

Star America Manhattan



2026 School Handbook

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About Us

At Star America Manhattan Preschool, you can see it on the faces of our children as they step out to discover this world—excitement, wonder, the thrill of learning. Established in 1992, we are a Reggio Emilia-inspired community located in the heart of NYC's Theatre District and Times Square. The Star America Manhattan staff employs a cooperative and collaborative method to early learning. We believe children possess extraordinary potential, creativity, and strength.

Our Philosophy

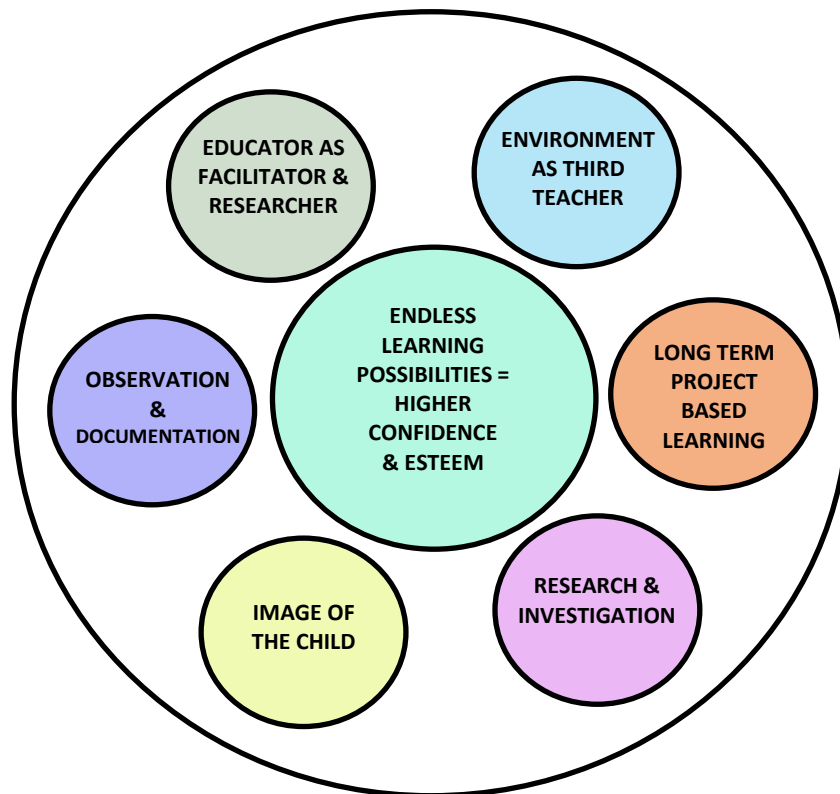
We believe that children are full of knowledge, potential, and interested in connecting to the world around them. To evoke this sense of wonder, our school's home is both welcoming and nurturing while also encouraging self-expression and curiosity. Our philosophy is that the image of the child is competent and capable, the role of the parent is integral, and collaboration is essential. Children are offered a plethora of possibilities to awaken creativity and spark a sense of beauty. Through a supportive and stimulating environment, children uncover endless opportunities to express themselves and present their ideas.

Our Curriculum

We have a huge passion to bring the latest and the most advanced education into our classrooms. In addition, to Reggio fundamentals, we provide a rigorous 21st Century Learning with a strong emphasis on science, technology, engineering, the arts, and math (STEAM). This approach helps to build strong "4C" skills which are Creativity, Critical Thinking, Collaboration, Communication) skills. Our curriculum is also deeply influenced by Howard Gardner's Multiple Intelligences theory.

What is Reggio Emilia?

- ✧ Reggio Emilia Educational Approach is a student-centered and constructivist approach that utilizes self-directed, experiential learning in relationship-driving environments.
- ✧ RE was developed after WWII by psychologist Loris Malaguzzi and parents in the villages around Reggio Emilia, Italy, and derives its name from the city.
- ✧ The approach is based on principles of respect, responsibility, and a community through exploration and discovery with a self-guided curriculum.
- ✧ The philosophy follows the principles that: Children must have some control over the direction of their learning; they must be able to learn through experiences of touching, moving, listening, and observing; children have a relationship with other children and with material items in world that they must be allowed to explore; children must have endless ways and opportunities to express themselves.



INTER-PERSONAL

VISUAL

MUSICAL

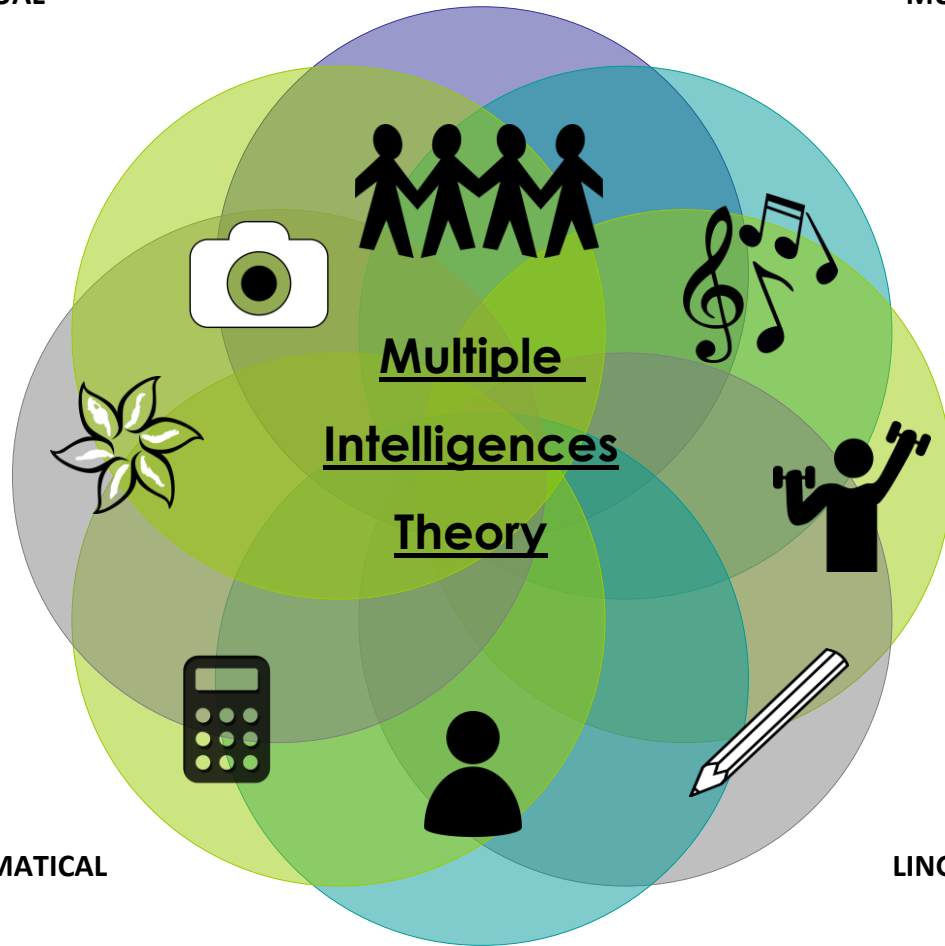
NATURALISTIC

KINESTHETIC

MATHEMATICAL

LINGUISTIC

INTRA-
PERSONAL





Bright Stars Class

Infant Program (3 to 6 Months Old)
1:4 Child to Teacher Ratio

Daily Schedule	
7:30 to 8 a.m.	Early Drop Off (if needed)
8 to 8:30 a.m.	Arrival
8:30 to 9 a.m.	Breakfast & Bottles
9 to 9:15 a.m.	Morning Circle Time
9:15 to 9:30 a.m.	Diaper Change
9:30 to 10:30 a.m.	Morning Nap Time
10:30 to 11 a.m.	Diaper Change
11 to 11:30 a.m.	Music/Movement/Tummy Time
11:30 to 12 p.m.	Lunch & Bottle
12 to 12:30 p.m.	Story Time
12 to 12:45 p.m.	Diaper Change
12:45 to 3 p.m.	Afternoon Nap
3 to 3:30 p.m.	Gentle Wake & Diaper Change
3:30 to 4 p.m.	Snack/Bottle
4 to 4:45 p.m.	Circle Time (Stories, Songs)
4:45 to 5 p.m.	Diaper Change
5 to 6 p.m.	Dismissal
6 to 7 p.m.	Late Dismissal (if needed)



Tiny Moonbeams Class

Infant Program (6 to 12 Months Old)
1:4 Child to Teacher Ratio

Daily Schedule	
7:30 to 8 a.m.	Early Drop Off (if needed)
8 to 8:30 a.m.	Arrival
8:30 to 9 a.m.	Breakfast & Bottles
9 to 9:15 a.m.	Diaper Change
9:15 to 9:45 a.m.	Circle Time
9:45 to 10:45 a.m.	Morning Nap Time
10:45 to 11 a.m.	Free Play
11 to 11:15 a.m.	Diaper Change
11:15 to 12 p.m.	Lunch & Bottles
12 to 12:15 p.m.	Story Time
12:15 to 12:30 p.m.	Art Projects
12:30 to 12:45 p.m.	Diaper Change
12:45 to 1 p.m.	Bottles
1 to 3 p.m.	Afternoon Nap Time
3 to 3:15 p.m.	Diaper Change
3:15 to 4 p.m.	Snack & Bottles
4 to 4:45 p.m.	Free Play & Tummy Time
4:45 to 5 p.m.	Diaper Change
5 to 6 p.m.	Music & Movement/Dismissal
6 to 7 p.m.	Late Dismissal (if needed)



Little Lunas Class

Toddler Program (12 to 18 Months Old)
1:5 Child to Teacher Ratio

Daily Schedule	
7:30 to 8 a.m.	Early Drop Off (if needed)
8 a.m. to 9 a.m.	Arrival & Breakfast
9 to 9:15 a.m.	Free Play & Diaper Change
9:15 to 9:45 a.m.	Enrichment Class
10 to 10:20 a.m.	Circle Time
10:20 to 10:40 a.m.	Fine Motor Skills
10:40 to 11 a.m.	Outside Stroll
11 to 11:30 a.m.	Crafts & Story
11:30 to 12 p.m.	Lunch
12 to 12:30 p.m.	Free Play & Diaper Change
12:30 to 1 p.m.	Quiet Play
1 to 3 p.m.	Nap Time
3 to 3:30 p.m.	Snack Time
3:30 to 4 p.m.	Free Play & Diaper Change
4 to 4:30 p.m.	Creative Movement
4:45 to 5 p.m.	Diaper Change
5 to 6 p.m.	Music & Movement/Dismissal
6 to 7 p.m.	Late Dismissal (if needed)



Golden Stars Class

Toddler Program (18 to 24 Months Old)
1:5 Child to Teacher Ratio

Daily Schedule	
7:30 to 8 a.m.	Early Drop Off (if needed)
8 to 9 a.m.	Arrival & Breakfast
9 to 9:15 a.m.	Free Play & Diaper Change
9:15 to 9:45 a.m.	Enrichment Class
10 to 10:20 a.m.	Circle Time
10:20 to 10:40 a.m.	Fine Motor Skills
10:40 to 11 a.m.	Outside Stroll
11 to 11:30 a.m.	Crafts & Story
11:30 to 12 p.m.	Lunch
12 to 12:30 p.m.	Free Play & Diaper Change
12:30 to 1 p.m.	Quiet Play
1 to 3 p.m.	Nap Time
3 to 3:30 p.m.	Snack Time
3:30 to 4 p.m.	Free Play & Diaper Change
4 to 4:30 p.m.	Creative Movement
4:45 to 5 p.m.	Diaper Change
5 to 6 p.m.	Music & Movement/Dismissal
6 to 7 p.m.	Late Dismissal (if needed)



Baby Comets Class

Two-Year-Old Program
1:6 Child to Teacher Ratio

Daily Schedule	
7:30 to 8 a.m.	Early Drop Off (if needed)
8 to 9 a.m.	Arrival & Breakfast
9 to 9:15 a.m.	Free Play & Potty/Diaper
9:30 to 10 a.m.	Circle Time
10 to 10:45 a.m.	Enrichment Class
10:45 to 11 a.m.	Potty/Diaper
11 to 11:45 a.m.	Outside/Playground
11:45 a.m. to 12 p.m.	Potty
12 to 12:45 p.m.	Lunch/Story Time
12:45 to 1 p.m.	Potty
1 to 3 p.m.	Nap
3 to 3:15 p.m.	Potty
3:15 to 3:30p.m.	Snack Time
3:30 to 4 p.m.	Afternoon Circle
4 to 4:30 p.m	Free Play & Diaper Change
4:30 to 5 p.m.	Centers /Arts & Crafts
5 to 6 p.m.	Potty/Dismissal
6 to 7 p.m.	Late Dismissal (if needed)



Little Mars Class

Two-Year-Old Program
1:6 Child to Teacher Ratio

Daily Schedule	
7:30 to 8 a.m.	Early Drop Off (if needed)
8 to 9 a.m.	Arrival
9 to 9:30 a.m.	Breakfast
9:30 to 10 a.m.	silent reading/Potty/ Diaper
10 to 10:30a.m.	Morning circle
10:30 to 11 a.m.	Center time
11 to 11:30a.m.	Gym/Dance/Park
11:30 a.m. to 12 p.m.	Potty
12 to 12:30 p.m.	Lunch/Story Time
12:30 to 1 p.m.	Silent reading/ Potty/ Diaper
1 to 3 p.m.	Nap
3 to 3:15 p.m.	Potty
3:15 to 3:30p.m.	Snack Time
3:30 to 4 p.m.	Enrichment class/Center time
4 to 4:30 p.m	Gym/Music & Diaper Change
4:30 to 5 p.m.	Small group activities
5 to 6 p.m.	Potty/Dismissal
6 to 7 p.m.	Late Dismissal (if needed)



Shooting Stars Class

Three-Year-Old Program
1:8 Child to Teacher Ratio

Daily Schedule	
7:30 to 8 a.m.	Early Drop Off (if needed)
8 to 9 a.m.	Arrival, Table toys(8:50 – wash hands for breakfast
9:00 to 9:30	Breakfast / Diaper Change / Wash hands
9:30 to 9:45 a.m.	Circle Time
9:45 to 10:00 a.m.	Music & Movement
10:00 to 10:30 a.m.	Enrichment Classes
10:30 to 11 a.m.	Center Time & Mini Theme Based Lesson
11:30 to 12:00 p.m.	Playground Time
12 to 12:45 p.m.	Lunch
1:00 to 3:00 p.m.	Nap
3 to 3:30 p.m.	Snack/Cleanup / Hand wash
3:30 to 4:00 p.m.	Diapering / wash hands / Bathroom/Playroom
4:00 to 4:30 p.m.	Closing Circle
4:30 to 5:00 p.m.	Music & Movement
5 to 5:30 p.m.	STEM Activity
5:30 to 6:00 p.m.	Free Play



Blasting Rockets Class

Four-Year-Old Program
1:10 Child to Teacher Ratio

Daily Schedule	
7:30 to 8 a.m.	Early Drop Off (if needed)
8 to 9 a.m.	Arrival & Free Play
9 to 9:30 a.m.	Breakfast
9:30 to 10 a.m.	Circle Time
10 to 10:45 a.m.	Child-Led Activities
10:45 to 11:10 a.m.	Enrichment Classes
11:10 to 11:45 p.m.	Outside/Playground
11:45 to 12 p.m.	Bathroom & Lunch Preparation
1 to 3 p.m.	Quiet Time/Rest
3 to 3:30 p.m.	Gentle Wake/Bathroom
3:30 to 4 p.m.	Child-Led Activities
4 to 4:30 p.m.	Snack
4:30 to 5 p.m.	Writing/Journaling Time
5 to 5:30 p.m.	Gross Motor Activity
5:30 to 6 p.m.	Story Time
6 to 7 p.m.	Late Dismissal (if needed)

2025-2026 Calendar

September						
Su	Mo	Tu	We	Th	Fr	Sa
	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						
Su	Mo	Tu	We	Th	Fr	Sa
			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						
Su	Mo	Tu	We	Th	Fr	Sa
						1
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9	10	11	12	13	14	15
16	17	18	19	20	21	22
23	24	25	26	27	28	29
30						

December						
Su	Mo	Tu	We	Th	Fr	Sa
	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			

January						
Su	Mo	Tu	We	Th	Fr	Sa
			1	2	3	
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11	12	13	14	15	16	17
18	19	20	21	22	23	24
25	26	27	28	29	30	31

February						
Su	Mo	Tu	We	Th	Fr	Sa
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

March						
Su	Mo	Tu	We	Th	Fr	Sa
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				

April						
Su	Mo	Tu	We	Th	Fr	Sa
			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		

May						
Su	Mo	Tu	We	Th	Fr	Sa
					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						

June						
Su	Mo	Tu	We	Th	Fr	Sa
	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				

July						
Su	Mo	Tu	We	Th	Fr	Sa
			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						
Su	Mo	Tu	We	Th	Fr	Sa
						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					

Important dates of 2025-2026

Date	Holiday/event	Date	Holiday/event	Date	Holiday/event	Date	Holiday/event
9/1	School Closed- Labor Day	11/4	UPK Closed- Election Day	1/19	School Closed- Martin Luther King Day	5/27	UPK Closed- Eid al-Adha
9/2	School Closed Staff Development Day	11/11	School Closed- Veteran's Day	1/30	School Closed- Staff Development Day	6/04-05	UPK Closed- Clerical Day
9/3	School Closed for 3K & PreK 3K & PreK Orietation Day	11/21	Teacher-Parents Meeting	2/16	School Closed- Presidents' Day	6/19	School Closed- Juneteenth
9/4	First Day of UPK	11/27-28	School Closed- Thanksgiving Recess	2/17-20	UPK Closed- Midwinter Recess	6/26	Last UPK Day
9/23-24	UPK Closed- Rosh Hashanah	12/19	Winter Wonderland Event	3/13	Teacher-Parents Meeting Early Dismissal		
10/2	UPK Closed- Yom Kippur	12/24-12/31	UPK Closed- Winter Recess	3/20	UPK Closed- Eid al FITR		
10/13	School Closed- Columbus Day	12/25-26	School Closed- Christmas	4/3	School closed- Good Friday		
10/20	UPK Closed- Diwali	1/1-1/2	School Closed- New Year's	04/02-10	UPK Closed- Spring Recess		
10/31	Trick-or-treat Halloween Party/Early Dismissal at 2:20pm	1/2	UPK Closed- Winter Recess	5/25	School Closed- Memorial Day		

- Federal Holiday, Whole School Closed
- Professional Development Day, Whole School Closed
- DOE Program (3K & UPK)
- School Event
- Monthly school meeting, early dismissal at 2:20pm

All of the events are subject to change

SCHOOL MEAL

Healthy Heart

Healthy Heart' mission is to provide all children with access to nutritious, made-from-scratch meals in school, while encouraging them to explore, learn and grow healthy relationships with food that will last a lifetime

Price: \$10 per day

		1-2 YRS	3-5 YRS	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
Child Care Menu wk1								
								
BREAKFAST								
Milk	½ cup	¾ cup	Whole Milk/1% Milk	Whole Milk/1% Milk	Whole Milk/1% Milk	Whole Milk/1% Milk	Whole Milk/1% Milk	Whole Milk/1% Milk
Grains or Meat/Meat Alt	1 oz	1.5 oz	WGR Scooters	WW Bagel	Rice Krispies	WGR Muffin	Corn Flakes	
Vegetable and/or Fruit	½ oz eq	½ oz eq	Unsweetened Applesauce	Nectarine	Orange	Plum	Apple	
Extra				Jelly		Trans Fat Free Margarine		
LUNCH								
Milk	½ cup	¾ cup	Whole Milk/1% Milk	Whole Milk/1% Milk	Whole Milk/1% Milk	Whole Milk/1% Milk	Whole Milk/1% Milk	Whole Milk/1% Milk
Meat / Meat Alternate	1 oz	1.5 oz	Vegetarian Lasagna	Sliced Turkey with Gravy	Hamburger	Chicken Parmesan	Fish Stick	
Grains / Bread	½ oz eq	½ oz eq	WW Bread	WW Couscous	WW Bun	WW Pasta	Brown Rice	
Vegetable	1/8 cup	¼ cup	Broccoli	Spinach	Carrots	Italian Blend Veggies	Peas	
Fruit	1/8 cup	¼ cup	Orange	Peach	Pear	Nectarine	Unsweetened Applesauce	
Extra					Ketchup			
PM SNACK								
Milk	½ cup	¾ cup				Whole Milk/1% Milk		
Meat / Meat Alt	½ oz	½ oz			Plain Yogurt		Sunflower Butter	
Grains / Bread	½ oz eq	½ oz eq	WGR Cheez-Its	WGR Muffin		Graham Crackers	WW Bread	
Vegetable	½ cup	½ cup						
Fruit	½ cup	½ cup	Plum	100% Orange Juice	Unsweetened Applesauce			
Fruit subject to change based on availability.								

Star America Contract / Policy Agreement

I hereby agree to and understand the following policy:

1. Tuition is a monthly rate and no tuition refunds are given due to illness, inclement weather, labor strikes, power and/or water outages, holiday closings or other legitimate conditions beyond the control of the preschool.
2. If you are paying by check, please make it payable to “Star America” on the first of each new month. A late fee of \$25 will be charged to me if my tuition is seven (7) calendar days late. After 30 days, failure to pay will result in termination, unless a payment plan is negotiated.
3. I understand that tuition fees is subject to change.
4. A \$35.00 fee will be charged for each bounced check. If more than 2 checks bounce, cash or money orders will be required.
5. I understand that the \$150 registration fee is non-refundable and cannot be applied towards my tuition upon enrollment.
6. I understand that my \$700 security deposit is refundable, but cannot be applied towards the tuition.
7. I understand that I must give a 6 week written notice in order to have the security deposit refunded and allow 4-6 weeks for the refund check to arrive. Please fill – out the Request for Security Deposit Refund form (obtain from office).
8. I understand that I must notify the director in case of any changes in child’s schedule / diet / allergy.
9. I understand tuition is not prorated if my child is on vacation/absent/if the school is closed/or if it is my last month at Star America.
10. An overtime charge of \$15 will be given to the teacher who stays after 6:00 with my child if I am late in picking up my child. A flat charge of \$30 after 6 pm to 7 pm. Payment is due immediately upon pick up. (Lateness will be based on the preschool clock.)
11. I have received a copy of Star America’s handbook/guidelines/policy folder and agree to abide by all the rules and regulations.
12. I agree to follow all of the guidelines set forth in the Sickness Policy and will pick up my child if he/she is not in accordance to the policy.
13. I agree to notify the staff when my child is ill or any family member has a contagious disease.
14. I agree to provide information on how to contact me in an emergency situation (including address, phone number, employment, and other emergency information), which I will update when changes occur.
15. I agree to notify a teacher and sign in and out every time I, or someone I authorize, enters the preschool to drop off or pick up my child.
16. I agree to discuss any concerns I may have with the supervising lead teacher with the director.
17. I will submit all required registration forms including the school health form before my child can attend Star America.
18. I agree to notify the director when my child is scheduled for routine health visits and obtain a health form and immunization record to complete and return. School health forms and immunization records must be updated annually to meet DOH requirements.
19. I agree to cooperate with the lead teacher in the follow up of any medical, dental or developmental needs of my child.
20. I understand that the preschool will keep ongoing assessments of my child as an integral part of the program. Assessments are gathered through a variety of methods including observations, checklists, and anecdotal records; all information gathered therein will be collected and maintained in my child’s portfolio, which is available to me at any time.
21. I allow the following items (that I supplied) to be applied on my child.

22. I allow my child to be taken outside to the parks, playground/neighborhood trips on weather permitting days.
23. I have read and understand Star America Preschool's Behavior Management Policy
24. I allow pictures of my child to be taken and posted on websites such as Facebook/Shutterfly/YELP.
25. I understand that our hours are from 8 am to 6 pm with the option of an extended/early day.
26. I have read the school calendar and am aware of the dates that the school will be closed.
27. If my child is an infant, my child will need to sleep on his/her back unless I bring in a note from his/her doctor stating otherwise.
28. I understand that I am to supply the diapers, wipes, formula, food, weekly naptime sheets, and seasonally appropriate and size clothes that will remain in my child's cubby.
29. If an emergency occurs, I give Star America Preschool the right to call for medical assistance and administer simple First Aid.
30. I have reported to the director and teachers any allergy that my child may or may not have.
31. I understand that my child will have a Daily Health Check every morning upon arrival.
32. I understand and read Star America's termination policy.
33. I understand that Star America is not allowed to give out any personal information on my child except for those listed on the enrollment form.
34. I understand that Star America has a strict "No-Exception" policy to vaccinations and that ALL students must abide by the necessary vaccinations needed upon enrollment.
35. I have read and will abide by Star America's Policy to avoid termination of enrollment.

I have Read and Understand the Policy Agreement Page and will comply.

Child's Name: _____

Date: _____

Parent's Name (Print): _____

Parent's Signature: _____

Star America Preschool Policy

Parent Communication: We encourage parents to openly discuss with their teachers any wants/needs/concerns for their child. All students at Star America will go home with “Daily Reports” which outlines the course of your child’s day. It will let you know what and how much they ate, how long they napped and what activity they participated in that day. Each child will be provided with a mailbox- so please check it daily for any notices/receipts/newsletters and daily reports. Each teacher also has a Star America work email, in which parents can use to communicate with teachers.

Arrival/Departure: For security reasons, each parent/specified approved adult/guardian must sign his/her child in and out every day during drop off and pick up. If anyone other than the parent or guardian is picking up/dropping off a child, the director must be informed and a photo ID must be shown of the person picking up/dropping off.

It is very **important** that your child is dropped off in the morning **no later than 9:30 AM**. Breakfast is served around 8:50/9:00 am and all children will eat at the same time, together. If you are going to be late, please email/call the director.

It is also **extremely** important that your child is to be picked up no later than 6:00 pm. Star America does not pay teachers after 6 pm so please keep in mind that they do need to be compensated for their time as there will be a late charge fee. If you will need a later pick up, the Director and the teacher must be informed ASAP in order for prior arrangements to be made. Please refer to our Extended Day Policy for more information.

Strollers: If you have an easily foldable stroller, kindly fold them and put them in the third floor. If your stroller is large and complex, you may park them in the stroller room on the third floor.

Indoor/Outdoor Play: All of our classes (as long as weather permits) will spend time outdoors. A breath of fresh air / neighborhood walk for our toddlers, and an energetic time in the park for our preschoolers will expose the children to new experiences that classrooms can simply only talk about- but since we are in NYC- the children can experience it firsthand! All Teachers are required to bring their cell phones and emergency bag which contains parent contact information, first aid kit and extra tissues/wipes/gloves.

Nap/Rest Time: Children (by law) are required to have at least 1 hour of nap/rest time. Star America has a 2 hour nap time. Those who do not nap will be given quiet activities/books. Each child will be provided with their own mat/cot. Parents must provide a blanket, sheet and/or both every Monday as the bedding will be sent home every Friday to be laundered. All soiled beddings will go home on the same day and parents must bring in clean set the following day.

Babysitting: If you enter into an agreement with a Star America employee to babysit outside of the school, understand that the employee is acting as a private citizen and **not** a Star America employee. We will not assume any responsibility for the employee.

Parent Custodial Policy: If there is a custodial agreement concerning a child, parents must provide a certified copy of the most recent order that clearly describes the custody arrangements and/or visitation rights. Both parents must also be listed on the enrollment form in order to be given any information on their child.

Parent/Guardian’s Signature & date:

STAR AMERICA PRESCHOOL PHOTO PERMISSION SLIP

From time to time we take pictures during school activities. We would like your permission to use these pictures on our System Tadpoles and Facebook page. Pictures would be selected to highlight school activities, our class environment, or school events. We will never reference your child by last name or provide any specific information regarding your child. The pictures will only be used by Star America Preschool (i.e. staff members and families) to show the many ways our young charges and students can have fun while participating in school!

We at Star America Preschool wish to further assure parents that only parents and staff members who are on our friend's list shall have access to your children's photo and school updates. Parents shall also be welcome to add to the Star America Preschool Facebook page by searching 'Star America Preschool M' or by contacting our email: staramericapreschoolm@gmail.com

Please take a moment to let us know your preferences regarding our use of photos of your children:

_____ YES. I grant permission to use photos of my child the Star America Preschool Facebook page

-OR-

_____ NO. Please do NOT take or use any photos of my child.

Child's Name(s) (PLEASE PRINT):

Parent/Guardian's Name (PLEASE PRINT):

Parent/Guardian's Signature:

Date: _____

For questions or concerns about this form, please feel free to contact Star America Preschool

Policy to Avoid Suspension and Termination of Enrollment:

I hereby agree to and understand the following policy:

- Termination is always a last resort action which is carried out only when the director, management and teachers feel that such action is in the best interest of the child or the other children enrolled. If the preschool is unable to meet the needs of the child and/or family, every effort will be made to refer the parent to a more appropriate program for their child. The circumstances under which a child may be terminated are explained below:
- 1. The child exhibits extremely aggressive behavior which endangers other child and/or staff.
- 2. The child's health and safety at the preschool cannot be assured due to circumstances such as impulsive, risk-taking behavior.
- 3. Unwillingness of the parent(s) to work with teachers in the management of their child's behavior, and/or refusal to follow the preschool's recommendations for outside support services.
- 4. The child's developmental needs are not being met at the preschool due to general immaturity. Behavior indicative of a child's immaturity may include severe ongoing separation issues, excessive need for teacher attention, and inability to function independently or with the group.
- 5. The child has individual special needs which the preschool may not be able to accommodate to/for
- 6. Nonpayment of tuition. Security deposit shall be held until all outstanding tuition owed to the preschool is paid in full.
- 7. Continued lateness of parents picking up their child.
- 8. Parent's display of inappropriate behavior towards staff or children. This may include: disrespectful language, disregarding program policies, verbal and/or physical harassment or any unlawful behavior.
- 9. Falsifying information on child enrollment forms.
- 10. Parent/Guardian and/or student shows complete disregard for Star America Preschool as a whole

Parent/Guardian's Signature & date:

Topical Ointment Administration – Permission

Child's name _____

I understand that **topical ointments**, such as **lotion, lip balm or diaper cream**, can be applied only as a preventive measure. Where required by licensing, application to open, oozing sores or continued use on a persistent diaper rash a Medication Authorization Form signed by me and my child's physician.

I understand that the topical ointment provided by me must:

- Be appropriate for use on a child;
- Be applied according to instructions on the label
- Be labeled with the child full name
- Be handed to a staff member and not left in a diaper bag or cubby.

I give my permission for the staff at Star America Preschool to apply.

- _____
- _____
- _____

As needed from: _____ / _____ / _____ to _____ / _____ / _____ (not to exceed one year).x

(Parent/Guardian Signature)

(Date)

Asthma Health Care Plan

Name of child: _____

Date of Birth: _____

Parent/Guardian Name: _____

Phone: _____

Physician's Name: _____

Phone: _____

The following information should be completed by the child's medical provider and parent/guardian.

Severity: Mild Mild Persistent Moderate Persistent Severe Persistent

Check all triggers: (completed by child's medical provider)

- Smoke(cigarette) Cold/Flu Dust mites Exercise: _____
- Sudden temperature changes Ozone Alert Pet dander Strong
- Odors _____ Wood smoke Cut flowers, grass or
- pollen
- Mold Food: _____
- Cleaning Products: _____
- Others: _____

Suggested classroom strategies to support this child's needs: _____

Specific Medical Information:

Medication to be administered: * Yes No If yes, medication to be administered and potential side effects: _____

**For complete medication administration information, it may be necessary for the medical provider and parent/guardian to complete the Medication Authorization form.*

Potential consequences to child if treatment is not administered: _____

Special Staff Training Needs: _____

Additional Emergency Procedures/Instructions: _____

Go (Green Zone)

The child is able to do all of these:	What to do:	Medication:
<ul style="list-style-type: none"> •Breathing is regular •No cough or wheeze • Can engage in active play 	<ul style="list-style-type: none"> •Allow current activity 	<ul style="list-style-type: none"> •“As needed medication “not needed at this time •Regular medication should be given as ordered

Allergy Health Care Plan

Name of child: _____

Date of Birth: _____

Parent/Guardian Name: _____

Phone: _____

Physician's Name: _____

Phone: _____

Allergen	Treatment/Substitution
_____	_____
_____	_____
_____	_____
_____	_____

Type of allergy transmission: Ingestion Contact Inhalation

Note: Do not Depend on Antihistamines or Inhalers to treat a severe reaction. USE EPINEPHRINE.

Extremely Reactive to the Following Foods _____
Therefore: If checked, give epinephrine for ANY symptoms if the allergen was likely eaten.
 If checked, give epinephrine immediately if the allergen was eaten, even if no symptoms are noted.

For the following signs of a mild allergic reaction administer: _____

- Skin:** Hives: Mild Itch **Nose:** Itchy, Runny, Sneezing
- Stomach:** Mild Nausea/Discomfort **Mouth:** Itchy
- Other:** _____

For any of the following signs of a severe allergic reaction or a combination of symptoms from different body areas, give Epinephrine and call 911. If prescribed and directed, give other medications (antihistamine/inhaler). Lay person flat. If breathing is difficult or vomiting, place on side, or sit up.

- Mouth:** Significant Swelling of Tongue and/or Lips **Heart:** Pale, blue, faint, weak pulse, dizzy
- Throat:** Tight, hoarse, trouble breathing/swelling **Lungs:** Short of Breath
- Skin:** Many hives over body, widespread redness **Stomach:** Repetitive vomiting, severe diarrhea
- Other:** Feeling something bad is about to happen; anxiety, confusion

Other Medication Instructions: _____

Suspected Allergy/Food Intolerance Form

This form is to be completed by the parent/guardian when the parent/guardian suspects their child may be allergic to a product or has a food intolerance, however, has not received a medical diagnosis or a health care plan from the child's medical provider.

Note: If the suspected allergy or food intolerance is medically diagnosed, a Health Care Plan completed and signed by the child's medical provider is required (provided by the center).

Child name: _____ Child's Date of Birth _____

My child has a: suspected allergy food intolerance to:

I suspect/am concerned my child may be allergic for the following reasons:

- No previous exposure Family history
- Previous reaction (please explain/date of reaction): _____

- Other: _____

I understand that Star America Preschool requires the most up to date information regarding my child's suspected allergy/food intolerance. I also understand that for the safety of my child, my child's photograph and allergy information will be posted in the classrooms and kitchen.

Parent/Guardian Signature Date

This form must be updated annually or whenever there is any change in treatment or the child's condition changes.

To eliminate the suspected allergy or food intolerance and allow your child to eat the suspected item(s) while at Star America Preschool, please complete the following.

I, _____ acknowledge that my child no longer has a suspected allergy to _____ and may now be served this item(s) while at Star America Preschool.

(Signature of the Parent/Guardian) (Date)

Sunscreen and Insect Repellent – Permission

Sunscreen and insect repellent should be applied to a child at least once at home to test for any allergic reaction. Aerosol sprays are prohibited.

Sunscreen/sun block must provide UVB and UVA protection with and SPF of 15 or higher. Sunscreen may not be used on infant under 6 months of age unless accompanied by a doctor's note.

Insect repellent may only be used if recommended by public health authorities or requested by a parent/guardian. The repellent must contain a concentration of 30% DEET or less. Insect repellent may not be used in infant under 2 months of age. Oil of lemon eucalyptus and para-methane products may not be used on children under age three.

All sunscreen/sun block and insect repellent provided by a parent/guardian must be:

- Provided in the original container;
- Clearly labeled with the child's full name;
- Within the expiration date;
- Appropriate for the age of the child; and
- Free of nut ingredients.

I give Star America Preschool permission to apply (name of sunscreen) _____

And/or (name of insect repellent) _____

When outdoor conditions warrant and consistent with package instructions (subject to any special instructions below) to my child, _____

Form: _____/_____/_____ To: _____/_____/_____
(not to exceed one year)

Special Instructions

Sunscreen/ Sun Block: _____

Insect Repellent: _____

(Parent/Guardian Signature)

(Date)

Supply List

What to Supply/ Needed For ALL Children:

- Individual and Family pictures
- 1 Box of Tissues (shared within the classroom)
- 1 Box of Wet Wipes
- 2 Clorox containers of Lysol Wipes (shared within the classroom)
- 1 Box of LARGE (gallon size) Ziploc Bags
- 1 Blanket & 1 Sheet for nap/rest time (This will be sent home every Friday to be cleaned)
- 2 Changes of Clothes - Including socks and underwear
- Daily Sippy Cup – **Labeled** with your child's name

((If your Child is in Diapers))

- Supply of Diapers and Wipes
- Powder/ointment
- Supply of washcloths (please put them in a Ziploc bag)

((If your Child is in the Infant/Toddler Room))

- “Boogie” Wipes
- 2 plastic/wipe-able Bibs
- 2 “drool” bibs (**infant only-if needed**)
- 2 “Stay Put” suction bowls – best brand is “Boon” found on Amazon (**infant only-if needed**)
- Extra Formula/breast milk (**if needed**)
- Sleep Sack (**infant only**)
- Pacifier (**optional**) WITH clip or chain for attachment
-

PLEASE label ALL of your child's belongings!!!!

One of the best brands we've come across: INCHBUG.com

Teachers will indicate by verbal request, email or on your child's daily report to please **REPLENISH** their supplies in school. Some supplies are shared (i.e. tissues, Lysol) but most of the items listed above are for your child ONLY.



780 8th Avenue (West 47th) 2nd & 3rd FL New York, NY 10036
Tel: (212) 262 – 4896 Fax: (212) 262 – 4936

Enrollment Form

Registration Fee (\$150 Non-Refundable)
 Medical Form

Deposit (\$700 Refundable)
 Parent Permission Policy

Child's Full Name: _____ Date of Birth: _____ Male Female

Parent / Guardian 1 Name & Primary Address:
Name _____
Address: _____
Primary Number: _____
Secondary Number: _____
Email: _____
Best way to reach you: _____
Employer: _____

Parent / Guardian 2 Name & Primary Address:
Name: _____
Address: _____
Primary Number: _____
Secondary Number: _____
Email: _____
Best way to reach you: _____
Employer: _____

Language Spoken at Home: _____

Emergency Contact & Authorized Pick – Up (Other than yourself or significant other)

1 _____ Relationship: _____ Phone: _____
2 _____ Relationship: _____ Phone: _____
3 _____ Relationship: _____ Phone: _____

List any Medical Alerts /Allergies: _____

Does your child have any special needs: _____ Does your child have an IEP: _____

In case of emergency, do you permit Star America to apply First Aid? Yes _____ No _____

In case of emergency, do you permit Star America to contact EMS? Yes _____ No _____

Do you permit your child to attend neighborhood walking trips / park visits? Yes _____ No _____

Child's Pediatrician: _____ Phone Number: _____

Program: Full Time (5 full days) Part Time: _____ days Start Date: _____

By signing below, I understand that I am responsible for the monthly tuition payment agreed upon and comply with school's policies.

Office Use Only:

Tuition Price: _____ Start Date: _____ Prorate: _____

Deposit Receipt #: _____ Registration Receipt #: _____ First Payment Receipt #: _____

Parent's Name (Print): _____ Parent's Signature: _____ Date _____

CHILD & ADOLESCENT HEALTH EXAMINATION FORM

NYC DEPARTMENT OF HEALTH & MENTAL HYGIENE — DEPARTMENT OF EDUCATION

Please
Print Clearly
Press Hard

STUDENT ID NUMBER OSIS

TO BE COMPLETED BY PARENT OR GUARDIAN

Child's Last Name _____ First Name _____ Middle Name _____ Sex Female Male Date of Birth (Month/Day/Year) ____/____/____

Child's Address _____ Hispanic/Latino? Yes No Race (Check ALL that apply) American Indian Asian Black White
 Native Hawaiian/Pacific Islander Other

City/Borough _____ State _____ Zip Code _____ School/Center/Camp Name _____ District Number _____ Phone Numbers
Home _____ Cell _____ Work _____

Health insurance (including Medicaid)? Yes No Parent/Guardian Last Name _____ First Name _____
 Foster Parent

TO BE COMPLETED BY HEALTH CARE PROVIDER If "yes" to any item, please explain (attach addendum, if needed)

Birth history (age 0-6 yrs)
 Uncomplicated Premature: _____ weeks gestation
 Complicated by _____

Allergies None Epi pen prescribed
 Drugs (list) _____
 Foods (list) _____
 Other (list) _____

Does the child/adolescent have a past or present medical history of the following?
 Asthma (check severity and attach MAF/Asthma Action Plan): Intermittent Mild Persistent Moderate Persistent Severe Persistent
 If persistent, check all current medication(s): Inhaled corticosteroid Other controller Quick relief med Oral steroid None

Attention Deficit Hyperactivity Disorder Orthopedic injury/disability
 Chronic or recurrent otitis media Seizure disorder
 Congenital or acquired heart disorder Speech, hearing, or visual impairment
 Developmental/learning problem Tuberculosis (latent infection or disease)
 Diabetes (attach MAF) Other (specify) _____

Medications (attach MAF if in-school medication needed)
 None Yes (list below) _____

Dietary Restrictions
 None Yes (list below) _____

Explain all checked items above or on addendum

PHYSICAL EXAMINATION

Height _____ cm (____ %ile)
 Weight _____ kg (____ %ile)
 BMI _____ kg/m² (____ %ile)
 Head Circumference (age ≤2 yrs) _____ cm (____ %ile)
 Blood Pressure (age ≥3 yrs) _____ / _____

General Appearance:

<input type="checkbox"/> W Abnl	<input type="checkbox"/> HEENT	<input type="checkbox"/> W Abnl	<input type="checkbox"/> Lymph nodes	<input type="checkbox"/> W Abnl	<input type="checkbox"/> Abdomen	<input type="checkbox"/> W Abnl	<input type="checkbox"/> Skin	<input type="checkbox"/> W Abnl	<input type="checkbox"/> Psychosocial Development
<input type="checkbox"/>	<input type="checkbox"/> Dental	<input type="checkbox"/>	<input type="checkbox"/> Lungs	<input type="checkbox"/>	<input type="checkbox"/> Genitourinary	<input type="checkbox"/>	<input type="checkbox"/> Neurological	<input type="checkbox"/>	<input type="checkbox"/> Language
<input type="checkbox"/>	<input type="checkbox"/> Neck	<input type="checkbox"/>	<input type="checkbox"/> Cardiovascular	<input type="checkbox"/>	<input type="checkbox"/> Extremities	<input type="checkbox"/>	<input type="checkbox"/> Back/spine	<input type="checkbox"/>	<input type="checkbox"/> Behavioral

Describe abnormalities: _____

DEVELOPMENTAL (age 0-6 yrs)	SCREENING TESTS	Tuberculosis																						
<input type="checkbox"/> Within normal limits If delay suspected, specify below <input type="checkbox"/> Cognitive (e.g., play skills) <input type="checkbox"/> Communication/Language <input type="checkbox"/> Social/Emotional <input type="checkbox"/> Adaptive/Self-Help <input type="checkbox"/> Motor	<table border="1"> <thead> <tr> <th>Date Done</th> <th>Results</th> </tr> </thead> <tbody> <tr> <td>Blood Lead Level (BLL) <i>(required at age 1 yr and 2 yrs and for those at risk)</i></td> <td>_____ µg/dL</td> </tr> <tr> <td>Lead Risk Assessment <i>(annually, age 6 mo-6 yrs)</i></td> <td><input type="checkbox"/> At risk (see BLL) <input type="checkbox"/> Not at risk</td> </tr> <tr> <td>Hearing <input type="checkbox"/> Pure tone audiometry <input type="checkbox"/> OAE</td> <td><input type="checkbox"/> Normal <input type="checkbox"/> Abnormal</td> </tr> <tr> <td>Hemoglobin or Hematocrit <i>(age 9-12 mo)</i></td> <td>_____ g/dL _____ %</td> </tr> </tbody> </table>	Date Done	Results	Blood Lead Level (BLL) <i>(required at age 1 yr and 2 yrs and for those at risk)</i>	_____ µg/dL	Lead Risk Assessment <i>(annually, age 6 mo-6 yrs)</i>	<input type="checkbox"/> At risk (see BLL) <input type="checkbox"/> Not at risk	Hearing <input type="checkbox"/> Pure tone audiometry <input type="checkbox"/> OAE	<input type="checkbox"/> Normal <input type="checkbox"/> Abnormal	Hemoglobin or Hematocrit <i>(age 9-12 mo)</i>	_____ g/dL _____ %	<table border="1"> <thead> <tr> <th>Date Done</th> <th>Results</th> </tr> </thead> <tbody> <tr> <td>PPD/Mantoux placed</td> <td>Induration _____ mm <input type="checkbox"/> Neg <input type="checkbox"/> Pos</td> </tr> <tr> <td>PPD/Mantoux read</td> <td><input type="checkbox"/> Neg <input type="checkbox"/> Pos</td> </tr> <tr> <td>Interferon Test</td> <td><input type="checkbox"/> Neg <input type="checkbox"/> Pos</td> </tr> <tr> <td>Chest x-ray <i>(if PPD or Interferon positive)</i></td> <td><input type="checkbox"/> NI <input type="checkbox"/> Not Indicated <input type="checkbox"/> Abnl</td> </tr> <tr> <td>Vision <i>(required for new school entrants and children age 4-7 yrs)</i></td> <td>Acuity Right _____ / _____ Left _____ / _____ Strabismus <input type="checkbox"/> No <input type="checkbox"/> Yes</td> </tr> </tbody> </table>	Date Done	Results	PPD/Mantoux placed	Induration _____ mm <input type="checkbox"/> Neg <input type="checkbox"/> Pos	PPD/Mantoux read	<input type="checkbox"/> Neg <input type="checkbox"/> Pos	Interferon Test	<input type="checkbox"/> Neg <input type="checkbox"/> Pos	Chest x-ray <i>(if PPD or Interferon positive)</i>	<input type="checkbox"/> NI <input type="checkbox"/> Not Indicated <input type="checkbox"/> Abnl	Vision <i>(required for new school entrants and children age 4-7 yrs)</i>	Acuity Right _____ / _____ Left _____ / _____ Strabismus <input type="checkbox"/> No <input type="checkbox"/> Yes
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IMMUNIZATIONS - DATES CIR Number of Child

Hep B	_____
Rotavirus	_____
DTP/DTaP/DT	_____
Hib	_____
PCV	_____
Polio	_____

Influenza	_____
MMR	_____
Varicella	_____
Td	_____
Tdap	_____
Hep A	_____
Meningococcal	_____
HPV	_____
Other, specify:	_____

RECOMMENDATIONS Full physical activity Full diet
 Restrictions (specify) _____

Follow-up Needed No Yes, for _____ Appt. date: ____/____/____

Referral(s): None Early Intervention Special Education Dental Vision
 Other _____

ASSESSMENT Well Child (V20.2) Diagnoses/Problems (list) _____ ICD-9 Code _____

Health Care Provider Signature _____ Date ____/____/____

Health Care Provider Name and Degree (print) _____ Provider License No. and State _____

Facility Name _____ National Provider Identifier (NPI) _____

Address _____ City _____ State _____ Zip _____

Telephone (____) _____-____ Fax (____) _____-____

DOHMH ONLY PROVIDER I.D.

TYPE OF EXAM: NAE Current NAE Prior Year(s)
 Comments _____

Date Reviewed: ____/____/____ I.D. NUMBER

REVIEWER: _____

GETTING TO KNOW YOUR CHILD

It is our aim to ensure that your child makes an easy transition into Star America. We value parents' participation and want to know your individual needs for your child. In order to help us to get to know your child better, we need to understand his/her interests/likes/dislikes etc.

Please fill in the information below:

Child's Forename: _____

Pronounced: _____

Child's Surname: _____

Date of Birth: _____

Age at Entry: _____

Date of Entry to Preschool: _____

Has your child any previous experience of early childhood service/parent toddler groups:

Is your child used to playing with other children and does he/she enjoy this?

How does he/she respond to situations and people who are new to her/him?

Does your child have any particular play interests at the moment, or particular toys he/she likes to play with? Please expand and include any characters that she/he likes e.g. Dora the explorer, Rory the Racing Car, Peppa Pig etc.

Does your child have a special attachment object i.e. blanket or favorite toy?

Please list the names of other family members/siblings and other important people close to your child as it will help us to become familiar with the important people that your child may talk about. _____

Do you have any concerns about your child's development? (Please outline)

Does your child have any specific dislikes/fears e.g. messy activities/water play? _____

Do you have any specific requirements for your son/daughter in our preschool?

What are the languages spoken at home? _____

Please write some words below (if first language is not English) that we can use in our preschool and which your child will easily recognise.

Word

Sound out

Means in English

Do you have cultural traditions/values/beliefs that you would like us to celebrate in our preschool? _____

Would you like to send in some objects that may reflect your child's culture in our preschool e.g. picture books/toy/item for home corner (which will be safely returned)?

We invite parent participation in our preschool and it is our aim to meet your needs. Please list any other information that you think is important for us to know about your child below:

Finally, thank you for completing this form. Your information will help us to get to know your child better and help us to achieve our aim of ensuring that your child makes an easy transition into Star America and feels secure and happy in our preschool.

Dear Parents and Caregivers:

Thank you for your interest in Star America Manhattan Preschool! We hope you have or will have the opportunity to come by and see how truly unique we are in comparison to all others in Manhattan. We invite you to be a part of the beautiful transformation that our school is currently undergoing.

While Star America Manhattan already has a solid reputation for offering a very loving and safe atmosphere, we are embracing a more progressive method towards early childhood education. To accomplish such, we have intertwined the Reggio Emilia pedagogy, a STEAM curriculum, and the Multiple Intelligences philosophy. As educators trained in Reggio and Montessori, we deeply believe in the beauty of these approaches and feel that child-directed lessons stir up creativity as well as nurture individuality, leadership, and independence.

As parents of young children ourselves, an environment that is safe, nurturing, and warm is what we also want in a school. And, as parents, we also want a place that fosters well-roundedness. One way we encourage this development is through our STEAM program allowing our children explore science, technology, engineering, art and math in an integrated ways every day.

We have created a place that fosters an appreciation for culture and celebrates the fascinating diversity in Midtown. Star America Manhattan offers enrichment programs like baby sign language as well as Spanish and Mandarin for children who live in a city that speaks over 800 different languages!

Our goal is to work with you and your child to nurture those natural abilities instilling self-confidence and helping them on a path of realizing their full potential. If you are looking for a safe, supportive, and loving environment for your child, a place where parents, teachers, and the children themselves are partners in early childhood education, then you have come to the right place.

Educationally Yours,

Star America Manhattan Preschool