

**Cape May County Technical High School**

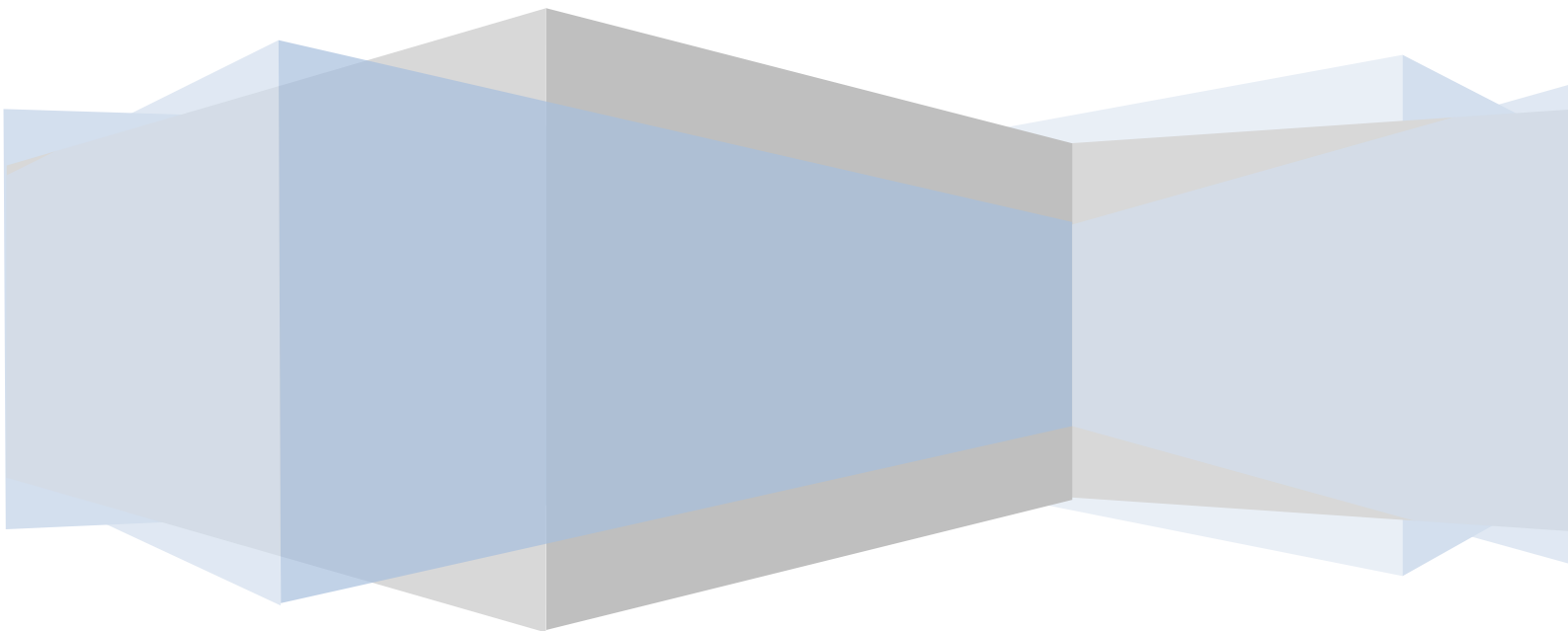
# **Early Childhood Development Center Lab School**

***Application Packet***

*Rev 2016*

*(Also see Attendance, Admissions and Payment Guidelines Handbook)*

**Cape May County Technical School District  
Board of Education**



**CAPE MAY COUNTY TECHNICAL SCHOOL DISTRICT**

**Administration Office**

188 Crest Haven Road  
Cape May Court House, NJ 08210  
Telephone: (609) 380-0200 ext. 605 Fax: (609) 465-3069  
<http://www.capemaytech.com>

**Administrative Staff**

Nancy M. Hudanich, Ed. D.....Superintendent  
"KC" Fister.....Secretary to Superintendent  
Nancy Wheeler Driscoll..... Director of Curriculum & Instruction

**Board of Education**

Telephone (609) 380-0200 ext. 605  
Robert L. Boyd.....President  
Alan I. Gould .....Vice President  
Dr. Richard Stepura.....Member  
Anthony L. Anzelone.....Member  
Kerry Higgs .....Member  
Paula J. Smith..... Business Administrator/Bd. Sec.

**Cape May County Technical High School**

**Administrative Staff**

Telephone (609) 380-0200 ext. 664  
Steven Vitiello .....Principal  
Charles Powell .....Asst. Principal/Athletics  
John Longinetti.....Asst. Principal/Career Tech.  
Denise Procopio.....Dir. Guidance/Special Education

**Early Childhood Development Center Lab School**

Patricia Ward.....High School Career and Technical Education Teacher:  
Certified Nursery School  
Pamela Branco.....Lab School Teacher:  
Certified Nursery School, Elementary Education

**Cape May County Technical Adult High School**

Telephone (609) 380-0200 ext. 681

**Post-Secondary Programs\Evening & Continuing Education**

Telephone (609) 380-0200 ext. 646

**Administrative Staff**

Laura Elston ..... Supervisor, Post Secondary, Adult and Continuing Education

# Early Childhood Development Center Lab School

## *Application Packet Contents*

- Intake Form
- Guidelines
- Application Form
- Application Information Sheet
- Health History
- Physician Form
- Photography Release Form
- Curriculum Outline
- Fee Agreement
- Discipline and Guidance Procedures
- Information and Instruction Guide
- Daily Schedule
- Annual 10-month Calendar



**EARLY CHILDHOOD CENTER 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

\_\_\_ Model Release

\_\_\_ Fee Agreement

**Documents Received:**

\_\_\_ Birth Certificate

\_\_\_ Immunization Record

**Forms for Parents:**

\_\_\_ Discipline Code

\_\_\_ Parent Handbook

\_\_\_ Fee Agreement

**Prior to Approval for Enrollment:**

\_\_\_ ECC Form Review

\_\_\_ Health and Safety Review

\_\_\_ Administrative Review

**Cape May County Technical High School  
188 Crest Haven Road  
Cape May Court House, New Jersey 08210**

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

1. Completion of the application and supporting documents is one of the 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
  - Must be 3 years old or meet all other criteria
4. All parent/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. Application and other forms should be returned to the Early Childhood Development Technology Center Lab School.

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 CENTER LAB SCHOOL APPLICATION

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

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

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

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

.....  
Mother/guardian Mrs./Ms. \_\_\_\_\_ Home phone \_\_\_\_\_

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

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

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

Father/guardian \_\_\_\_\_ Home phone \_\_\_\_\_

Address \_\_\_\_\_

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

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

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

Address \_\_\_\_\_

Street

City

State

Zip

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

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

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

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

Parent 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: sat up \_\_\_\_\_ crawled \_\_\_\_\_ walked \_\_\_\_\_

Spoke more than two-word phrases \_\_\_\_\_ toilet trained \_\_\_\_\_

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

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

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

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

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

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

Does 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? \_\_\_\_\_

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Name of person who is back up care in case of illness or emergency:

\_\_\_\_\_

Cape May County Technical School District  
188 Crest Haven Road  
Cape May Court House, NJ 08210  
380-0200 ext. 420

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"**



**Cape May County Technical School District: Early Childhood Development Center Lab School**  
**STUDENT EXAMINATION BY PRIVATE PHYSICIAN OR CNP: REQUIRED OF ALL ACCEPTED STUDENTS**  
**(Health Care Provider completes this side of 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.**

<u>PHYSICAL EXAMINATION</u>	<u>NORMAL</u>	<u>ABNORMAL</u>	<u>COMMENTS</u>
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: \_\_\_\_\_

lz :ECCC Health History and physical form 2015

(Please retain a copy for your records.)



188 Crest Haven Road, Cape May Court House, NJ 08210 (609) 380-0200 Fax: 465-3069

Nancy M. Hudanich, Ed. D, Superintendent  
Paula J. Smith, Business Administrator

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## 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 or print media.

Specifically, this distribution will not include internet utilization without separate consent.

(Child's name)

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Signature (by parent if subject is a minor) \_\_\_\_\_

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

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

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

CAPE MAY COUNTY TECHNICAL SCHOOL  
188 Crest Haven Road  
Cape May Court House, NJ 08210

CURRICULUM OUTLINE EARLY CHILDHOOD

PRACTICAL LIFE	SENSORIAL	LANGUAGE ARTS	MATH
<u>Concepts:</u> Control of movement Care of self Care of environment Order Self-discipline Cycle of work Courtesy  <u>Activities:</u> Walking Thank You Pouring Spooning Tying Washing hands  <u>Supplementary</u> <u>Activities:</u> Art Water/Sand play Blocks Dramatic play Woodworking Outdoor activities	<u>Concepts:</u> Size-Shape Color/visual Smell-Taste Weight Rough/Smooth Loud-soft High-low Hot-cold Baric-Tactile Auditory Olfactory Gustatory Thermic  <u>Activities:</u> Beads Pegboard Sorting Puzzles Memory bag Pink cubes Brown rectangular Prisms Red rods Color shading Knobbed cylinders Knobbles cylinders Sound cylinders  <u>Skills:</u> Fine motor Gross motor Eye-hand coordination Direction	<u>Concepts:</u> Pre-reading Rhyming Opposites Likeness/differences Sequence Spatial relations Association Direction Alphabet Sounds Blending Literature Puppets Music  <u>Pre-writing:</u> Cutting Shapes Holding pencil Hand exercises Stencils Line drawing Coloring Recognizing name Printing  <u>Oral language Concepts:</u> Vocabulary-development Social Studies Science Health and safety	<u>Concepts:</u> Numbers Counting # recognition # to quantity Copying numbers Time Fractions Measurement Writing numbers Place value Addition Subtraction Number words Ordinals  <u>Activities:</u> Oral games, finger play Shelf material Water play Stories Flash cards Written Tile game Spindle box Sorting box



### 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: \$20.00 per day, per child  
Rate for half-day Pre-K program (up to five hours): \$15.00 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 \_\_\_\_\_



(Information and Instruction Guide-page 1 of 2)

## 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 are not to bring toys, gum, blankets, 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 foods if needed.
3. The weekly fee for your child to attend the school is \$100.00 (full-day, 5 days per week).
4. Payment is due in full the first of every month. Special arrangements can be made through the instructor if payments are coming from an outside public organization (Quality Care).
5. 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.
6. 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.
7. Your child should wear comfortable clothing to school so that he/she can manage in the bathroom.
8. If your child wears sandals when weather permits, socks are required.
9. 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\*.

**2 pairs of underwear**      **2 pairs of pants**  
**2 pairs of socks**          **2 shirts/1 sweater or sweatshirt**

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

**10.** 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.**

**11.** Please tell us if your child has any allergies to food or insects. Also, we need to know if your child has any restriction of physical activity. Please thoroughly complete the health forms.

**12.** Children must be brought **into** the center by 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.

**13.** 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. Sunscreen and bug spray applied in the morning will last, because the children are not involved in outside water activities. We will re-apply 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.

**14.** 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. Accordingly, please advise the Early Childhood Development Center of your concerns.

**15.** If you have any questions or problems, please schedule an appointment. You may ask for an appointment in person, or request an appointment by phone: 609-380-0200 ext. 323

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 Lab School**

## **Daily Schedule**

7:45 AM – 8:30 AM	Self Chosen Activities – Free Play
8:30 AM – 8:45 AM	Clean-up/Wash hands
8:45 AM – 9:00 AM	Morning Snack
9:00 AM – 9:30 AM	Shared Reading & Morning Circle Time
9:30 AM – 9:45 AM	Bathroom/Prepare to go outside
9:45 AM – 10:15 AM	Outside Play
10:15 AM – 10:45 AM	Small Group & Teacher Directed Activities
10:45 AM – 11:15 AM	Story time and/or Music & Movement
11:15 AM – 11:30 AM	Bathroom/Wash hands for lunch
11:30 AM – 12:00 PM	Lunch
12:00 PM – 12:15 PM	Half Day Dismissal & Bathroom
12:15 PM – 1:00 PM	Rest Time/Quiet Activities
1:00 PM – 1:30 PM	Bathroom /Self Chosen Activities
1:30 PM – 2:00 PM	Small Group & Teacher Directed Activities
2:00 PM – 2:15 PM	Wash hands/Afternoon Snack
2:15 PM – 2:45 PM	Self Chosen Activities – Free Play



***(Print and insert a copy of  
Current School Year  
10-Month Lab School Calendar HERE)***