early Dismissal Day  
 April 18-25 Schools Closed/Spring Break

**MAY - 21 Student Days/21 Staff Days**

May 26 Schools Closed/Memorial Day

**JUNE - 10 Student Days/11 Staff Days**

June 13 Students Last Day of School  
 June 16 10 Month Staff Last Day of School

January 2025						
S	M	T	W	T	F	S
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5	6	7	8	9	10	
12	13	14	15	16	17	
19	20	21	22	23	24	
26	27	28	29	30	31	

  

February 2025						
S	M	T	W	T	F	S
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9	10	11	12	13	14	
16	17	18	19	20	21	
23	24	25	26	27	28	

  

March 2025						
S	M	T	W	T	F	S
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9	10	11	12	13	14	
16	17	18	19	20	21	
23	24	25	26	27	28	
30	31					

  

April 2025						
S	M	T	W	T	F	S
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6	7	8	9	10	11	
13	14	15	16	17	18	
20	21	22	23	24	25	
27	28	29	30			

  

May 2025						
S	M	T	W	T	F	S
				1	2	
4	5	6	7	8	9	
11	12	13	14	15	16	
18	19	20	21	22	23	
25	26	27	28	29	30	

  

June 2025						
S	M	T	W	T	F	S
1	2	3	4	5	6	
8	9	10	11	12	13	
15	16	17	18	19	20	
22	23	24	25	26	27	
29	30					

- Schools Closed
- Student Early Dismissal
- Schools Closed/Staff PD
- First & Last Day for 10 Month Staff
- First & Last Day for Students
- Schools Closed for 10 Month Staff
- First & Last Day for 10 Month Staff
- Unscheduled School Closing

## Operations Guidelines

### Parent/Center Communication

There is an open door policy. Parents are always welcome and are invited to visit the center. It is necessary for the teachers to devote their time to the children when they are in the center. If parents/guardians have any particular concerns and need to confer with a teacher, a parent/teacher conference will be scheduled, or arrangements can be made for a telephone conference. A monthly newsletter is provided to keep parents informed about themes and special events. Parents are invited to join the "Class Dojo" app for shared news updates and photos from the classroom.

### Parent/Teacher Conferences

Parent/teacher conferences will be held upon request.

### Center Evaluation

A parent opinion survey will be conducted twice a year and a suggestion box is provided for input.

### Possessions from Home

Children are not permitted to bring toys, watches, gum, candy, videos, or money to school. There are a wide variety of materials for the children to explore and share at school. The center is not responsible for any personal belongings that are brought from home. A lost and found box is provided in the reception area. Each child has a specially marked cubby for jackets, lunch boxes, and any other approved personal belongings. **\*Please check it daily.**

### Birthdays

Parents who plan a birthday party for a child away from school are encouraged to invite all the children and bring invitations to school for distribution. Please be considerate of the children's feelings and comply with the above request. Children may celebrate their birthdays at school. Mini muffins, mini cupcakes, or donut holes are recommended. **No candles or presents.** The class will sing "Happy Birthday".

### Management of Communicable Disease

The health of every child in our program is a concern.\* To keep all children as healthy as possible, parents are asked to keep a child at home if there are any signs of:

1. Temperature of 100 degrees or more
2. Undiagnosed skin rash: unless documented by physician as non-contagious
3. Diarrhea
4. Vomiting
5. Signs of conjunctivitis (pink eye)
6. Excessive nasal discharge
7. Coughing
8. Evidence of lice infestation, scabies, or other parasitic infestation
9. Yellowish skin or eyes (jaundice)
10. Ringworm - unless under physician's care and covered (must be documented by physician)
11. Sore throat or difficulty in swallowing
12. Communicable diseases

***\*if a child is not well enough to play outdoors, he/she is not well enough to be in school.***

In order to return to school after an absence, a child must be free of vomiting, diarrhea, and fever for twenty-four hours. Children returned to the Center with signs of illness or disease will be refused admittance.

When a child exhibits one or more of behaviors #1-12 during the school day, a determination will be made by the teacher regarding the discharge of the child to the parent/guardian or emergency contact person listed on the child's application. If the child is to be dismissed, the parent will be notified and the child must be picked up within the hour.

Any child who is absent for illness for three days or more must present a signed release from a physician, or any agency of the public health department verifying the child's health status to return to school.

### **Medications**

School policy allows for the administration of medication by the school nurse during the school hours when failure to take such medication would jeopardize the health of a student, or the student would be unable to attend school if the medication were not available to him/her during school hours. The school nurse is available from 8:00 a.m. to 2:00 p.m. \*School policy mandates that before any medication be administered during school hours, the written request of the parent/guardian and the physician be obtained.

- a. Medication forms to be completed by physician and parent/guardian are available from the child's teacher.
- b. The medication **must** be in the original container and be appropriately labeled.
- c. Medication will not be given if the high school is closed.
- d. The first-aid and emergency care guidelines of the Cape May County Technical High School will be followed for all children.

### **Snacks/Lunches**

Parents are required to provide a breakfast snack, a lunch and an afternoon snack for their students. Please provide nutritious, ready-to-eat foods with an ice pack, if needed. *Please note:* all foods should be prepared in child-sized portions, cut up/sliced/peeled, and in non-breakable containers for easy and safe eating. Please **LABEL** lunch boxes, bags, and thermoses with the child's name. The use of sippy cups is discouraged.

A well-balanced, nutritious lunch may consist of the following:

- Protein sources such as meat, poultry, fish, eggs, cheese, or peanut butter
- 2 vegetables, 2 fruits, or 1 fruit and 1 vegetable. Grains such as cereal, whole grain or enriched bread products, crackers, or pasta
- Dairy products

Children will be encouraged to eat their "grown foods" before eating their treats. Treats which are "excessive" may be limited by the teacher at his/her discretion. Children are not allowed to share lunches. **CANDY AND SODA ARE NOT PERMITTED (Remove all candy and soda from Lunchables).**

### **Rest Time**

Sixty minutes (60) of quiet resting is provided daily. Children must bring blankets/pillow or sleep mat for their assigned and labeled cot. This cot is not used by any other child. Quiet music is played during rest time. Children who do not sleep will be able to participate in quiet, restful activities until the scheduled rest time is over.

### **Videos at School**

Videos/DVD's are not regularly used in our school. Exceptions are made for very short films that relate directly to a theme that has been discussed with the children. On occasion, when weather is inclement, we may choose to show a short, educational video/DVD from our library of quality movies for children.

### **Child Abuse and Neglect**

Staff members are required by law to report any suspected child abuse or neglect.

### **School Closing**

- In the event it becomes necessary to close school for any reason, announcements will be made via the following: our school website, all Call to all enrolled students and social media platforms.
- If the high school is closed, or opening late, the lab school is closed or opening late.
- Any non-student day for the high school (such as an Inservice Day) is a non-student day for the lab school.
- The 10-month high school calendar reflects the planned school closings.

### **Enrichment Program**

The children in the ECDC will interact with other students in addition to those students in our lab school and in the high school's early childhood education program.