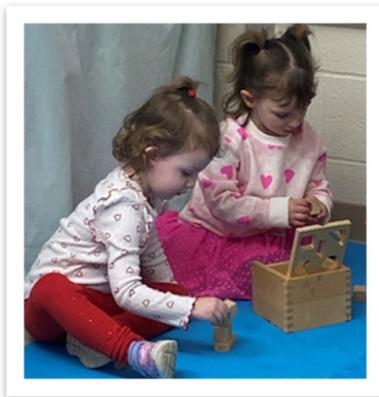




Teens & Tots Preschool

Preschool and High School Students Learning
Together Serving Children Ages 3-5 Years

Information & Registration Packet 2025-2026



Program Information:

Teresa Elder

EMCC New Vision Education Professions
and Childcare Professions Teacher
East Rochester Elementary School

Phone: (585) 248-6311

Teresa_Elder@boces.monroe.edu

Paperwork and Payments:

Debbie Affeldt

Eastern Monroe Career Center
41 O'Connor Rd, Fairport, NY 14450

Phone: (585) 387-3849

Program Overview

Teens & Tots Preschool is a child-centered early childhood program for children 3-4 years old located at East Rochester Elementary School. **Children from all school districts are welcome.** High school students from Eastern Monroe Career Center (EMCC) enrolled in the New Vision Education and Childcare Professions Programs facilitate all aspects of the Teens & Tots Preschool under the close supervision of their teachers. Our goal is to support child development in the areas of social, cognitive, physical, creative, literacy, and language development. Our philosophy is that young children learn best by doing and is built on developmentally appropriate practice in early childhood education. Children learn through play and active exploration of their environment through child-initiated learning and teacher-directed activities. Daily activities include circle time, music, craft, a sensory table, access to various interactive classroom centers, and a room for large motor activities. We value consistent communication with caregivers and welcome questions, comments, and concerns throughout the school year. We will send home a note describing our activities for the day. Progress reports will be sent home twice yearly, and parent conferences are available upon request.

Daily Schedule

Our typical day includes the following schedules:

8:30 am	Arrival	12:00 pm
8:40 am	Circle	12:10 pm
9:30 am	Centers*/Craft	1:00 pm
9:50 am	Gross Motor	1:20 pm
10:00 am	Departure	1:30 pm



*Centers include: Blocks, Transportation, Dramatic Play, Books, Puzzles, Fine Motor, Pre-Writing, Open-Ended Creativity, Sensory, and Science Areas.

What To Expect

We have two teachers overseeing our preschoolers and our high school students. Our high school students interact with the preschool children in order to apply what they have learned in their childcare and education coursework. In our program, preschoolers and high school students are truly learning together.



Teens & Tots Preschool Information

Location

The preschool is located at the East Rochester Elementary School, 400 Woodbine Ave, East Rochester, NY 14445, room #100. Drop off is at the elementary school entrance, we will meet you and your child there.

What to Expect

Starting preschool is exciting, but it may take time to adjust. Some children may be uncomfortable in the group setting at first, some may miss their family while others will be completely fine. These are all normal reactions. You may notice that your child is tired or grumpy after their first few days of school, this too is normal. Once a routine is established, most children will adjust quickly. To encourage positive feelings about school, talk to them about their day and display their artwork at home.

What to Wear

- ◆ Comfortable clothing that is ok to get a little dirty and allows them to be able to dress themselves.
- ◆ Sneakers and socks (**if they wear sandals or boots, please have sneakers and socks in their backpack**).
- ◆ Clothing appropriate for the weather.
- ◆ Please label all outerwear and boots!

What to Bring to School

- ◆ A backpack to carry home projects and notes about their day.
- ◆ A complete set of labeled clothing in a zip lock bag (including socks and underwear).
- ◆ A leak proof water bottle labeled with your child's name.
- ◆ One large box of tissues.
- ◆ One container of Disinfectant wipes.

Toys From Home

Are better kept at home. (info on show and tell coming soon!)

Toileting

Children can use the bathroom whenever needed. If your child wears pull-ups, please **provide at least 2 per day** in their backpack. Please send in a **container of wipes** to keep at school if your child is in a pull up. Please inform us if your child is in the process of toilet training, and we will work with the plan you have in place. **Reminder, this is a diaper free class.**

Child Dismissal

We will only dismiss children to the adults you've identified on your registration form. You must notify us in writing in the event your child is being picked up by an individual not listed as an emergency contact. When this happens, **please make sure the person picking up your child has photo identification**!

Important!

Medication & Illnesses

We do not administer medications at school, with the exception of emergency medication. If your child shows signs of illness such as fever, coughing, stomach ache, diarrhea, etc., please keep them home! Please inform us if your child contracts an infectious/contagious condition (pink eye, strep throat, head lice, COVID etc.). We follow all district protocols and procedures related to all illnesses.

Emergencies

In the event of an emergency concerning your child, you will be contacted immediately. Please keep all emergency contact information up-to-date by notifying us of any changes.

School Closings

Weather related closings will be announced on the following stations: TV (channels 8-WROC, 10-WHEC, 13-WHAM and YNN News TV) and radio (WBEE, WCMF, WHAM, WPTY and WRMM)

We follow the East Rochester School District's school closing instructions and their yearly calendar.

Teens & Tots Learning together!

Classes and Prices

Session	Days & Times	Price
1	Start Date: 10/6/25 End Date: 5/29/26 (3 days/week) Days/Time: Monday & Wednesday & Friday from 8:30 am-10:00 am	\$625 year
2	Start Date: 10/6/25 End Date: 5/29/26 (3 days/week) Days/Time: Monday & Wednesday & Friday from 12:00 pm-1:30 pm	\$625 year

Payment Information

Session 1 and 2 Payment Options

Option 1 1 installment (**\$25.00 discount for this option**): \$600.00 due with registration

Option 2 (2 installments): Installment 1- \$325.00 due at registration Installment 2- \$300.00 due January 30, 2026

Option 3 (4 installments): Installment 1- \$175.00 due at registration Installment 2- \$150.00 due November 28, 2025
 Installment 3- \$150.00 due January 30, 2026 Installment 4- \$150.00 due March 27, 2026

Please mail payments to:

Debbie Affeldt
 Eastern Monroe Career Center
 Teens & Tots Preschool
 41 O'Connor Rd.
 Fairport, NY 14450

- Please mail payments, please make Checks Payable to: Monroe #1 BOCES
- **Completed and signed registration and health forms must be submitted along with registration fee in order for your child to be enrolled.**

For Questions Regarding Your Payment please contact the EMCC office at **(585) 387-3849**.

Teens & Tots Registration Information

Child Information

Child Name: _____ Gender: _____ School District: _____

Date of Birth: _____ Age: _____ Program Start Date: _____

Parent/Guardian 1 Information	Parent/Guardian 2 Information
Relation to child:	Relation to child:
First name:	First name:
Last Name:	Last Name:
Occupation:	Occupation:
Home Address:	Home Address:
City, State, Zip:	City, State, Zip:
Home Phone:	Home Phone:
Cell Phone:	Cell Phone:
Work Phone:	Work Phone:
Email (required):	Email:

Child lives with: Parent/Guardian 1 and 2 Parent/Guardian 1 Parent/Guardian 2

Emergency Contacts/Authorized Pickup

***You must list emergency contacts in addition to a parent/guardian.
Contacts listed are authorized to pick up your child.**

Name:	Relationship:	
Home Phone:	Cell Phone:	Work Phone:

Name:	Relationship:	
Home Phone:	Cell Phone:	Work Phone:

Health Information

Physician's name: _____ Phone: _____

Allergies: _____ Hospital Preference: _____

Please complete medical form and provide immunization records for all ages.

Child Profile

Is child toilet trained? _____

Fears/Apprehensions? _____

Special Services received? _____

Child's interests: _____

Custody Orders? Attach documents _____

Goals for preschool: _____

Sibling Information

Name	Age	DOB

Session and Payment Information

Session Options (select one)

<input type="checkbox"/> Session 1	<input type="checkbox"/> Session 2
Monday, Wednesday & Friday	Monday, Wednesday & Friday
8:30-10:00 AM	12:00-1:30 PM
Start Date: 10/6/25	Start Date: 10/6/25
\$625	\$625

Send payment along with this completed registration form and the completed medical form to:

Eastern Monroe Career Center, Attn: Debbie Affeldt, 41 O'Connor Rd., Fairport, NY 14450

If paying by check, make payable to Monroe 1 BOCES, and include your child's name on the memo line.

Parent/Guardian Agreement and Permissions

I consent to the enrollment of my child listed above in this facility and have been advised and read all the policies regarding the services provided by the faculty and BOCES.

- In the event of an emergency, BOCES will make every effort to contact me. If I cannot be reached BOCES is advised to act for me according to their best judgment in an emergency requiring medical care or surgery. The physician selected may hospitalize, secure proper treatment for, or order injection, anesthesia, or surgery for my child. I am responsible for all medical treatment and care.
- I have provided information on my child's needs (allergies, diet, disabilities, and/or medical information) to the provider, as may be necessary to assist in properly caring for my child in case of an emergency.
- The information on this form is complete and accurate and I agree to review and notify BOCES staff immediately whenever a change occurs.
- BOCES is mandated by state law, to report any suspected case of child abuse or neglect to the appropriate authorities for investigation.
- I give permission for my child to be photographed or videotaped and to have the photos used in program and/or BOCES approved materials and social media. I will not be informed or reimbursed for such photographs.
- I give permission for my child to have BOCES staff apply home-supplied topical items such as lip balm and basic skin lotion. Please apply sunscreen at home.
- I give permission for my child to participate in walks within the surrounding area accompanied by designated staff members.

MY SIGNATURE ACKNOWLEDGES MY UNDERSTANDING OF AND AGREEMENT TO THE ABOVE.

Signature _____ Date _____

Medical Report of Child in Day Care

To Be Completed By Physician, Physician's Assistant or Nurse Practitioner

Name _____	Date of Birth / /	Date of Exam / /
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IMMUNIZATIONS

If one or more of the required medical immunizations is deemed detrimental to this child's health, attach certificate specifying which immunization(s) and complete and sign medical exemption statement on back of form

Include All Dates

DPT	1st / /	2nd / /	3rd / /	Booster / /	Booster / /
ORAL POLIO	1st / /	2nd / /	3rd / /	Booster / /	Booster / /
Hib (conjugate preferred)	1st / /	2nd / /	3rd / /	4th / /	
Hepatitis B	1st / /	2nd / /	3rd / /		
MMR	1st / /	2nd / /			

Other Immunizations

Type _____	Date / /
Type _____	Date / /
Type _____	Date / /

TESTS

<p style="text-align: center;">Tuberculin Test</p> <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 5px; text-align: center;"> Pos <input type="checkbox"/> Neg <input type="checkbox"/> Results </div> <div style="border: 1px solid black; padding: 5px; text-align: center;"> Tine <input type="checkbox"/> Mantoux <input type="checkbox"/> Specify </div> </div> <p style="margin-top: 10px;">_____/_____/_____ Date</p> <p style="font-size: small;">If positive, attach physician's statement documenting treatment and follow-up.</p>	<p style="text-align: center;">Lead Screening</p> <p style="text-align: center;">_____/_____/_____ Date</p> <p style="text-align: center;">Attach statement of lead screening</p>
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HEALTH SPECIFICS

Comments:

<input type="checkbox"/> Yes <input type="checkbox"/> No	Are there allergies? (Specify)	_____
<input type="checkbox"/> Yes <input type="checkbox"/> No	Is medication regularly taken? (Specify drug and condition) (Attach any MD orders)	_____
<input type="checkbox"/> Yes <input type="checkbox"/> No	Is a special diet required? (Specify diet and condition)	_____
<input type="checkbox"/> Yes <input type="checkbox"/> No	Are there any hearing, visual or dental conditions requiring special attention?	_____
<input type="checkbox"/> Yes <input type="checkbox"/> No	Are there any medical or developmental conditions requiring special attention?	_____

SUMMARY OF PHYSICAL EXAM (Including special recommendations to Day Care Provider)

On the basis of my findings as indicated above and on my knowledge of the above named child, I find that: (s)he is free from contagious and communicable disease Yes No and is able to participate in day care Yes No

Signature of Examiner _____	Address _____
Name (please print) _____	City, State, Zip _____
Title _____	(_____) _____ / / Phone Date