



**CENTRAL ALABAMA OPPORTUNITIES
INDUSTRIALIZATION CENTER, INC. (OIC)**

**EARLY CHILDHOOD DEVELOPMENT CENTER
2035 MOBILE ROAD
MONTGOMERY, AL 36108
(334) 265-1600**

**CONSUELLO J. HARPER
PRESIDENT/CEO**

PRE-KINDERGARTEN PROGRAM

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WEBSITE: CENTRALALBAMA.OIC.COM**

Revised : January 2008

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GOALS

As a result of the planned environment provided which will include instruction and activities in the OIC Early Childhood Development Center, the children will:

1. develop a positive self-image,
2. grow in social and emotional development,
3. expand basic concepts and develop independent thinking skills and problem-solving abilities,
4. enhance all of the communication skills,
5. experience an atmosphere that will stimulate natural interests in the world,
6. increase ability for self-discipline, and,
7. develop basic motor abilities, fundamental skills and sound health and safety habits.

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Alabama Kindergartens, State Department of Education, Division of Student Instructional Services, Bulletin 1987, No. 28.

**CENTRAL ALABAMA OPPORTUNITIES
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EARLY CHILDHOOD DEVELOPMENT CENTER**

CORE CURRICULUM – 2 ½ TO 5 (FIVE) YEARS OLD

The Mission of the Early Childhood Development Center

The Early Childhood Development Center of Central Alabama Opportunities Industrialization Center, Inc. aims to provide a wholesome environment for the development of the whole child which is conducive to learning for children ages 2 ½ to 5 years old.

The children will receive developmental care during the hours of 6:50 a.m. to 5:30 p.m., Monday through Friday. The program will further provide benefits for the parent(s), guardian(s), and the community.

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Parents (s) or Guardian (s) you are asked to read the following information in order to understand the center's program!

REGISTRATION PROCEDURE

All registration forms should be completed with a Photostat copy of your **child's birth certificate, child nutrition application, medical and blue immunization certification**, and returned to the Director before enrollment. A one time yearly non-refundable registration fee of \$25.00 per child is required. All forms must be completed and returned before or no later than day of registration.

REQUIREMENTS FOR ADMISSION

1. Child must be 2 ½ years old through 5 years old.
2. Child (ren) must be completely potty trained.
3. Parent(s)/guardian(s) must bring certified Photostat copy of birth certificate on or before final registration day.
4. Health records must be completed by Registration Day. Forms may be picked up in the Director's Office.
5. OIC's enrollment will be limited to 131 children.
6. The program will be open to serve children regardless of race, sex, color, religion or national origin. The program will attempt to serve an equal number of boys and girls.
7. Children are expected to be here for the full program. **Children must arrive prior to 8:45 A.M. daily or present a doctor's note upon arrival to be signed in after 8:45 A.M.** An adjustment period of two (2) weeks is granted by the center. If the child (children) has/have exceptional adjustment problems, the parent(s)/guardian(s) will be asked to remove the child (children) from the center.

HEALTH REQUIREMENTS

1. Health Status Forms provided by the center must be completed by parent(s)/guardian(s) and signed by a physician before enrollment. Health Status Forms include evidence from a physician regarding general state of each child's health and required immunizations given to the child.
2. A child who is apparently ill shall not be admitted to the center any day. Children who become ill will be isolated from the others immediately. Parent(s)/guardian(s) will be notified to make arrangements for the child to be picked up immediately. If a child has a temperature, he/she will not be admitted until he/she has been free from a temperature for twenty-four (24) hours. Inspect your child before he/she leaves for school in the morning. Keep your child at home if he/she shows abnormal symptoms such as:

a flush face that indicates fever	headache
a running nose	upset stomach
sore throat	swollen glands
any rash or breaking out	persistent cough
ring worm	

It is important to send the child to school in a happy frame of mind. If he/she is not feeling well, he/she cannot benefit from school and can only endanger his/her health and those around him/her. Please notify us of the reasons for your child's absence by sending a note the following day. If a child is found by a doctor to have a contagious or serious illness, please contact the school immediately so that we may take necessary precautions.

3. Parent(s)/guardian(s) will authorize the staff to give emergency aid and treatment in the case of injury and in case of major injury, the parent's (s')/guardian's (s') physician named by the parent(s)/guardian(s) will be contacted. If necessary, the child shall be taken to the nearest emergency room.
4. Admission or re-admission of any child after a communicable disease must be accompanied by a certificate of approval by the child's physician or the time period as recommended by the Health Department must have elapsed.
5. Parent(s)/guardian(s) are to notify the center when their child is known to have been exposed to a contagious disease/condition outside the center.
6. Parent(s)/guardian(s) is/are to seek medical advice if a question of health is involved.
7. The school, or staff, is not liable for accidents or illnesses occurring to the child while he/she is in its care—unless it is evident that the accident or illness was the direct result of the worker's negligence.

GENERAL INFORMATION

1.
 - A. Parent(s)/guardian(s) are asked to send a complete change of clothing on the first day of school. These clothing will remain at Child Care Center to be used in case of accident. bring also one (1) smock or large shirt to be retained in the center for art time.
 - B. Parent(s)/guardian(s) are encouraged to dress their children suitable for active play.
 - C. Put child's name on his/her coat, sweater, hat, rain boots, rain coats, etc.
 - D. Two (2) large towels or twin sheets should be provided with the child's name for naptime.
 - E. Every child will have an afternoon rest period as required by state law.
2. Breakfast, lunch and an afternoon snack will be served daily. Do not allow your child to bring candy or gum. The center participates in the Child Nutrition Program of the State Department of Education which requires that an application be submitted by each child who enrolls in the center.
3. Parents/guardian(s) must notify the office any time a child is to be absent, giving reason for the absence.
4. Parent(s)/guardian(s) should report any upsetting experience which may affect the child's action in the center.
5. Parent(s)/guardian(s) should report immediately any change of address or telephone number. Help the child (children) learn his/her address and telephone number.
6. Each child being transported by parent(s)/guardian(s) or other designated person(s) shall be accompanied into and out of the center by the parent, guardian, or other person.
7. The center shall require the parent(s)/guardian(s) or other person(s) designated by the parent(s)/guardian(s) to sign (signature required, initials not acceptable) each child out at each departure from the center, indicating the time of departure.
8. The center shall require written authorization from a child's parents(s)/guardian(s) to release a child to any person other than the parent(s)/guardian(s) or persons designated on the child's preadmission form. **Persons signing children in/out of the center MUST BE at least eighteen (18) years of age.**
9. The center shall require unfamiliar authorized persons to show photographic identification when releasing a child.
10. Parent(s)/guardian(s) are strongly encouraged to participate in at least two (s) conferences with child's teacher and/or a conference with the Director during the year. Parent(s)/guardian(s) are also encouraged to visit the classroom to learn of the teaching program provided. However,

please do not plan to arrange for conferences during the regular teaching period. A cooperative spirit helps to make children happy. Regular progress reports will be available for parent(s)/guardian(s).

11. Parent(s)/guardian(s) should teach the child (children) safety habits in walking to and from the car in the parking lot. **Please do not park in prohibited or reserve areas when picking up or dropping off your child.** Use the two center lanes for parking (do not use front fire lanes). **Cars will be ticketed!!** Always take precaution when you are getting your child (children) out or putting your child (children) in the car. Use the doors away from on-coming traffic.
12. Personal items belonging to child other than teacher requested items should not be brought to center (**Example: jewelry, toys**). On some occasions the child may be asked to bring some items from home for “Show and Tell Day”. You will be informed by the staff of the particular time. “Show and Tell Day” is on Friday.
13. Parent(s)/guardian(s) will be encouraged to participate in special learning activities.
14. Use of cellular phones is not allowed in the center.
15. Newsletters will be distributed to share interesting events at school and to keep you abreast of our educational themes and special activities.
16. At Central Alabama OIC Early Childhood Development center it is our aim and goal to provide the safest environment possible for our children and staff. In order to continue to keep this safe environment, **we are asking parent(s), /guardian(s), relatives and friends that bring and pick up children to PLEASE LEAVE THEM AT THE FRONT DESK IN THE MORNING.** In the afternoon a staff member will be available to bring your child to you.

HOLIDAYS/CLOSURE DAYS
CENTRAL ALABAMA OIC EARLY
CHILDHOOD DEVELOPMENT CENTER
CALENDAR
2007-2008

Labor Day Holiday	Monday – September 3,2007
Veterans’ Day Holiday	Friday, November 12,2007
Thanksgiving Holiday	Thursday – November 22, 2007
Christmas Holidays	Monday –Monday, December 25, 2007
New Year’s Holiday	Tuesday, January 1, 2008
Martin Luther King Birthday	Monday – January 21, 2008
Last Day for Regular School	May, 23, 2008
Graduation	June 7, 2008
Memorial Day	Monday, May 26, 2008
Independence Day	Friday, July 4, 2008

FINANCIAL AGREEMENT

1. All fees must be paid in advance and brought or mailed to the childcare center director (not sent by the child) by first of the month or week. Student refund for child's withdrawal prompted by parent(s)/guardian(s) withdrawal from school will be refunded at the same rate as regular pupil tuition.

THE FEES ARE AS FOLLOWS:

(1) Child	\$ 70.00
(2) Children	110.00
(3) Children	130.00

TWO DAYS OR LESS THE FEE WILL BE

(1) Child	32.00
(2) Children	50.00
(3) Children	65.00

2. All Accounts must be current. The charges are for places reserved for your child in the center – not for a period of attendance.
3. There are to be no deductions or refunds for the stated fee for absences, part of the day or holidays except long-term illnesses or absences. Child absent for long-term illness beyond one month will be charged a holding fee of 1/3 monthly rate, not to exceed a total of two month's absence. The director must be notified of duration of absence. Absence without notification and advance payment will terminate your child's place in the center.
4. Field trips for children may require a small fee.
5. Unpaid accounts without the Child Care Director's approval will void your child's place in the center. A late fee of twelve dollars (\$12.00) the first day and five (\$5.00) per school day will be charged for each day thereafter until payment is received. If full payment, including late fees, is not received on the following Monday morning at drop off you will not be allowed to sign-in your child.

Example:	1 Child	Paid on Monday before 5:30 P.M.	\$70.00
	1 Child	Paid on Tuesday before 5:30 P.M.	\$82.00
	1 Child	Paid on Wednesday before 5:30 P.M.	\$87.00
	1 Child	Paid on Thursday before 5:30 P.M.	\$92.00
	1 Child	Paid on Friday before 5:30 P.M.	\$97.00
	1 Child	Paid on the following Monday upon arrival	\$102.00

6. **Late Pick Up Fees**
There is a \$ 20.00 charge for the first five (5) minutes after closing time and \$5.00 every additional five (5) minutes (**Fee is due when child is picked up**).
7. **Returned Check Fee**
There is a \$30.00 charge for a returned check.

CENTRAL ALABAMA OIC EARLY CHILDHOOD DEVELOPMENT CENTER
A typical daily schedule for 2 ½ to 5 years old is as follows:

06:50 A.M.-07:45 A.M.	Arrival, Free Play
07:45 A.M-08:00 A.M.	Handwashing in Classroom
08:00 A.M.-09:00 A.M.	BREAKFAST , Toileting, Handwashing
08:45 A.M.	ALL STUDENTS SIGNED IN FOR THE DAY
09:00 A.M.-09:10 A.M	Morning Announcements
09:10 A.M.-09:20 A.M.	Music and Movement
09:20 A.M.-09:35 A.M.	Whole Group Activity
09:35 A.M.-10:05 A.M.	Small Group Center Activities
10:05 A.M.-10:25 A.M	Indoor Play-Child's Choice
10:25 A.M.-10:50 A.M.	Outdoor Play
10:50 A.M-11:00 A.M.	Handwashing in Classroom
11:00 A.M-12:00 A.M.	LUNCH , Toileting, Handwashing and Teeth Brushing
12:00 NOON-1:30 P.M.	Rest time
1:30 P.M.-2:00 P.M.	Outdoor Play
2:00 P.M.-2:30 P.M.	Handwashing in Classroom, SNACK , Toileting, Handwashing
2:30 P.M.-3:00 P.M.	Arts and Crafts
3:00 P.M.-3:30 P.M.	Indoor Games
3:30 P.M.-3:40 P.M.	Afternoon Announcements
3:40 P.M.-5:00 P.M.	Centers: Library, Listening Station, Blocks, Art
5:00 P.M.-5:30 P.M.	Clean-up, Story time
5:30 P.M..	Center Closed

FOR INQUIRIES OR CONCERNS

Pertaining to the Central Alabama OIC Early Childhood Development Center
Contact the Director at:

Central Alabama OIC Early Childhood Development Center
2035 Mobile Road
Montgomery, AL 36108

ECDC Office: (334) 265-1600

Main Office: (334) 265-1594

Fax: (334) 264-7943

E-mail: coic332848@aol.com

Web Site: centralalabamaoic.com

ISDN Line: (334) 206-0020

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**PARENTAL AUTHORIZATION
FOR
EMERGENCY MEDICAL TREATMENT**

DATE: _____

IN CASE OF ACCIDENT OR ILLNESS:

Should my child, _____,
(Name of Child)

become ill during the time that he/she is in the charge of the Central Alabama OIC

Early Childhood Development Center or suffer an accident of any nature, the
(Name of Center)

Center shall undertake to contact me immediately. In the event the Center is unable to reach me
immediately, I, _____, authorize the center to
secure such medical attention and care for my child as may be necessary.

Signed: _____
(Parent(s) or Guardian(s))

Date: _____

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**INDIVIDUAL, TRANSPORTATION/ARRIVAL/DEPARTURE PLAN
FOR CHILDREN TRANSPORTED TO CENTER BY
PARENTS/GUARDIANS/OTHER AUTHORIZED INDIVIDUALS**

I, _____,
(Name of Parent(s)/Guardian(s))

or _____ will bring
(authorized by me)

_____ to **OIC EARLY**
(Name of Child)

CHILDHOOD DEVELOPMENT CENTER at _____ AM
(Approximate Time)

each day. I (We) or an authorized person will accompany my child into the center and into the care of his/her teacher.

I, or a person authorized by me will pick up my child each day at

_____ PM. I understand that I or the authorized person must
(Approximate Time)

sign my child out each day upon his/her departure from the center. I further understand that my child will not be released to anyone other than person(s) whom I have authorized in writing to receive my child.

Signed: _____
(Parent(s) or Guardian(s))

Date: _____
(Approximate Time)

CHILD'S PERSONAL PROFILE

Amount of time child stays outdoors: _____

Ages and sex of playmates: _____

Type of play engaged in: _____

Favorite play activities: _____

How often you read to your child? _____

How does your child react when
He/she does not her/his way? _____

Behavior habits (biting nails,
Tantrums, etc.) _____

Does your child make new friends
Easily? _____

Fears and how you handle them: _____

Favorite toys: _____

Special interest: _____

Favorite books & stories: _____

Favorite TV programs: _____

Special groups (art, sports, etc.) _____

Hobbies: _____

Is your child used to playing
alone or with others? _____

Does your child attend
Sunday School? _____

Other church organizations: _____

Right or left handed: _____

Ways you discipline your child: _____

PUBLIC NOTICE

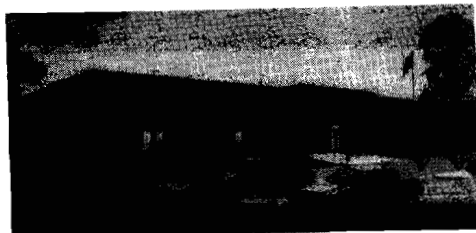
A copy of the Minimum Standards for Day Care Centers and Nighttime Centers – Regulation, and Procedures may be obtained by contacting the Department of Human Resources.

Address: Office of Child Care Licensing
 Child Day Care Partnership
 State Department of Human Resources
 50 Ripley Street
 Montgomery, AL 36130-4000

Telephone number: (334) 242-1425

Complaints regarding known or suspected violations of the Minimum Standards, may be reported to the Department of Human Resources at the address and telephone number above.

Information regarding substantiated licensing complaints and violations of the Minimum Standards may be obtained from the Department of Human Resources at the address and telephone number above.



Consuello "Connie" J. Harper Complex
"Erected in 1986"

Central Alabama Opportunities Industrialization Center, Inc.

Connie Harper
President/CEO
and Founder of
Central Alabama OIC

Media Release

Child _____,
(Please Print: Child's Last Name) (Please Print: Child's First Name)

I hereby give the Central Alabama OIC and its affiliates the right and permission to publish/use photographs or video and/or audio tapes of my child, a student, registered in a Central Alabama OIC program.

I understand that such reproductions could be used to publicize/promote the organization and/or school through its own media productions (such as websites, brochures, reports, etc.) or through the commercial media (television, radio, print, etc.).

I waive any right to inspect and/or approve the finished product and do release the Central Alabama OIC from any liability by virtue of distortion by processing. I further agree that these items may be used for publication, broadcast or reproduction without limitation, or reservation, or any fee.

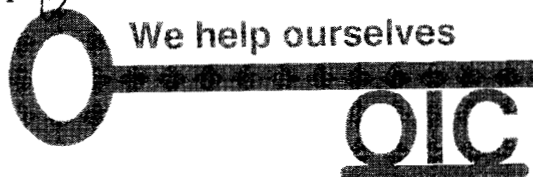
Parent/Guardian Signature _____

Parent/Guardian Print Name _____

Date _____

Approved: Connie Harper
Connie J. Harper, President/CEO

Date: 2/25/08



CERTIFICATE OF SCHOOL HEALTH EXAMINATION

(This side to be filled out by physician)

Pupil's Name: _____ Height _____ Weight _____
 Age _____ Year _____ Months _____ Head Circumference _____ HP _____

Sickle Cell Test: Date (if performed) ___/___/___ Tuberculia Test
 (if performed) ___/___/___

Urine: Albumin _____ Sugar _____ Other _____ Hearing: Right _____ Left _____

Vision: (without glasses) R20/ _____ L20/ _____ Color Vision _____

Normal Abnormal

Vision: (with glasses) R20/ _____ L20 _____

Systems Examination	Examined	Comments About Findings
General Appearance, Nutrition		
Nutrition		
Posture; Gait		
Skin		
Eyes: External		
Fundi		
Nose		
Teeth		
Throat		
Ears: External & Canal		
Lympanic Membrane		
Neck		
Heart		
Lungs		
Abdomen		
Genitalia		
Bones, Joints, Muscles		
Neurological		
Developmental Screening		
Other		
Behavior: During Examination		
Cooperation		
Emotional Tone		
Activity Level		

Summary of abnormal or handicapping conditions which may require: (a) special education service (b) environment adjustment (c) activities to be limited

Further diagnostic or treatment service to be carried out by the undersigned

**CERTIFICATE OF SCHOOL HEALTH EXAMINATION
(Continued)**

Recommended follow up by health or social service other than undersigned

Prescription medicines taken regularly to be administered at school

Physician's Signature

Date