September News 2021

Brookside Children's Early Education Center-Brookside Road

September dates to remember:

Mon. August 30th: First Day of School and Fall Registration fee is due

Fri. Sept. 3rd: EPSD CLOSED-BCEEC Open

Mon. Sept. 6th: BCEEC CLOSED-Happy Labor Day!

Thurs. Sept. 16th: EPSD CLOSED-BCEEC Open

FALL Registration fee is DUE

8/30/21 in the amount of \$50.00 per child, ages Infants thru Pre-K. \$25.00 for K thru 5th. If you are ACH it will be pulled on 8/30/21. If you do not have ACH please include this in your tuition for the week of 8/30. If you enrolled your child after May 1st 2021 you have already paid this and will not be charged.

Water Play **ENDS** the week of August 23rd.



BCEEC OPEN HOUSE:

WEDNESDAY AUGUST 25th
@ 6 pm

Please see the attached flyer for more information!

Brookside will resume PRE-Covid operating hours 6:30 am -6:00 pm starting Monday, August 30, 2021.

Please log into you parent portal and update your child's day.

Please note the hours should not exceed 10 hrs.

Please help us out by being as specific as possible.

Be sure to change the date at the bottom before hitting SUBMIT!

SEPTEMBER 2021 SNACK LIST ****ALL SNACKS ARE SERVED WITH WATER****

| Monday AM Snack French Toast | Tuesday AM Snack Go-Gurt | Wednesday AM Snack Cereal with Milk | Thursday AM Snack Apple Sauce | Friday AM Snack Cereal with Milk |
|---------------------------------|--|---|--------------------------------------|-------------------------------------|
| | Service Control of the Control of th | | | |
| Monday PM Snack Apple Straws | Tuesday PM Snack Cheese Sticks | Wednesday PM Snack Goldfish Crackers | Thursday PM Snack Animal Crackers | Friday PM Snack Pretzel Thins |
| Apple | | | | |

Brookside Children's Early Education Centers (BCEEC) Policies for Public Health Emergency Child Care Services/Fee Agreement Initial at each line

| 1. | symptoms. I the people in of being no | f, during the day, any of the follow n the center, I will be contacted, of tified. If this child has a sibling(s) | wing syr and my they too | premises, children and adults must b nptoms appear my child will be sepo child MUST be picked up from the fa o must leave the center. If my child otoms, my child/ and sibling(s) will b | arated from the rest of cility within 30 minutes , or a member of our |
|----|---|---|---|--|---|
| | | A COVID-like | e illnes | s is defined as: | |
| | | At least ONE of these | OR | At least TWO of these | |
| | | symptoms | | symptoms | |
| | | □ new or persistent | | ☐ fever ≥ 100.4°F | |
| | | cough ☐ shortness of breath | | □ chills | |
| | | new loss of sense of | | ☐ muscle pain☐ headache | |
| | | smell | | □ sore throat | |
| | | □ new loss of sense of | | ☐ nausea/vomiting | |
| | | taste | | ☐ diarrhea | |
| | | | | ☐ fatigue | |
| | | | | □ congestion/runny nose | |
| | modify our re While we une proceed wit 2-7 days after | equirements about when a child r derstand that many of these symp h an abundance of caution durin | nust sta otoms co g this Pu nem seri | an also be related to non-COVID-19 rublic Health Emergency. These sympously. Your child will need to be symp | related issues we must toms typically appear |
| 2. | regarding the care setting care. Childred drinking, nap | ne use of masks in our facility. Bro . At any time, a parent may cha ren under two years old should n | okside v ose to l ot wea | Department of Health Mandates and will notify families if masks become mave their child over the age of two a mask. Children should not wear asking requirements are subject to cl | nandatory in the child wear a mask while in a mask while eating, |
| 3. | I U | nderstand that my child will be rec | uired to | wash their hands using CDC recomn | nended handwashing |
| | procedures | throughout the day using warm ru | ınning w | rater and rubbing with soap for at lea | ast 20 seconds. |
| 4. | travel restric | | | everyone in the center, I am required artment of Health, and follow any que | |
| 5. | lw | vill immediately notify BCEEC man | agemei | nt if I become aware of any person v | vith whom my child or |

| | has tested positive, or is presumed positive for COVID-19. *This is no requiring you to disclose the identity of the person. | t a HIPPA/Privacy violation as we are not | | | |
|-----------|---|--|--|--|--|
| <u>6.</u> | I understand that while present in the facility each day my cand other employees who are also at risk of community exposure guidelines or practices will remove 100% of the risk of exposure to Copersons who are asymptomatic and before some people show signs and I play a crucial role in keeping everyone in the facility safe and the practices outlined herein. I understand that these guidelines can to developments and updates to the Public Health Emergency on the on best practices, CDC guidance and licensing recommendations and that the center administrators have the right and responsibility to enakeep all employees, children, and their families as safe as possible. | . I understand that no list of restrictions, DVID-19 as the virus can be transmitted by s of infection. I understand that my family reducing the risk of exposure by following and will be updated and changed related anational, state, and local level and based d/or requirements. Further, I acknowledge | | | |
| <u>7.</u> | In the event that Brookside is mandated to close, I understand that I am responsible to pay full tuition for the first two weeks of closure. Thereafter, I am responsible to pay 25% of my tuition for any additional time that Brookside is mandated to remain closed. This allows Brookside to maintain the school property during closure in order to reopen as soon as possible when allowed. | | | | |
| <u>8.</u> | Your Contract for Child Care Services/Fee Agreement may be cancelled by the PARENTS/GUARDIANS that we weeks written notice and tuition payment, regardless of whether my child attends or in the case of candatory shut down or COVID shut down. Written notice of cancellation must be submitted to Director by irents/guardians to the centers email address. Withdrawal notice must be submitted on a Monday to start the oweeks' notice process. Any unused tuition paid by the parents/guardians will be refunded within 30 days of incellation. Any security deposit held will first be applied to any unpaid account balance. If there is any maining security deposit monies, that remaining amount will be refunded to the parents/guardians within 30 days of cancellation. | | | | |
| | By signing below, I/we the parents/guardians of the above listed child (ren) hereby acknowledge that I/we have read the above COVID/ Pandemic Policies for Child Care Services/Fee Agreement completely, | | | | |
| | Parent/Guardian's Signature | Parent/Guardian's Signature | | | |
| | Parent/Guardian's Printed Name | Parent/Guardian's Printed Name | | | |
| | Date | Date | | | |