

Islamic Center of Long Island

“I C” KIDS PRESCHOOL 9/2021 - 6/2022

Program Objectives

“I C” Kids Preschool is designed to meet the needs of a growing number of parents who work and need dependable child-care. The program provides structured, well-planned and fun activities in a safe and caring environment located at the Islamic Center of Long Island. It is available for children between the ages of three and five who are **potty trained** and can verbally express themselves.

Program Activities

“I C” Kids offers quality educational activities in order to prepare your child for kindergarten. The program will follow the Montessori Method principles and philosophy which will foster development in the child’s fine motor skills and language through interactive play and hands on reinforcement.

Staffing

A Director coordinates the program with experience in administrating a quality preschool program. Program instructors and additional staff members are selected with the needs of the safety of the children in mind.

Enrollment

Before your child’s entrance into the preschool, the Registration Form and current Medical Examination must be completed and submitted. These completed forms must be submitted by the first day of attendance.
UNCOMPLETE REGISTRATION PACKETS WILL NOT BE PROCESSED.

Pick-Up Policy

Only people who are 18 years of age or older listed on the “Pick-Up Authorization” selection of the registration form may sign a child out of preschool. Parents are responsible to inform each person listed in the Pick-Up Authorization section that they will be required to present proper identification. Any changes to the list will be made in advance by written notification to the director.

Fee Schedule

FULL TIME SCHEDULE

\$450 per month for non-members

\$400 per month for ICLI members

\$110 one-time, non-refundable registration fee
(includes \$75 registration and \$35 supplies fee)

Monday-Friday: 9:30 am - 3:30 pm

All payments should be made payable to Islamic Center of Long Island and must be submitted to the director by the 5th of each month. The program will **only** be closed in observance of Islamic holidays and when local public schools are closed. **Please note:** “I C” Kids is available to students **between the ages of 3 and 5** and who may not be ready to be admitted into a kindergarten program.

Late Fee

Mon – Thurs - \$15

Friday - \$50

Parents are respectfully requested to make every effort to pick up their child/ren by or before dismissal time. In the event that pick-up should be delayed, a late fee will be imposed for each time the parent is late and the instructor is detained. Late payment is due on the day the lateness occurs.

Absences

The director should be notified of any absences before 9:30 am. Please call the office and leave a message at 516-333-3495

IN THE EVENT THAT YOUR CHILD IS ABSENT OR OUT OF TOWN, YOUR MONTHLY FEE IS STILL DUE AT ITS FIXED TIME.

Snacks

We ask that the parents/guardians provide a snack for the morning and afternoon as well as a lunch for their child/ren. **No peanut products allowed.**

Health Policies

Parents will be contacted to pick their children if any of the following health problems occur: high temperature, diarrhea, vomiting and symptoms of acute illness, uncontrollable or persistent cough, complaint of severe pain. The staff will provide appropriate emergency health care. The care will include the administering of first aid in the case of injury, the obtaining of emergency health care and arranging for the transportation for children in need with immediate notification of the custodial parent/guardian.

The program’s staff will provide a child who has or develops symptoms of illness a place to rest quietly that is in view of and under the supervision of the director and/or staff. In the event that a child has or develops symptoms of illness, the custodial parent/guardian will be notified immediately. The home/work telephone numbers of parents and individuals designated as emergency contacts must be provided with registration materials. Be sure to add/correct information as needed.

The director should be notified if a child has a communicable disease. Children with infections or communicable diseases may return to the program only with written order of a Physician. Children will not be given any medication, nor can special medication procedures be carried out, except upon written order of physician and under written instructions from a parent/guardian. Medication in its original container must be carefully labeled with the child’s name. It will be kept beyond the reach of children and will be used as needed.
It is mandatory that the Islamic Center of L.I. have a copy of each child’s immunization medical record file.

Behavior Expectations

To maintain a constructive atmosphere, the preschool must establish rules of behavior. Using positive, non-threatening techniques, staff members will guide children to become responsible for their own actions and to respect the rights and feelings of others. Children will be encouraged to resolve conflicts through effective communication. Consistent behavior problems will result in a conference with the director, parent/guardian and child to review the preschool rules and to discuss possible solutions. In extreme circumstances, including serious discipline problems, which interfere with the program operation, a child might be asked to leave the preschool. After a conference with the parents and the child, the child would then be withdrawn from the program, without a refund of tuition. It is important to note that the Islamic Center of Long Island and all its staff and volunteers do not tolerate the use of corporal punishment. As this is an UN-Islamic act and will not be accepted.

Inclement Weather

If the local public schools are closed due to inclement weather, "I C" Kids will not be in operation. Should inclement weather begin during school hours, parents are expected to pick up their child at the earliest time possible.

Parental Involvement

According to Islamic Traditions, the family is the nucleus of every child's early development. Therefore, it would only be expected that parents be involved in their child's preschool experience. Your input and observations would only enhance the program. There will be parent/teacher conferences held semi-annually to review your child(ren)'s progress.

Miscellaneous

☺ The Islamic Center of Long Island cannot assume responsibility for lost or stolen items. Please label personal belongings with your child's name. Items of value should not be brought to school.

☺ Photographs of students may be used for public relation purposes, i.e. ICLI newsletter, etc.

☺ It is suggested that you dress your child in appropriate moderate dress. Please also leave an extra set of clothes for your child/ren in case of an emergency.

For additional information regarding registration, activities, and policies please contact the preschool's advisor @ 516-333-3495.

Islamic Center Of Long Island

"I C " Kids Preschool 2021-2022

Islamic Center of Long Island

835 Brush Hollow Road
Westbury, NY 11590

(516) 333-3495 Fax (516) 333-7321

Email: info@icliny.org

Web: www.icliny.org

Islamic Center of Long Island
"IC" Kids Preschool 9/2021– 6/2022
MEDICAL RECORD

Child's Last Name _____
 First _____

Address _____
 Town _____ Zip _____

Telephone _____
 Date of Birth _____

Age _____ Girl _____ Boy _____

Child's
 Physician _____
 Telephone _____

Child's Dentist _____
 Telephone _____

List any medical conditions/allergies that the above-named child may encounter during the program: Medical conditions (ear infections, seizure, diabetes, asthma, etc.):

Allergies (hay fever, insect stings, poison ivy, penicillin, other drugs, food, shrimp etc.):

List any medications taken regularly:

Name of Drug: _____
 Frequency: _____

Dosage: _____ Time to be given _____

Children will not be given any medication, variation in diet or any other remedy or treatment, nor can

special medication procedures be carried out except upon written order of a physician or underwritten instruction from parent/guardian.

Medication must be carefully with the child's name and the original container. Director will be responsible to administer any medications.

Immunization History: Please record the date (month/year) of basic immunizations and most recent booster doses (Attach any additional information as deemed necessary to this form).

DTP Series: HIB Series: Polio Series:

- | | | |
|----------|----------|----------|
| 1. _____ | 1. _____ | 1. _____ |
| 2. _____ | 2. _____ | 2. _____ |
| 3. _____ | 3. _____ | 3. _____ |
| 4. _____ | 4. _____ | 4. _____ |

HBV Series:

- | | |
|----------|------------------|
| 1. _____ | DT Booster _____ |
| 2. _____ | MMR 1. _____ |
| 3. _____ | MMR 2. _____ |

- | | |
|------------------|----------------------|
| Tuberculin _____ | Chicken Pox _____ |
| Height _____ | Blood Pressure _____ |
| Weight _____ | Vision _____ |
| Pulse _____ | Hearing _____ |

List any infectious diseases child has had:

MUST BE FILLED OUT BY CHILD'S PHYSICIAN:

- The above named child is physically qualified to participate in all activities
- The above named child is limited or restricted to the following activities:

Reasons for limitations or restrictions:

Physician's Stamp:

Date: _____

Parental Authorization: I give "IC" Kids permission to provide appropriate emergency healthcare for my child. The care will include the administering of first aid in the case of injury, the obtaining of emergency healthcare and arranging for the transportation of the child(ren) in need of care. The parent/guardian will be notified immediately. The health history is correct as far as I know and the child herein described has permission to engage in all prescribed activities except as indicated above.

Parent's/Guardian's Signatures:

_____ Date: _____

"IC" Kids Preschool Registration Form

Fall 2021/Spring 2022

Full time Monday – Friday 9:30 am – 3:30 pm

Incomplete Applications will not be processed!

Student's Information:

Child's Last Name: _____

Child's First Name: _____

Boy

Girl

Date of Birth: _____ Age: _____

Address: _____

Town: _____

Zip: _____

Telephone: _____

Contact Info for Parents/Guardians:

Father's Name: _____

Cell #: _____

Work Tel#: _____

Email: _____

Mother's Name: _____

Cell #: _____

Work Tel#: _____

Email: _____

Number of children in family? _____

Pick Up Authorization:

1): Name: _____

Relationship: _____

Telephone: _____

2): Name: _____

Relationship: _____

Telephone: _____

In case of emergency please notify (other than parents):

1): Name: _____

Relationship: _____

Telephone: _____

2): Name: _____

Relationship: _____

Telephone: _____

I, the parent of _____, hereby give approval for my child to attend "I C" Kids Preschool and will respect the Islamic Center of Long Island' property, rules and regulations. In certain circumstances, when a child's discipline problems interfere with the operation of the program, a child may be asked to leave the program. After a conference with the parents and child, the child may be withdrawn from the program. I also understand that photos of my child/ren may be used for public relations. In addition, the Islamic Center of Long Island cannot assume responsibility for lost or stolen items.

I am aware of the fact that tuition is due and payable on the 5th of each month. I also understand that a \$25 service fee also applies for checks that are returned by the bank.

Parent/Guardian:

Signature: _____

Date: _____

ICLI MEMBERSHIP INFO: (for office use only)

ICLI Member: Yes____ **No**____

Years of membership: _____

Payment Info. Ck#____ **/cash**____ **Date:**____

R#____ **By**_____